

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 Appendix – Redacted

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



Table of Figures

Figure 1.	Gainwell History of Innovation in Medicaid.....	1
Figure 2.	Indiana <i>CoreMMIS</i> Application Architecture Overview.....	2
Figure 3.	Gainwell System Environment	3
Figure 4.	Governance Structure for Indiana MMIS Projects	4
Figure 5.	Project Management Life Cycle	5
Figure 6.	Key Differentiators	6
Figure 7.	Corporate Leadership Team Overview	7
Figure 8.	Gainwell Proposed Key Staff.....	8
Figure 9.	Securing the AWS Cloud.....	9
Figure 10.	Application and Database Sample Assembly Lines	10
Figure 11.	Gainwell Migration Team Operating Model	11
Figure 12.	Gainwell AWS Migration Process.....	12
Figure 13.	Application/Database Sync Strategy – Nonproduction Environments.....	12
Figure 14.	Application/Database Sync Strategy – Production Environment.....	13
Figure 15.	Sample Migration Roadmap Timeline	14
Figure 16.	AWS Regions and Availability Zones	15
Figure 17.	Highlights of Gainwell’s Business Continuity and Disaster Recovery	16
Figure 18.	Gainwell Disaster Recovery Exercise High-Level Design	17
Figure 19.	Indiana <i>CoreMMIS</i> Application Architecture Overview.....	18
Figure 20.	Indiana <i>CoreMMIS</i> COTS Integrated Solution per MITA Business Function ...	19
Figure 21.	Indiana <i>CoreMMIS</i> Application Architecture Overview.....	20
Figure 22.	Indiana <i>CoreMMIS</i> Infrastructure Overview	21
Figure 23.	Indiana <i>CoreMMIS</i> Business Services Framework Simplifies Architecture.....	22
Figure 24.	Indiana <i>CoreMMIS</i> Application Architecture Overview.....	23
Figure 25.	Evolution of FSSA and its Medicaid Enterprise MMIS	24
Figure 26.	Plan for Tracking Privacy and Security Activities	25
Figure 27.	Document Management Solution	26
Figure 28.	interChange Work List Window	26
Figure 29.	interChange Task Detail Window	27
Figure 30.	Indiana Operating Procedures Manual SharePoint Site.....	28
Figure 31.	Change Management Path of Code Repositories	29
Figure 32.	Benefit Plan Hierarchy.....	30
Figure 33.	DRG Rates	31
Figure 34.	Revenue/HCPSC Code Linkage Panel	31
Figure 35.	NDC/HCPSC Linkage	32
Figure 36.	Aid Category.....	32
Figure 37.	Figure Benefit/Reference information Workflow	33
Figure 38.	Manage Rate Setting Process Flow	34
Figure 39.	Indiana <i>CoreMMIS</i> Application Architecture Overview.....	35
Figure 40.	Data—Inbound and Outbound in a Secure, Extensible Environment.....	35
Figure 41.	Change Management Path for Database Migration	36
Figure 42.	Claims Management Features and Benefits Summary	38
Figure 43.	Prepare RA Process Flow	39
Figure 44.	Apply Adjustment Process Flow	40
Figure 45.	Apply Claim Attachment Process Flow.....	41
Figure 46.	Edit, Audit, and Price Claim/Encounter Process Flow.....	42
Figure 47.	Prepare Encounter Reports Process Flow	43
Figure 48.	Gainwell Data Match Process for FSSA.....	44

Figure 49.	TPL Identification Business Process Flowchart.....	45
Figure 50.	HIPP Business Process Flowchart.....	46
Figure 51.	Gainwell's Streamlined Billing Process	46
Figure 52.	TPL Recovery Business Process Flowchart	47
Figure 53.	CoreMMIS TPL Case Tracking Base Information Panel	48
Figure 54.	CoreMMIS TPL Case Tracking Options Panel.....	49
Figure 55.	Gainwell Financial Management Support Services	50
Figure 56.	Gainwell Overpayment Collection and Referral Process.....	51
Figure 57.	Prepare and Pay Capitation Payment Process Flow	52
Figure 58.	Prepare and Pay Premium Payment Process Flow	53
Figure 59.	Member Premium Collection Process Flow	54
Figure 60.	Inputs, Processes, and Outputs for Prepare and Pay Capitation Payments	55
Figure 61.	Inputs, Processes, and Outputs for Prepare and Pay Premium Payment	56
Figure 62.	Sample Member Identification Card	56
Figure 63.	User Experience Personalization	57
Figure 64.	User Centric Efficiency	58
Figure 65.	Provider Services Features and Benefits Summary	59
Figure 66.	ATN Application Status	60
Figure 67.	Provider Disenrollment Business Process	61
Figure 68.	NPI Reporting Requirements Process	62
Figure 69.	CTMS Screen.....	63
Figure 70.	Provider Grievance Appeal Process Steps	63
Figure 71.	Restricted Service Panel	64
Figure 72.	Microsoft Dynamics Familiar Screen Layout and Functionality	65
Figure 73.	Spend Reporting Example	66

Appendix 1 – Supporting Graphics

This attachment is intended to be read in conjunction with the narrative proposal content found in the Gainwell response to the Request for Proposal RFP- 22-70376 – MMIS – Attachment F – Technical Proposal. The figures are presented in the order of the technical proposal as indicated by the following headings.

3.2 Company Accomplishments

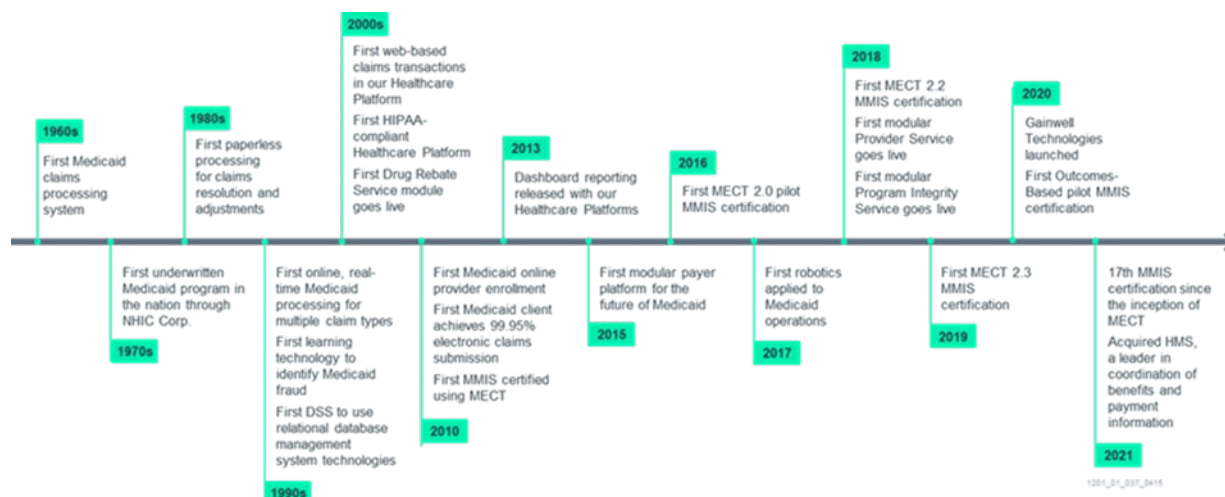
The following figure supports the narrative content in section 3.2 Company Accomplishments.

- Gainwell History of Innovation in Medicaid

Gainwell History of Innovation in Medicaid

The following figure depicts some of our key transformational contributions to Medicaid IT solutions.

Figure 1. Gainwell History of Innovation in Medicaid



5.0 Scope of Work Background

- Indiana CoreMMIS Application Architecture Overview
- Gainwell System Environment

5.3.1 MMIS Overview

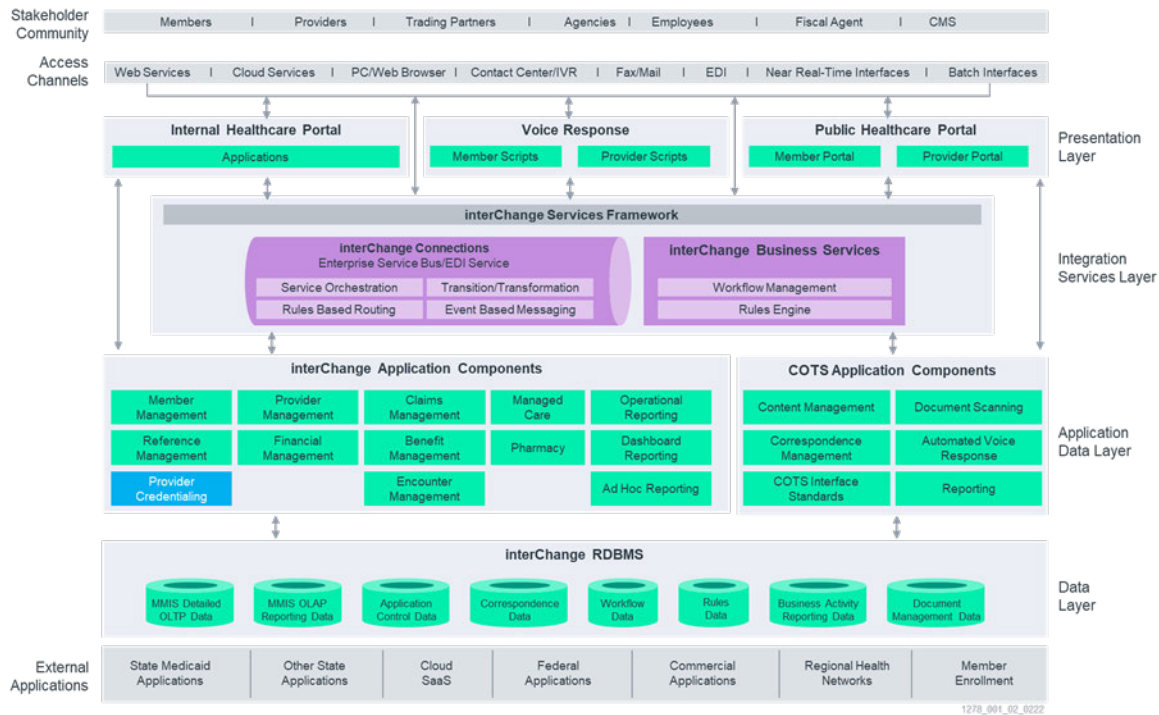
The following figure supports the narrative content in section 5.3.1 MMIS Overview.

- Indiana CoreMMIS Application Architecture Overview

The application architecture in the following figure 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.

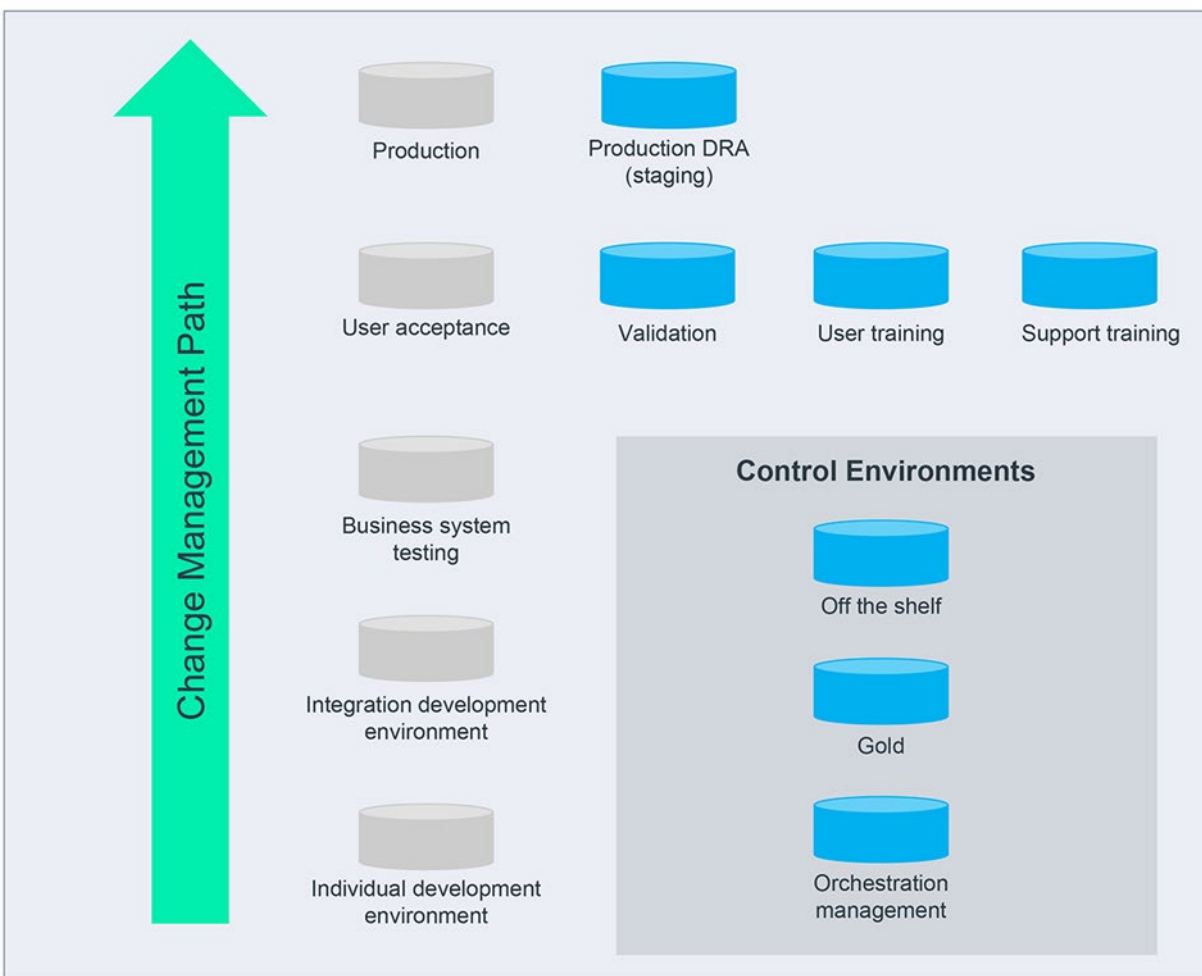
Figure 2. Indiana CoreMMIS Application Architecture Overview



The following figure supports the narrative content in section 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 the following figure.

Figure 3. Gainwell System Environment



1278_001_06_0222

The following figures supports the narrative content in section 6.0 Project Management.

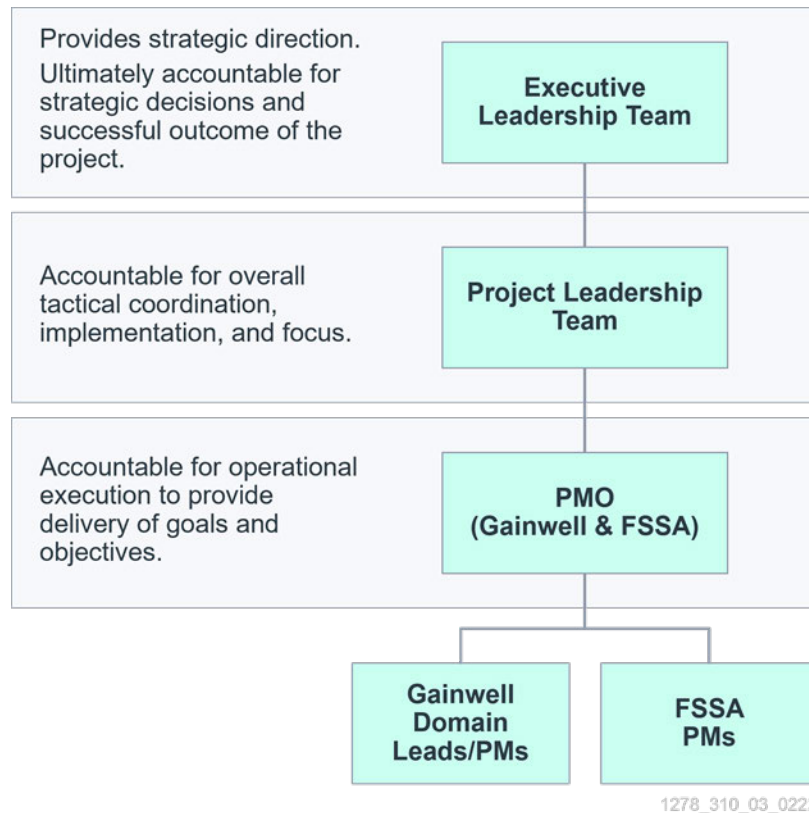
- Governance Structure for Indiana MMIS Projects
- Project Management Life Cycle
- Key Differentiators
- Corporate Leadership Team Overview
- Gainwell Proposed Key Staff Organization

6.1 Project Management Approach

The following figure supports the narrative content in section 6.1 Project Management Approach.

We will continue to tailor project management methods and tools to support our shared governance model, illustrated in the following figure.

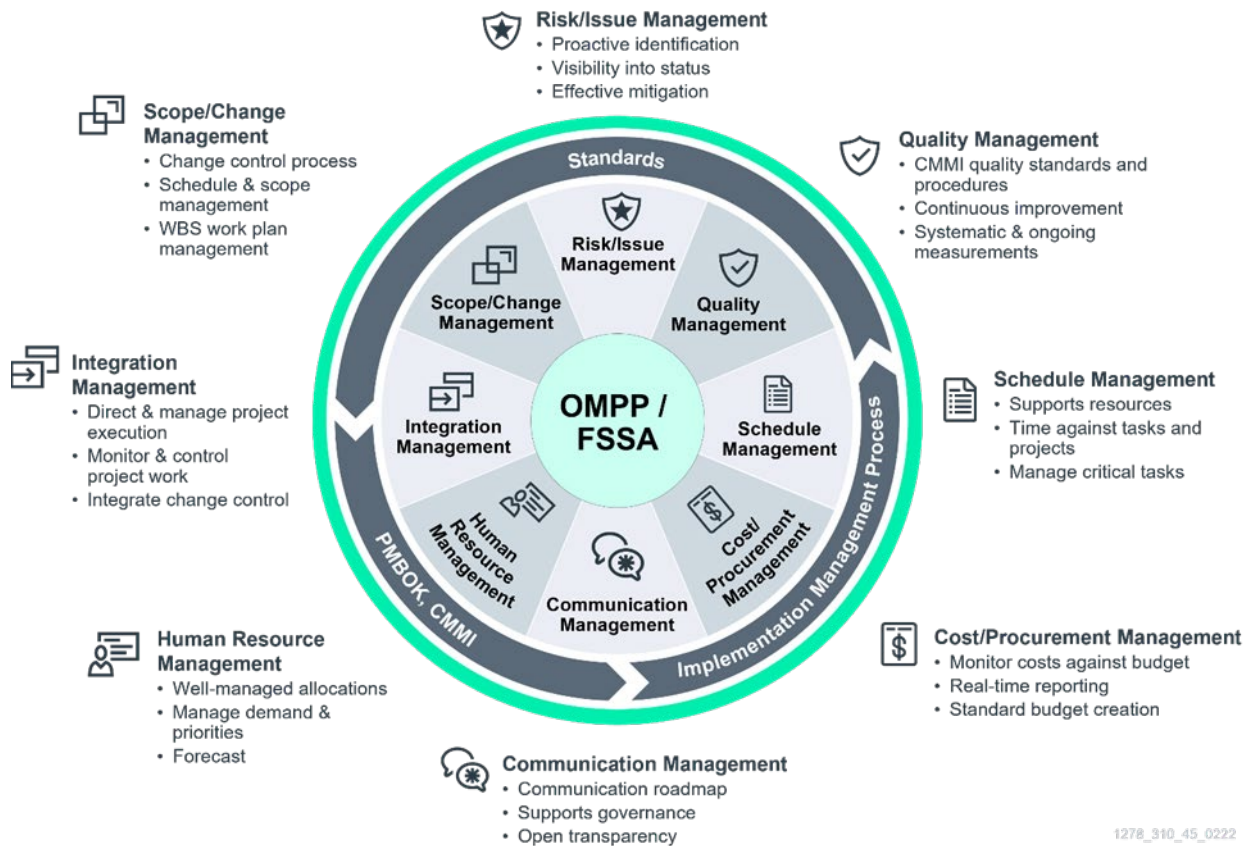
Figure 4. Governance Structure for Indiana MMIS Projects



The following figures support the narrative content in section 6.1.1 Integration Management Approach.

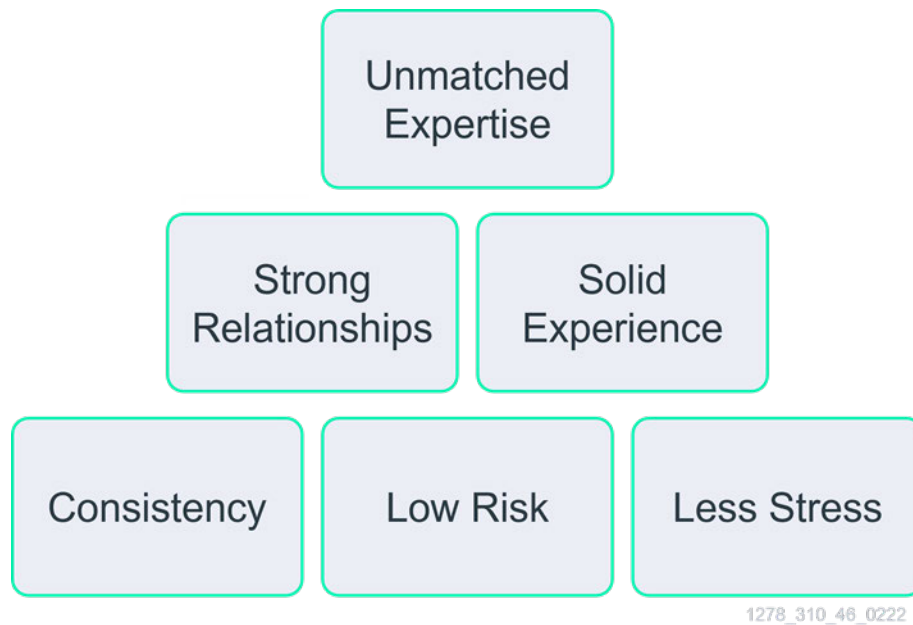
We will continue to use our proven project management foundation for this project, shown in the following figure.

Figure 5. Project Management Life Cycle



FSSA can rely on Gainwell to deliver smooth, strategic, and forward-thinking management because of our key differentiators shown in the following figure.

Figure 6. Key Differentiators

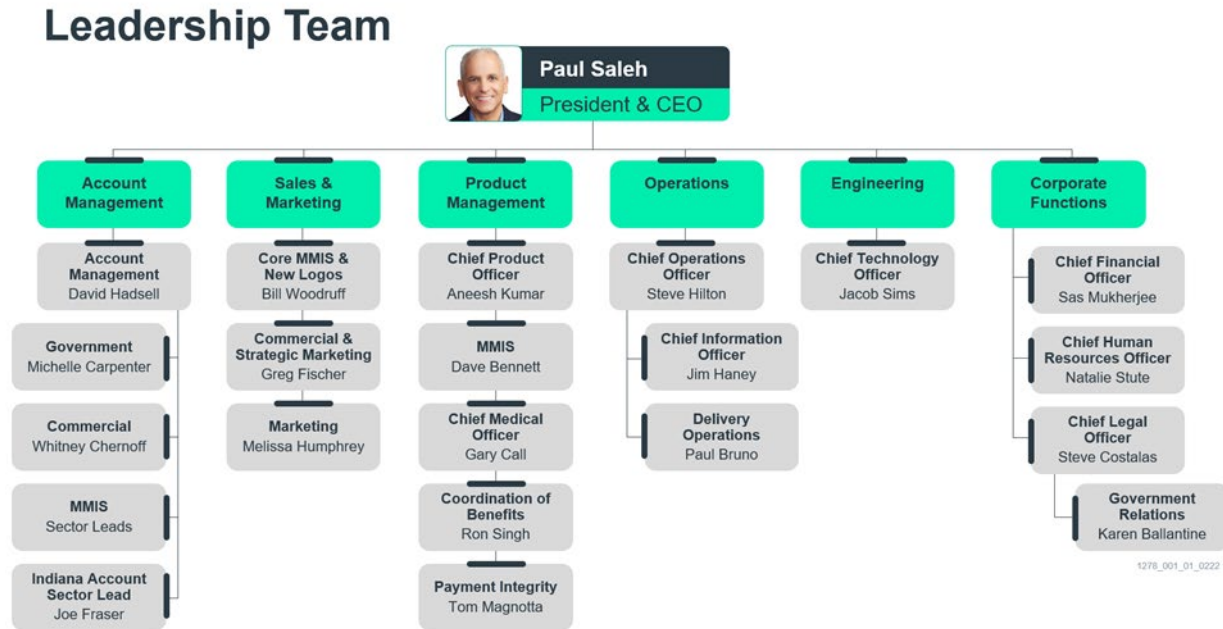


Corporate Leadership Team Overview

The following figure supports the narrative content in section 6.2 Overview of Organizational Leadership.

The following figure 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.

Figure 7. Corporate Leadership Team Overview



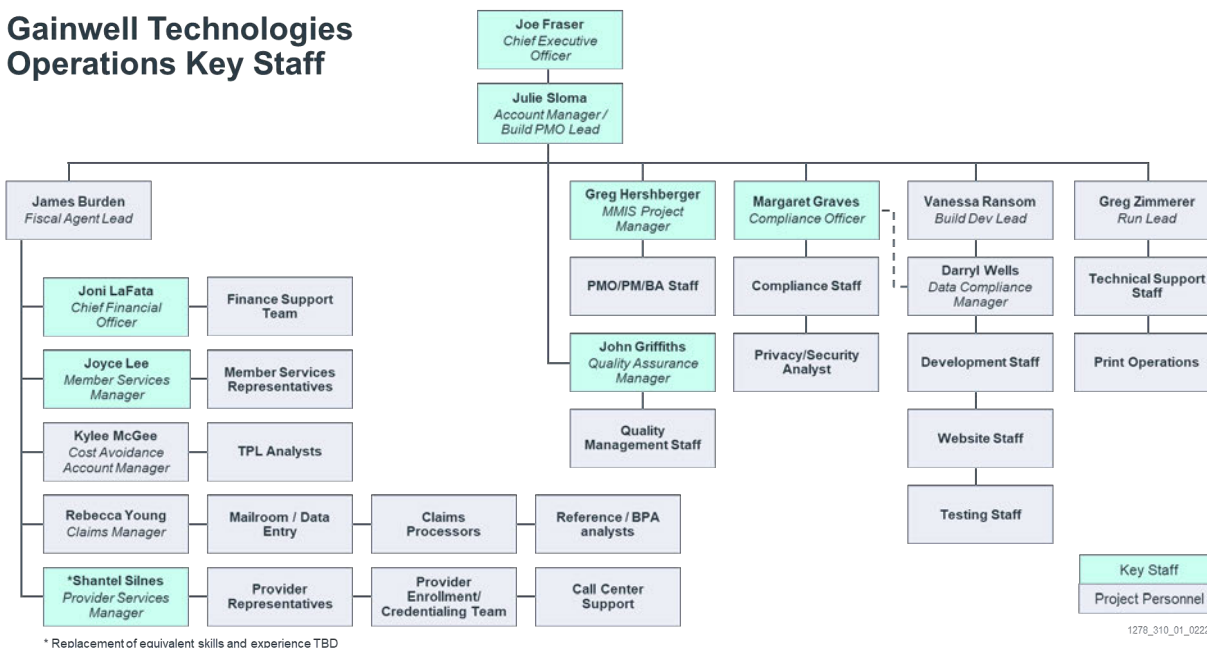
6.3 Key Staff and Resumes

6.3.1 Indiana Key Staff Overview

The following figure supports the narrative content in section 6.3.1 Indiana Key Staff Overview.

The following figure, 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.

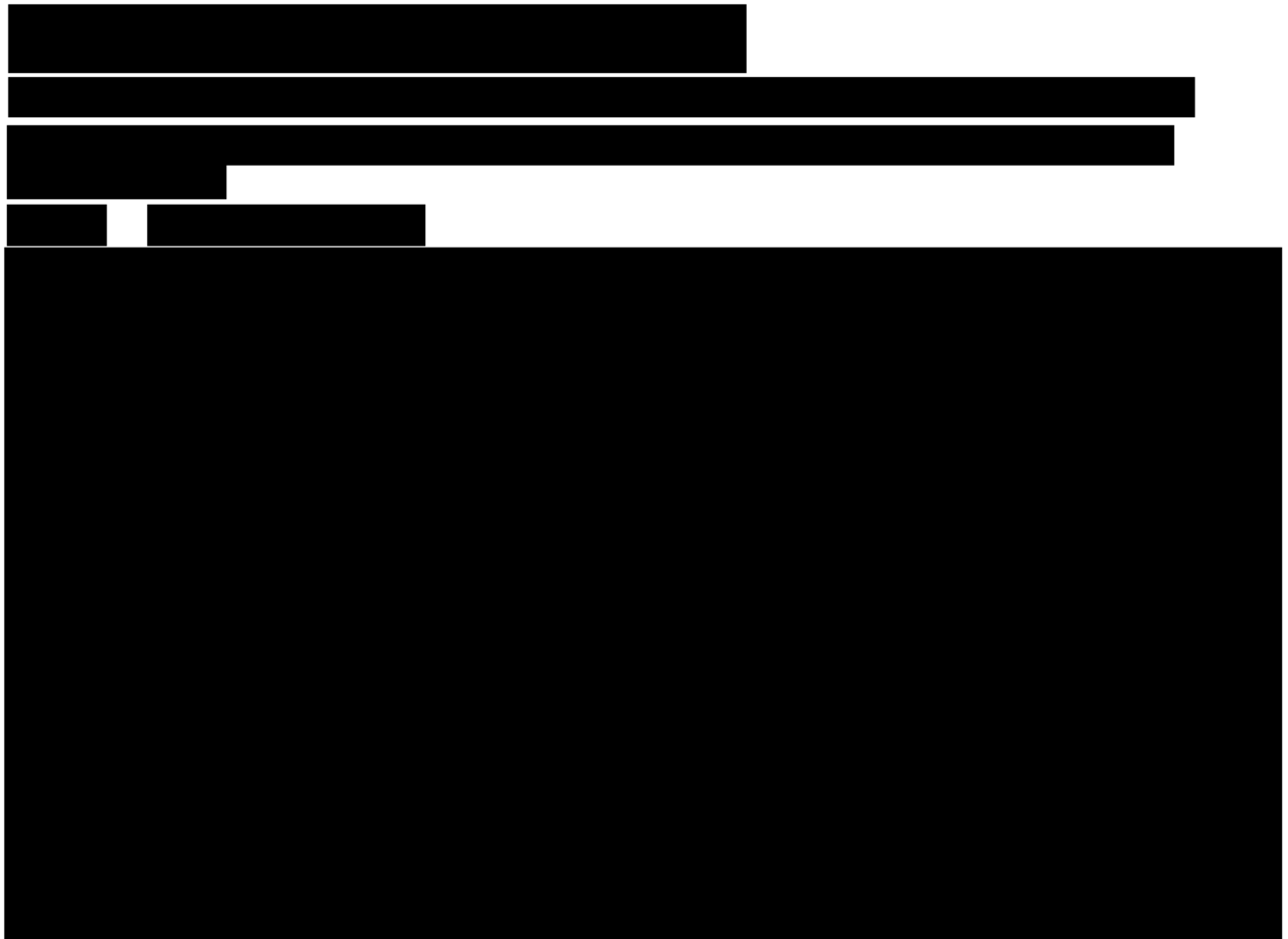
Figure 8. Gainwell Proposed Key Staff



The following figures support the narrative content in section 7.0 Systems Maintenance and Operations.

- Securing the AWS Cloud
- Application and Database Sample Assembly Lines
- Gainwell Migration Team Operating Model
- Gainwell AWS Migration Process
- Application/Database Sync Strategy – Nonproduction Environments
- Application/Database Sync Strategy – Production Environment
- Sample Migration Roadmap Timeline
- AWS Regions and Availability Zones
- Highlights of Gainwell’s Business Continuity and Disaster Recovery Approach
- Gainwell Disaster Recovery Exercise High-Level Design
- Indiana CoreMMIS Application Architecture Overview
- Indiana CoreMMIS COTS Integrated Solution per MITA Business Function
- Indiana CoreMMIS Application Architecture Overview
- Indiana CoreMMIS Infrastructure Overview
- Indiana CoreMMIS Business Services Framework Simplifies Architecture
- Indiana CoreMMIS Application Architecture Overview
- Evolution of FSSA and its Medicaid Enterprise MMIS
- Plan for Tracking Privacy and Security Activities
- Document Management Solution
- interChange Work List Window
- interChange Task Detail Window
- Indiana Operating Procedures Manual SharePoint Site
- Gainwell Environments

- Change Management Path of Code Repositories
- Benefit Plan Hierarchy
- DRG Rates
- Revenue/HCPSC Code Linkage Panel
- NDC/HCPSC Linkage
- Aid Category
- Benefit/Reference information Workflow
- Manage Rate Setting Process Flow



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

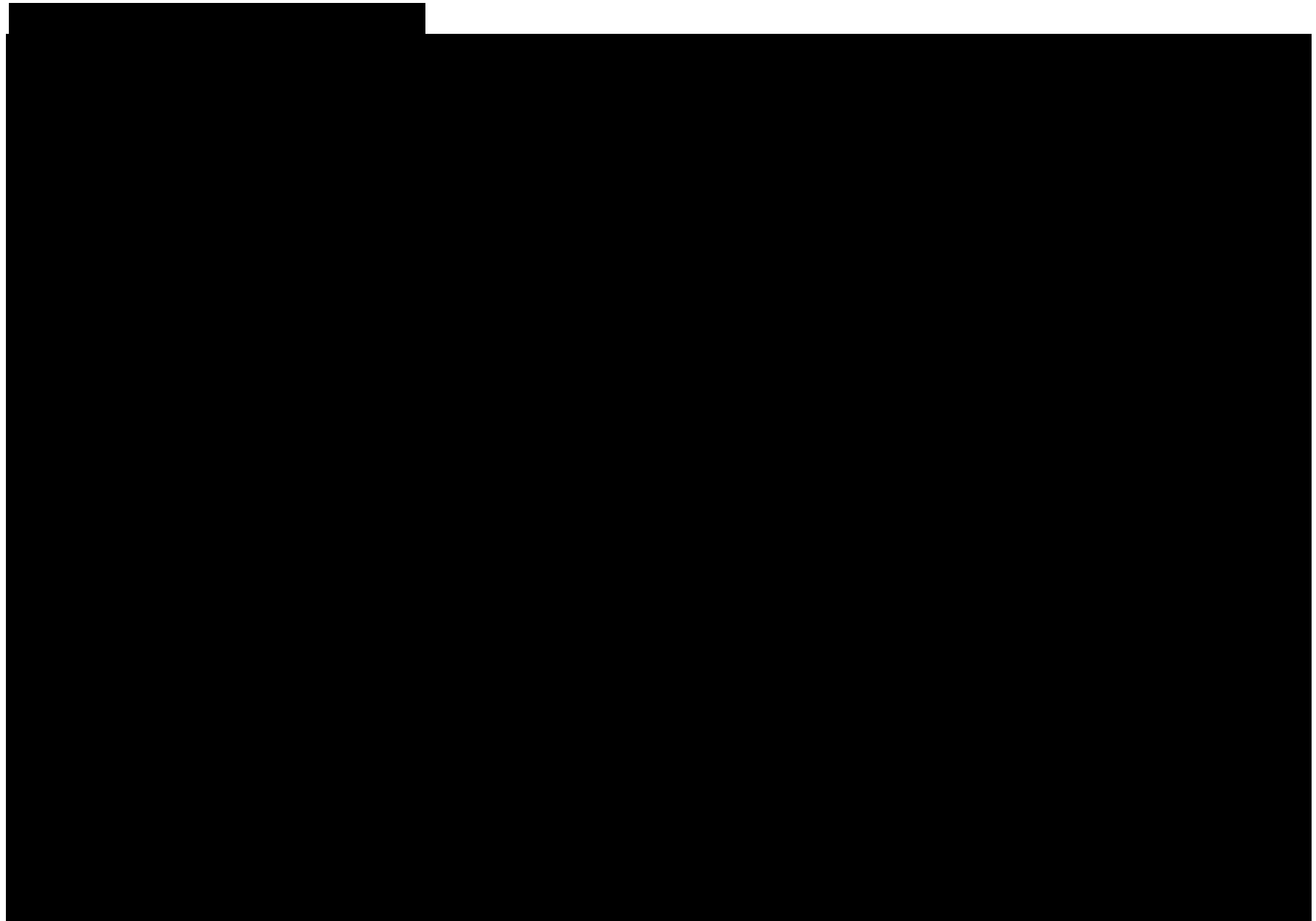
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

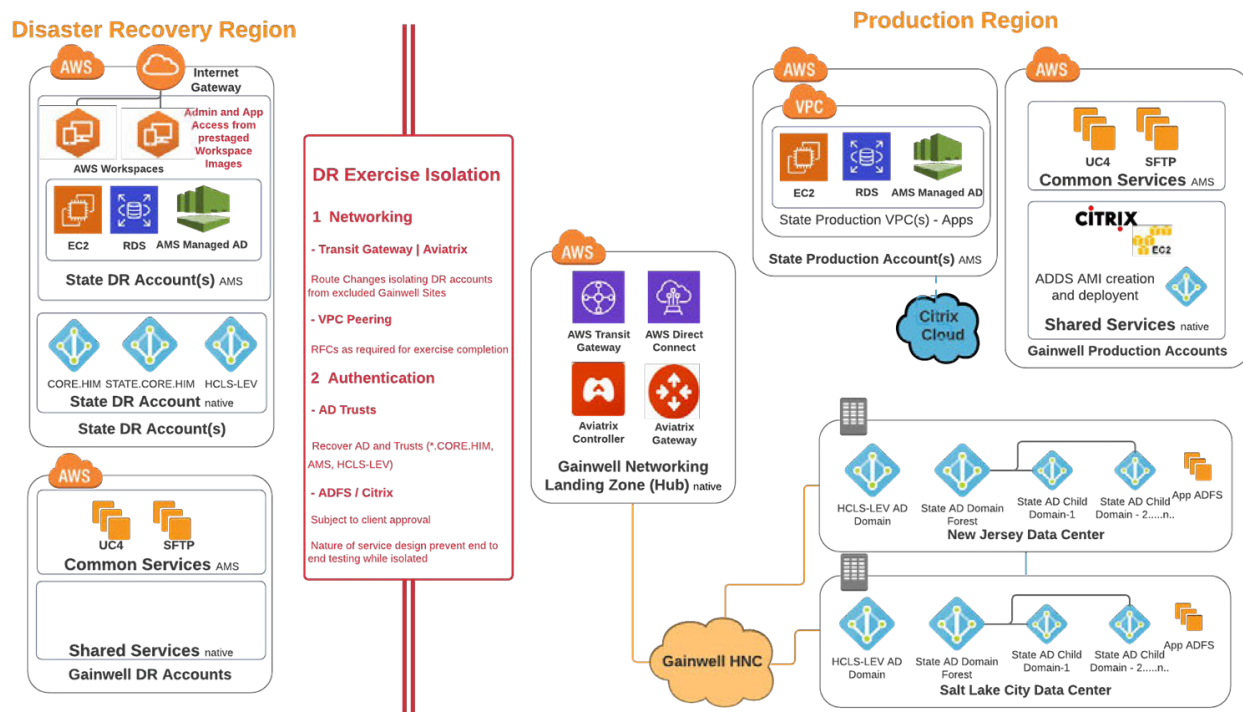


[REDACTED]



The following figure shows the design of our disaster recovery exercises.

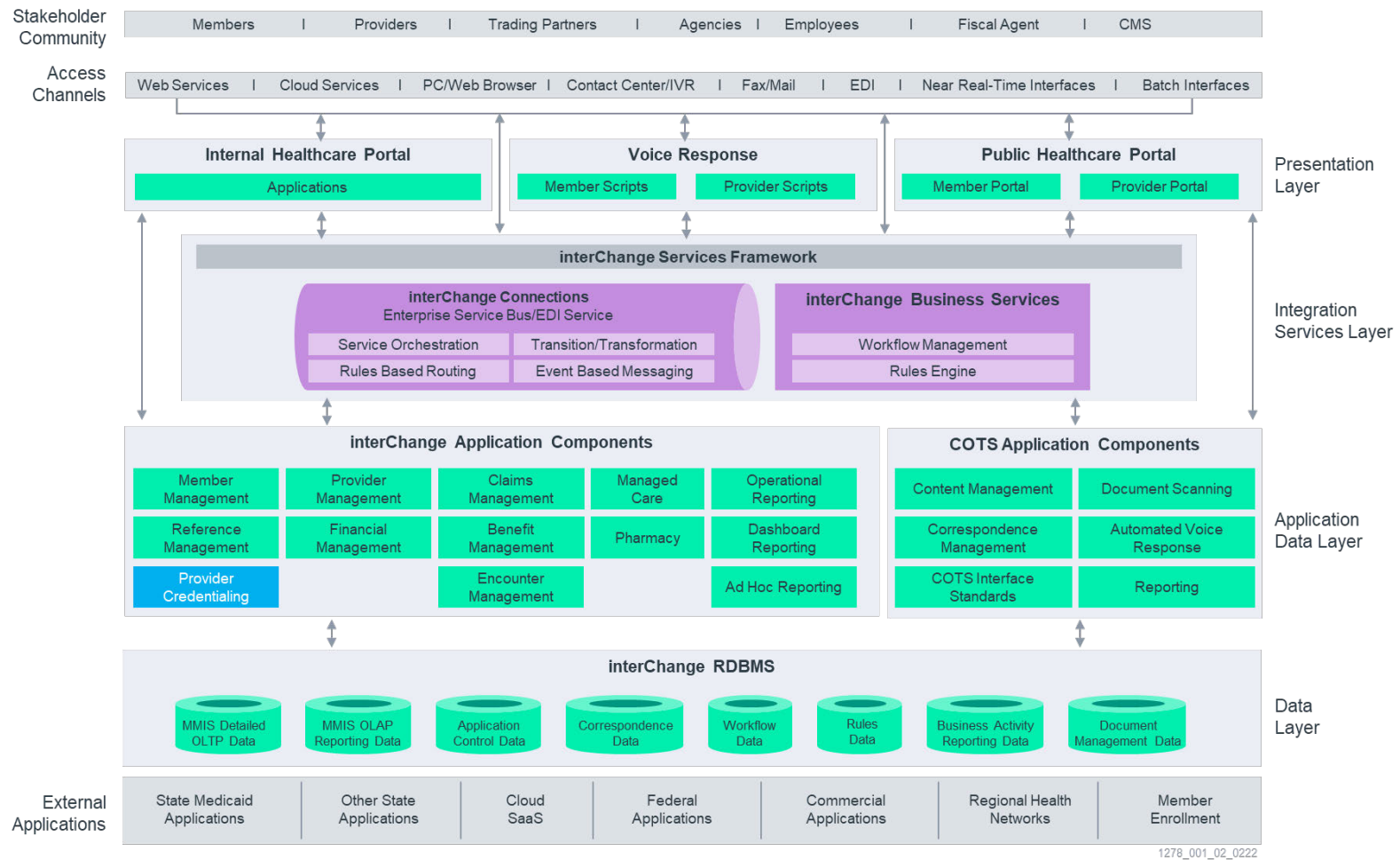
Figure 18. Gainwell Disaster Recovery Exercise High-Level Design



7.1.1 Indiana *Core*MMIS Application Component Overview

The following figure supports the narrative content in section 7.1.1 Indiana *Core*MMIS Application Component Overview.

Figure 19. Indiana CoreMMIS Application Architecture Overview



7.1.2 CoreMMIS Business and Technical Services

The following figure supports the narrative content in section 7.1.2 CoreMMIS Business and Technical Services.

The following figure provides a cross-reference of the shared services we reuse across the defined Medicaid Information Technology Architecture (MITA) business areas. The figure provides a clear picture of how services are integrated and reused throughout the overall CoreMMIS solution.

Figure 20. Indiana CoreMMIS COTS Integrated Solution per MITA Business Function

	Document Management	Correspondence	Content Management	Rules Engine	Workflow	ESB
Member Management	●	●	●			●
Provider management	●	●	●	●	●	●
Operations Management						
Service Authorization	●	●	●	●	●	●
Claims/Encounter Processing	●	●	●	●	●	●
Financial Management	●	●	●	●	●	●
TPL		●	●	●	●	●
Reference Management			●	●	●	●
Contractor Management						
Managed Care	●	●	●	●	●	●
Business Relationship Management		●	●			●

1278_701_36_0222

7.2 Infrastructure Architecture Standards

The following figures support the narrative content in section 7.2 Infrastructure Architecture Standards.

As shown in the following figures, Gainwell maintains application and infrastructure architecture plans.

Figure 21. Indiana CoreMMIS Application Architecture Overview

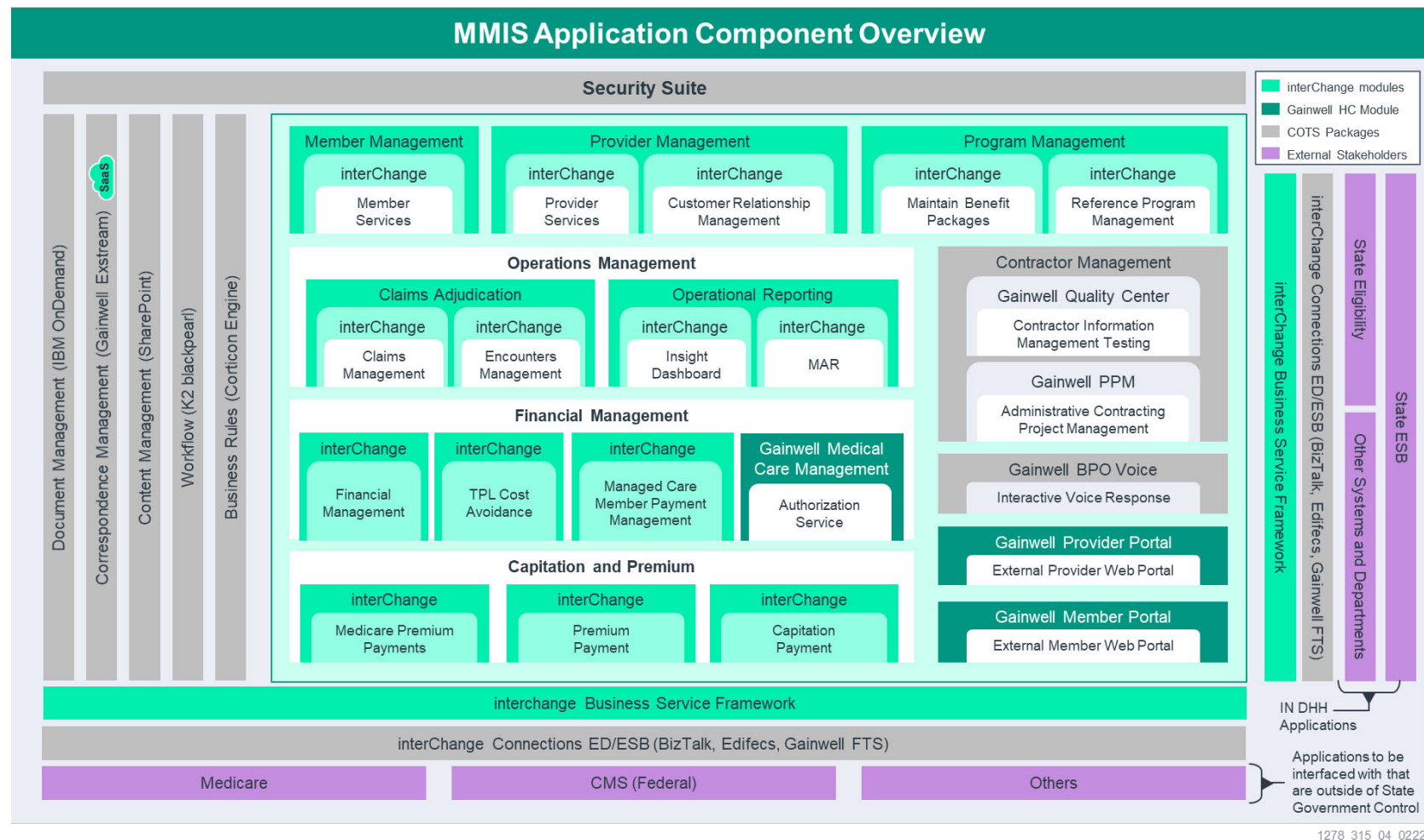
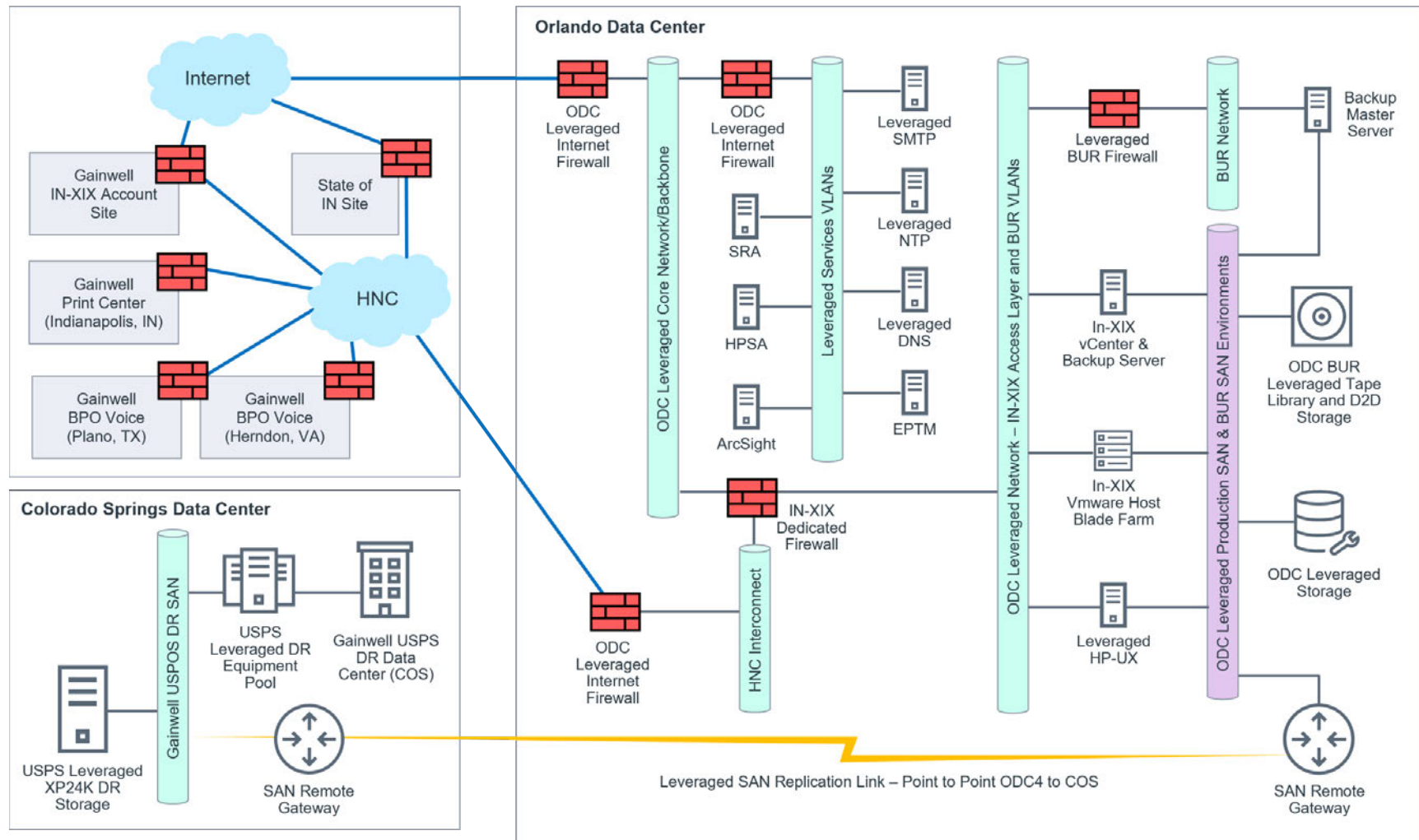


Figure 22. Indiana CoreMMIS Infrastructure Overview



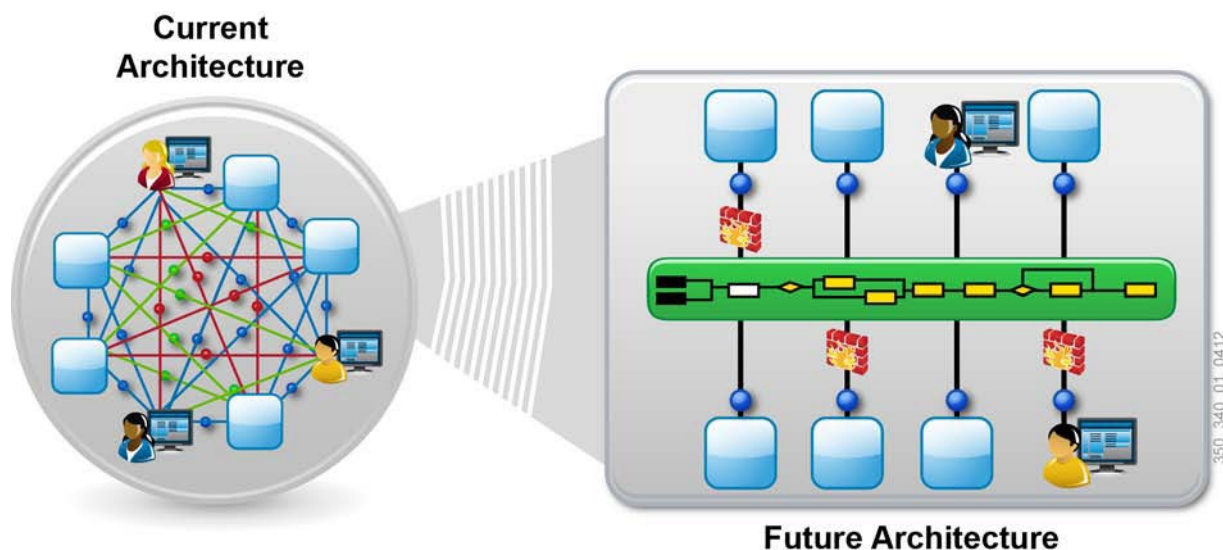
1278_702_38_0222

7.4.1.1 Providing Certification Assistance

The following figures support the narrative content in section 7.4.1.1 Providing Certification Assistance.

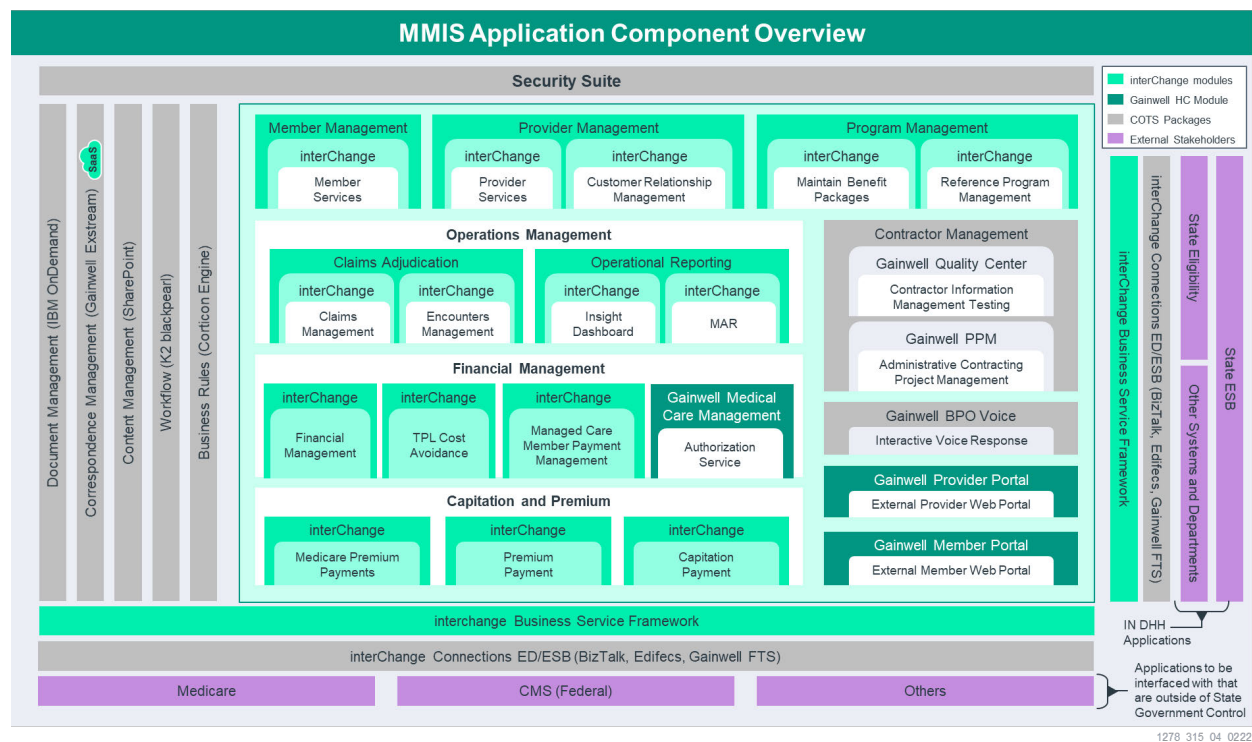
The streamlined, n-tiered architecture of the Indiana *CoreMMIS* makes adaptation across time easier to achieve, as shown in the following figure.

Figure 23. Indiana CoreMMIS Business Services Framework Simplifies Architecture



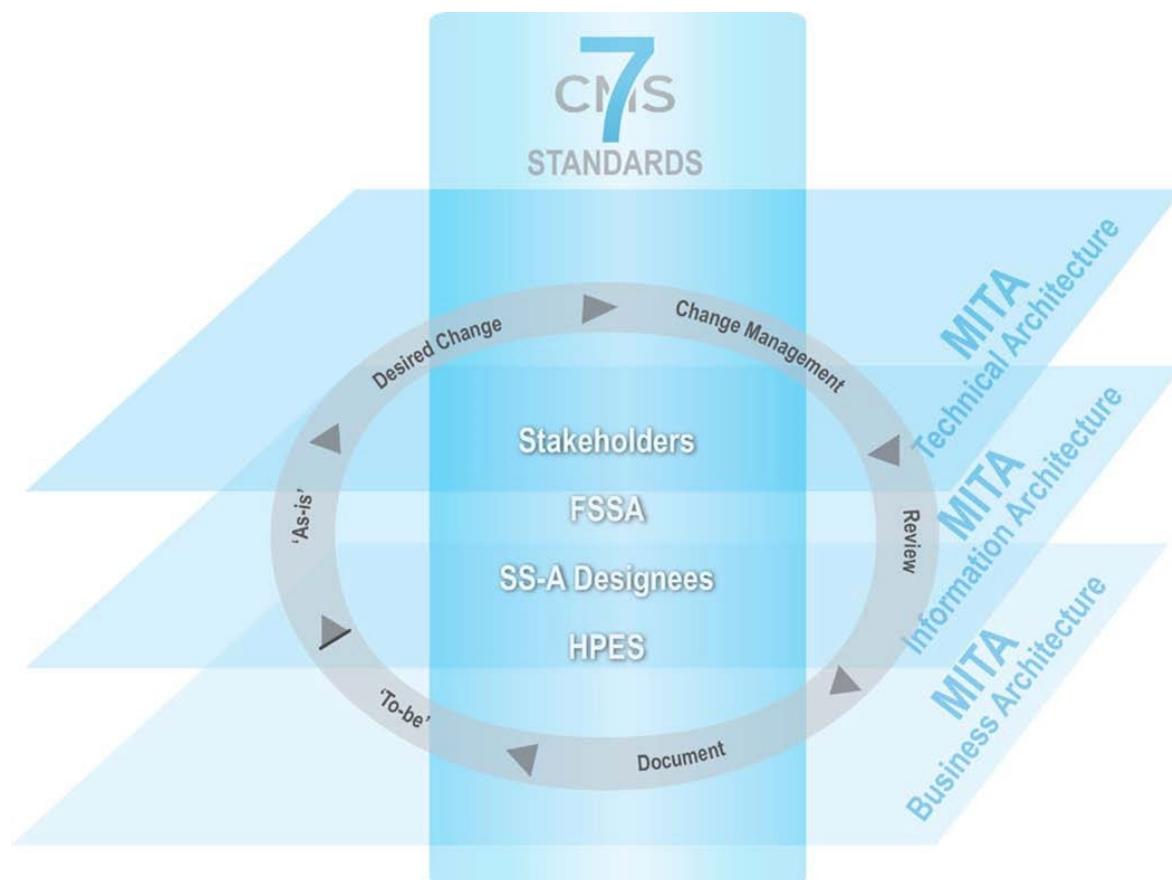
As the following figure shows, at its heart, the *CoreMMIS* maps directly to the Medicaid Information Technology Architecture (MITA) architecture framework, which takes advantage of COTS products throughout the MMIS enterprise. The application architecture diagram also illustrates how the Gainwell MMIS 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.

Figure 24. Indiana CoreMMIS Application Architecture Overview



Gainwell will participate in this process as the change agent to work with FSSA to expand the CoreMMIS to an enterprise-wide system in alignment with CMS 7SC and MITA, as the following figure shows.

Figure 25. Evolution of FSSA and its Medicaid Enterprise MMIS



7.5.1 Privacy

The following figure supports the narrative content in section 7.5.1 Privacy.

The following figure 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.

Figure 26. Plan for Tracking Privacy and Security Activities

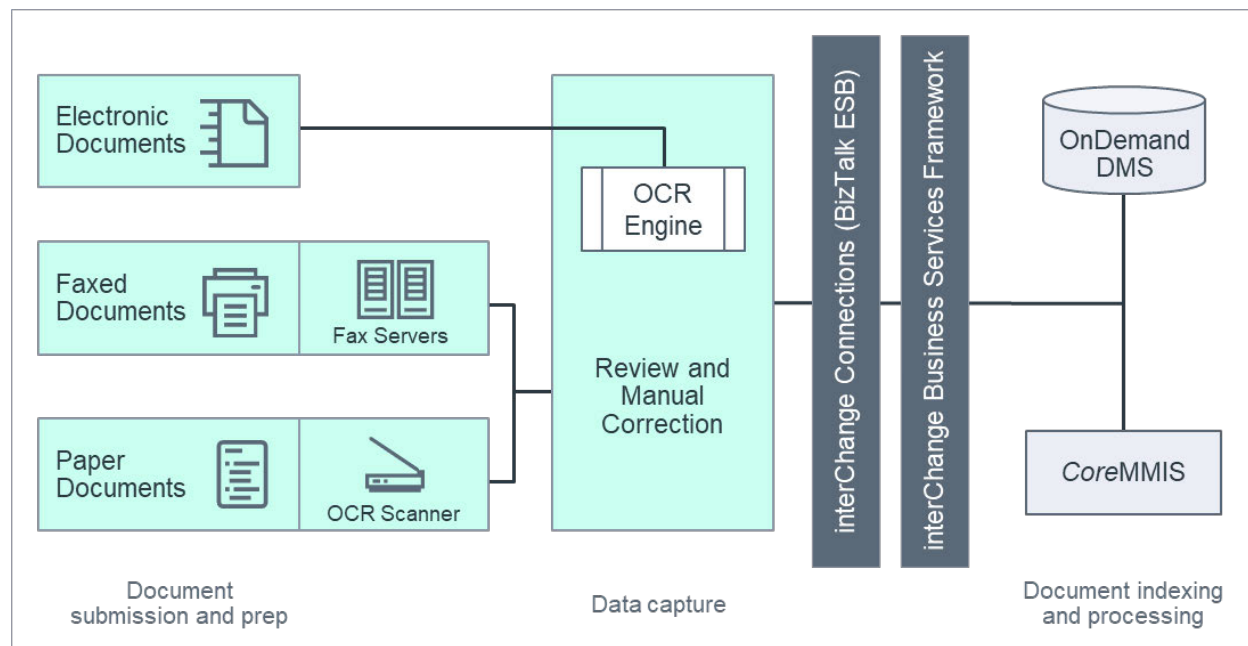
[illegible]

7.8 Document and Content Management

The following figure supports the narrative content in section 7.8 Document and Content Management.

The following figure summarizes our Document Management solution.

Figure 27. Document Management Solution



1278_708_016_0222

7.9 Workflow Management

The following figures support the narrative content in section 7.9 Workflow Management.

The following figure shows an example of an interchange Work list Window.

Figure 28. interChange Work List Window

Logged in as: harpxdc | RMS | My Worklist | Workflow Reports | Help

Breaker search

Search in: ID 1, ID 2, or ID 3

Search Term:

Search

User Worklist

Refresh

ID 1	ID 2	ID 3	View Flow	Link	Status	Activity Name	Priority	Start Date	Process Name
GAIN FAMILY PRACTICE...	Physician	5019	View Flow	Open	Available	Analyst Review	1	02/16/22 03:30:04 PM	Manual Validations
JENNY LEWIS	Waiver Provider	5015	View Flow	Open	Available	Analyst Review	1	02/15/22 09:20:34 AM	Manual Validations
SMITH, JIM	Ordering/Prescribing/R...	5014	View Flow	Open	Available	Analyst Review	1	02/15/22 06:14:00 AM	Manual Validations
ADAMS, JIHO	Ordering/Prescribing/R...	5013	View Flow	Open	Available	Analyst Review	1	02/15/22 08:00:54 AM	Manual Validations
ZIONSVILLE MEDICAL C...	Physician	5011	View Flow	Open	Available	Analyst Review	1	02/10/22 12:16:14 PM	Manual Validations
GROVE, SUSAN A	Physician	5010	View Flow	Open	Available	Analyst Review	1	02/09/22 02:19:50 PM	PU Manual Validations
HOME MOBILITY CONSU...	Therapist	5002	View Flow	Open	Available	Analyst Review	1	02/04/22 02:05:53 PM	Manual Validations
PEDIATRIC HOME SERV...	DME/Medical Supply De...	5001	View Flow	Open	Available	Analyst Review	1	02/04/22 02:04:54 PM	Manual Validations
ASCENSION AT HOME	Pharmacy	5000	View Flow	Open	Available	Analyst Review	1	02/04/22 02:04:54 PM	Manual Validations
KENNEY NON EMERGEN...	Transportation Provider	4999	View Flow	Open	Available	Analyst Review	1	02/04/22 02:04:54 PM	Manual Validations

Page 1

Figure 29. interChange Task Detail Window

Provider Enrollment

Logged in as: harpxdc | MMIS | My Worklist | Workflow Reports | Help

Provider Enrollment

Provider Enrollment Info

Tracking Number:

5019 @

Provider Name:

GAIN FAMILY PRACTITIONER 31-316

DOB:

Provider Address:

950 N MERIDIAN ST

Provider City:

INDIANAPOLIS

Provider Type:

Physician

Provider Email:

rita.bhandari@gainwelltechnologies.com

Submit Reason:

NEW

Provider Address 2:

Provider State:

IN

Provider Zip:

462041077

Provider Specialty:

Family Practitioner

Work Task Action

Task: Analyst Review

Action:

Task Approved

Submit Action

Navigate to Worklist

Additional Options:

Redirect

Release

View Flow

Manual Validations

Task	Date Assigned	Date Actioned	Status
Analyst Review	02/16/22 03:29:44 PM		Active
Provider Screening			Pending
Manual Review			Pending
Final Review			Pending

Rules Engine Flags

Flag Date

Message

No items to display.

Comments

Add

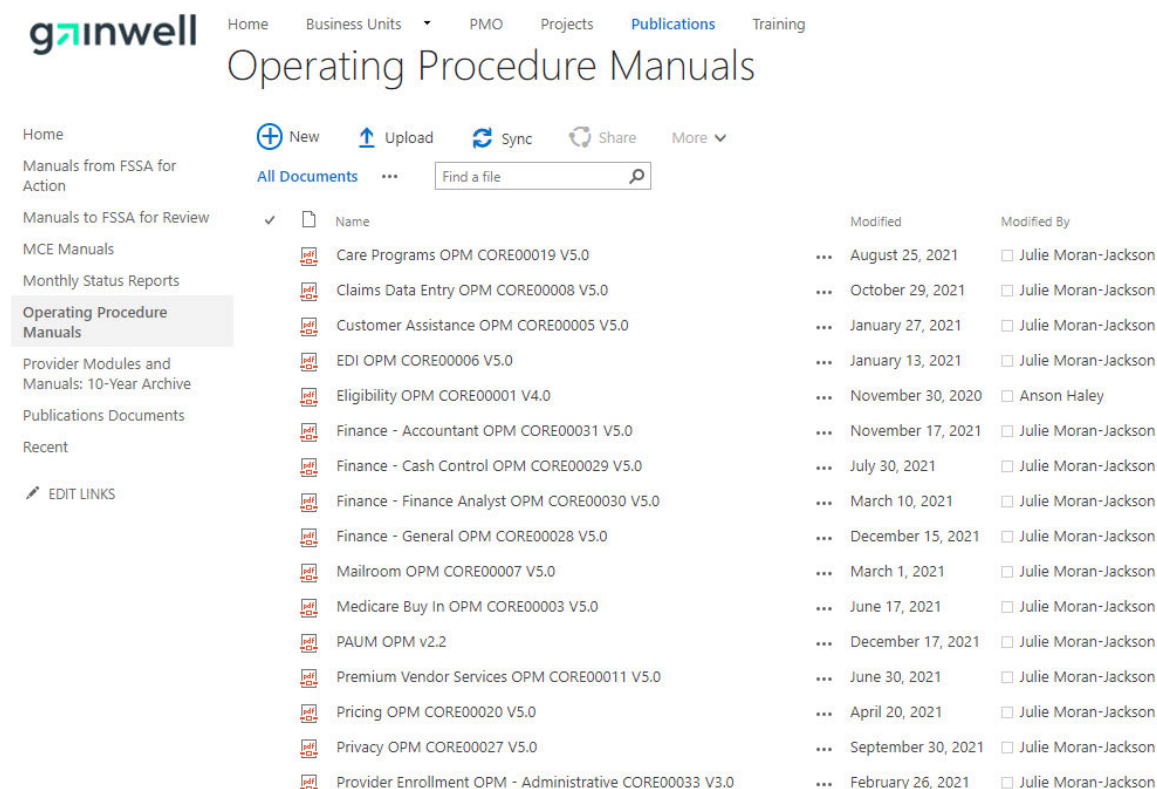
User Name	Comment Date	Task	Comment
No items to display.			

7.10.4 Vendor Documentation Repository

The following figure supports the narrative content in section 7.10.4 Vendor Documentation Repository.

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 the following figure.

Figure 30. Indiana Operating Procedures Manual SharePoint Site



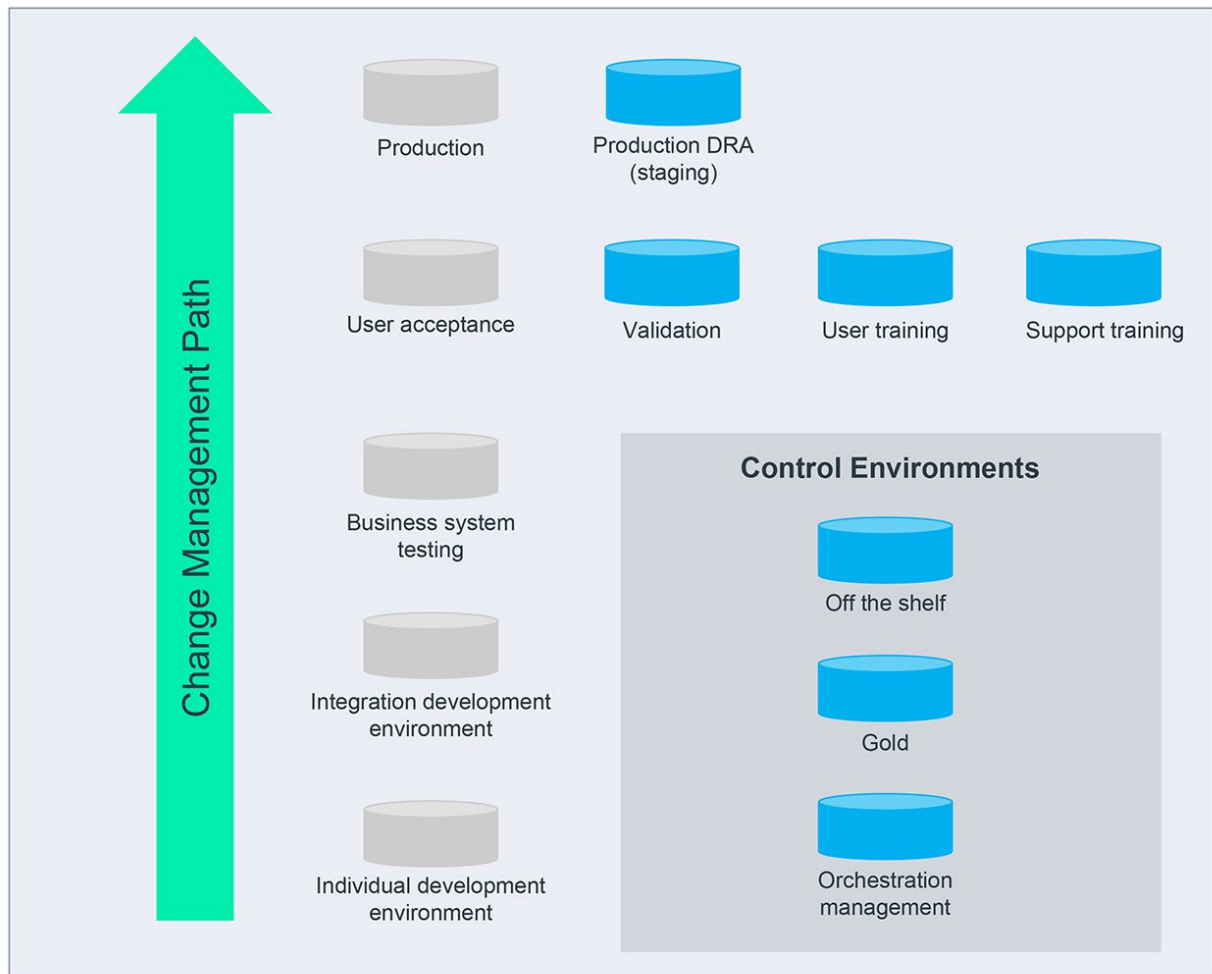
Name	Modified	Modified By
Care Programs OPM CORE00019 V5.0	August 25, 2021	Julie Moran-Jackson
Claims Data Entry OPM CORE00008 V5.0	October 29, 2021	Julie Moran-Jackson
Customer Assistance OPM CORE00005 V5.0	January 27, 2021	Julie Moran-Jackson
EDI OPM CORE00006 V5.0	January 13, 2021	Julie Moran-Jackson
Eligibility OPM CORE00001 V4.0	November 30, 2020	Anson Haley
Finance - Accountant OPM CORE00031 V5.0	November 17, 2021	Julie Moran-Jackson
Finance - Cash Control OPM CORE00029 V5.0	July 30, 2021	Julie Moran-Jackson
Finance - Finance Analyst OPM CORE00030 V5.0	March 10, 2021	Julie Moran-Jackson
Finance - General OPM CORE00028 V5.0	December 15, 2021	Julie Moran-Jackson
Mallroom OPM CORE00007 V5.0	March 1, 2021	Julie Moran-Jackson
Medicare Buy In OPM CORE00003 V5.0	June 17, 2021	Julie Moran-Jackson
PAUM OPM v2.2	December 17, 2021	Julie Moran-Jackson
Premium Vendor Services OPM CORE00011 V5.0	June 30, 2021	Julie Moran-Jackson
Pricing OPM CORE00020 V5.0	April 20, 2021	Julie Moran-Jackson
Privacy OPM CORE00027 V5.0	September 30, 2021	Julie Moran-Jackson
Provider Enrollment OPM - Administrative CORE00033 V3.0	February 26, 2021	Julie Moran-Jackson

7.11 Environments

The following figure supports the narrative content in section 7.11 Environments.

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 the following figure for the environments in use today to achieve FSSA goals.

Figure 31. Change Management Path of Code Repositories



1278_001_06_0222

7.12.2 Develop and Maintain Benefit Package

The following figure supports the narrative content in section 7.12.2 Develop and Maintain Benefit Package.

The Benefit Plan Hierarchy is shown in the following figure.

Figure 32. Benefit Plan Hierarchy

lakhtlg logout usolgwxin093-163133 ada

Open Tab
save
cancel
Page Help
Tab Help
Audit
Show All

Benefit Plan Hierarchy

Thread	Financial Payer	Effective Date	End Date	Inactive Date
17	TXIX	01/01/1900	12/31/2299	12/31/2299

Thread: 17
Financial Payer: TXIX Medicaid

Effective Date*: 01/01/1900
End Date*: 12/31/2299
Inactive Date*: 12/31/2299

Benefit Plan	Benefit Plan
Benefit Plan 1*: MA Full Medicaid	Benefit Plan 26: MFPTR MFP PRTF Transition fr
Benefit Plan 2: PKGA Package A-Standard Plan	Benefit Plan 27: MFPTS MFP Transition from St
Benefit Plan 3: PEPA Presumptive Eligibility	Benefit Plan 28: PRTFW PRTF Transition Waiver
Benefit Plan 4: PKGB ESO Coverage with Pregn	Benefit Plan 29: AMHH Adult Mental Health Hab
Benefit Plan 5: PKGC Package C-Childrens Hea	Benefit Plan 30: CMHW Children's Mental Healt
Benefit Plan 6: PEPW Presumptive Eligibility	Benefit Plan 31: BPHC Behavioral & Primary He
Benefit Plan 7: PKGE Package E - Emergency	Benefit Plan 32: IESRD Individuals with End-S
Benefit Plan 8: FPS Family Planning Eligibl	Benefit Plan 33: TMIH Medicaid Inpatient Hosp
Benefit Plan 9: PEFP Presumptive Eligibility	Benefit Plan 34: PACE Program of All-Inclusiv
Benefit Plan 10: QMB Qualified Medicare Benef	Benefit Plan 35: HIP2 HIP Plus
Benefit Plan 11: HIP Healthy Indiana Plan	Benefit Plan 36: HPE Presumptive Eligibility
Benefit Plan 12: 590 590 Program	Benefit Plan 37: QDWI Qualified Disabled Work
Benefit Plan 13: MRT Medical Review Team	Benefit Plan 38: QI Qualified Individual
Benefit Plan 14: PASMI PASRR Mental Illness (Benefit Plan 39: SLMB Specified Low Income Me
Benefit Plan 15: PASMR PASRR Individuals with	Benefit Plan 40: HIPRB HIP Basic
Benefit Plan 16: MRO Medicaid Rehabilitation	Benefit Plan 41: HIPSP HIP State Plan Plus
Benefit Plan 17: ADWA Aged and Disabled HCBS	Benefit Plan 42: HIPSB HIP State Plan Basic
Benefit Plan 18: AUWA Autism HCBS Waiver	Benefit Plan 43: HIPSC HIP State Plan Plus Co
Benefit Plan 19: DDWA Community Integration a	Benefit Plan 44: PEIH Medicaid Inpatient Hosp
Benefit Plan 20: TBIWA Traumatic Brain Injury	Benefit Plan 45: HIPMA HIP Maternity
Benefit Plan 21: SSFS Family Supports HCBS Wa	Benefit Plan 46:
Benefit Plan 22: PRTCA CA PRTF Demonstration	Benefit Plan 47:
Benefit Plan 23: MFPAD MFP Demonstration Gran	Benefit Plan 48:
Benefit Plan 24: MFPTB MFP Traumatic Brain In	Benefit Plan 49:
Benefit Plan 25: MFPCI MFP Community Integrat	Benefit Plan 50:

delete
add

7.12.3 Develop and Maintain Benefit Reference Information

The following figures support the narrative content in section 7.12.3 Develop and Maintain Benefit Reference Information.

The following figure shows the DRG rate panel in CoreMMIS.

Figure 33. DRG Rates

Basic Information		Group	Reimbursement Rules		MDC List	Other Insurance Coverage Rules		Rates		Peer Group			
Rate Type	SOI	Weight	Supplemental Percentage	Outlier Adjustment Percentage	Base Rate	Daily Rate	Length of Stay	High Day Outlier	Low Day Outlier	Effective Date	End Date	Active Date	Inactive Date
DEF	1 - Minor	0.6303	100%	100.00%	\$3,523.75	\$0.00	2.4	999	0	08/01/2020	12/31/2299	08/01/2020	12/31/2299
DEF	2 - Moderate	0.6521	100%	100.00%	\$3,523.75	\$0.00	2.9	999	0	08/01/2020	12/31/2299	08/01/2020	12/31/2299
DEF	3 - Major	0.8748	100%	100.00%	\$3,523.75	\$0.00	4.0	999	0	08/01/2020	12/31/2299	08/01/2020	12/31/2299
DEF	4 - Extreme	1.5234	100%	100.00%	\$3,523.75	\$0.00	6.5	999	0	08/01/2020	12/31/2299	08/01/2020	12/31/2299

The Revenue code to HCPCS Procedure Code linkages are shown in the following figure.

Figure 34. Revenue/HCPCS Code Linkage Panel

Revenue	HCPCS Procedure	Effective Date	End Date
300	36415	01/01/1900	12/31/2299
300	36416	01/01/2003	12/31/2299
300	A9270	01/01/1900	12/31/2299
300	87661	10/01/2017	12/31/2299
300	87797	01/01/1998	12/31/2299
300	87798	01/01/1998	12/31/2299
300	87799	01/01/1998	12/31/2299
300	87800	01/01/1900	12/31/2299
300	87801	01/01/1900	12/31/2299
300	87802	01/01/2002	12/31/2299

1 2 3 4 5 6 7 8 9 10 ... Next

The NDC to HCPCS Procedure code linkages are shown in the following figure.

Figure 35. NDC/HCPSCS Linkage

NDC	GCN Seq Number	HCPSCS Procedure	Effective Date	End Date ▼
00002714001	22668	J0130	01/01/2002	12/31/2299
00002751001	27413	J1817	01/01/2003	12/31/2299
00002751101	47172	J1815	01/01/2003	12/31/2299
00002751201	61721	J1815	11/01/2006	12/31/2299
00002751659	27414	J1815	01/01/2003	12/31/2299
00002762301	53600	J9305	01/01/2005	12/31/2299
00002764001	63546	J9305	01/07/2008	12/31/2299
00002771227	73403	J1815	05/28/2015	12/31/2299
00002771459	77662	J1815	08/14/2017	12/31/2299
00002772801	81183	J1815	06/16/2020	12/31/2299

1 2 3 4 5 6 7 8 9 10 ... [Next](#)

The Aid Category Panel in CoreMMIS is shown in the following figure.

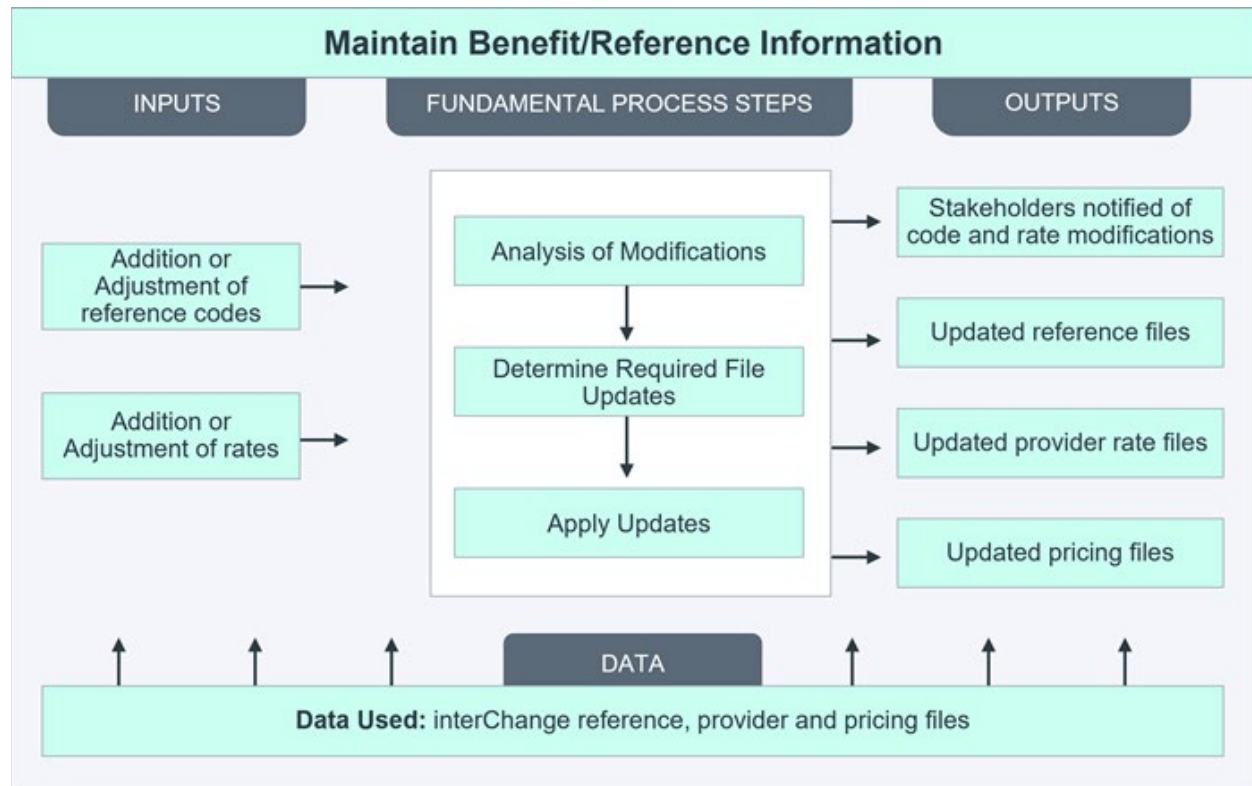
Figure 36. Aid Category

Aid Category ▲	Description	Dual Enrollment Status	% Federal Poverty Level
7	ARCH for disabled	08 - Member entitled to Medicare - Other Dual Eligibles (Non QMB, SLMB,QWDI or QI) with Medicaid cov	2 - Greater than 100%
8	Children Receiving Adoption As	00 - Member is not a Medicare beneficiary	0
9	Children age 1 through 18; (MC	00 - Member is not a Medicare beneficiary	0
A	Aged	08 - Member entitled to Medicare - Other Dual Eligibles (Non QMB, SLMB,QWDI or QI) with Medicaid cov	2 - Greater than 100%
AMHH	1915i: Adult Mental Health Hab	00 - Member is not a Medicare beneficiary	0
B	Blind	08 - Member entitled to Medicare - Other Dual Eligibles (Non QMB, SLMB,QWDI or QI) with Medicaid cov	2 - Greater than 100%
BPHC	1915i: Behavioral and Primary	00 - Member is not a Medicare beneficiary	0
C	Low Income Families	00 - Member is not a Medicare beneficiary	0
CMHW	1915i: Child Mental Health Wra	00 - Member is not a Medicare beneficiary	0
D	Disabled	08 - Member entitled to Medicare - Other Dual Eligibles (Non QMB, SLMB,QWDI or QI) with Medicaid cov	2 - Greater than 100%

[Prev](#) 1 2 3 4 5 6 7 8 9 10 ... [Next](#)

The following figure shows the BPA/Reference inputs/outputs.

Figure 37. Figure Benefit/Reference information Workflow



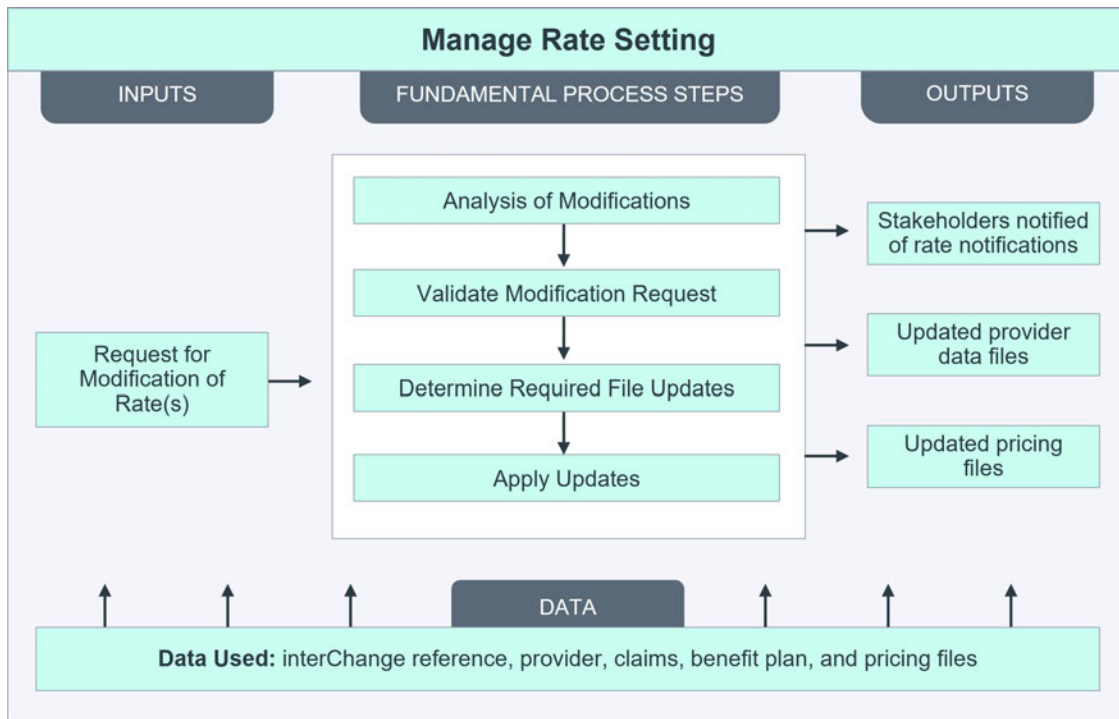
1278_712_50_0222

7.12.4 Manage Rate Information

The following figure supports the narrative content in section 7.12.4 Manage Rate Information.

CoreMMIS receives rate files from State approved contractors such as Myers & Stauffer and loads for claim adjudication, as the following figure shows.

Figure 38. Manage Rate Setting Process Flow



1278_712_51_0222

8.0 Data Management

The following figures supports the narrative content in section 8.0 Data Management.

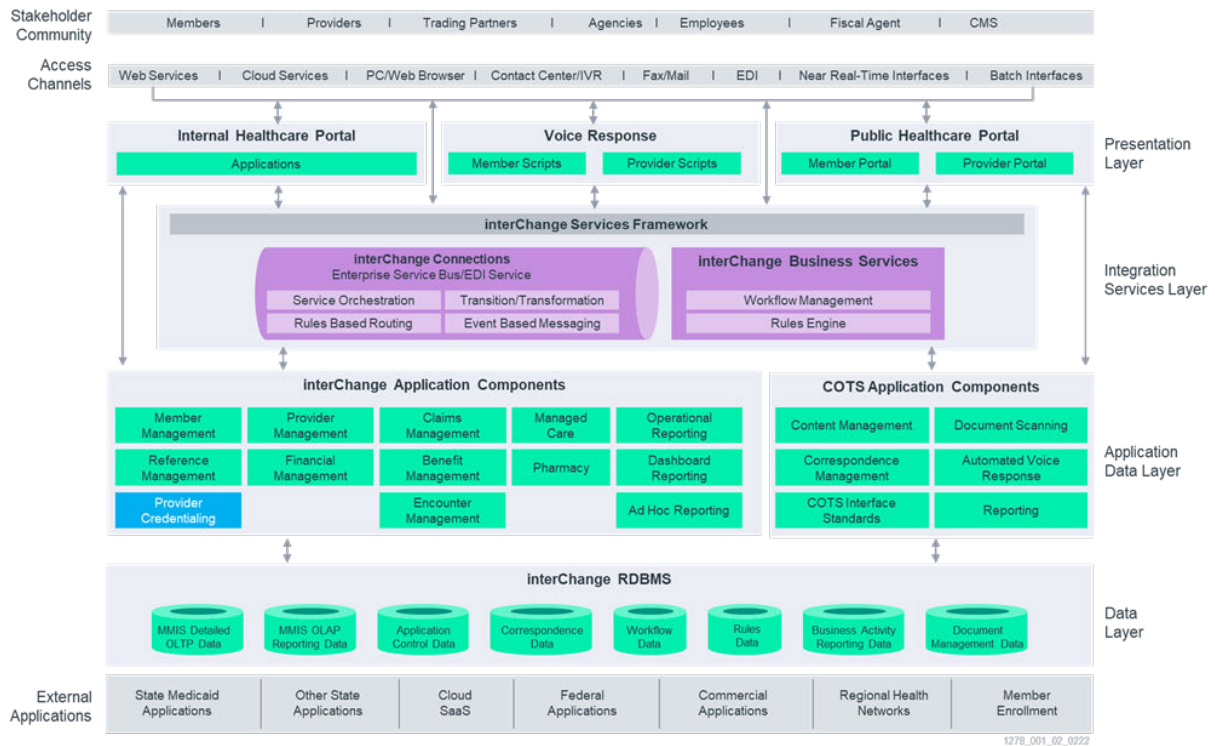
- Indiana CoreMMIS Application Architecture Overview
- Data Management-Inbound and Outbound in a Secure, Extensible Environment
- Change Management Path for Database Migration

8.1.3 Data Architecture

The following figures support the narrative content in section 8.1.3 Data Architecture.

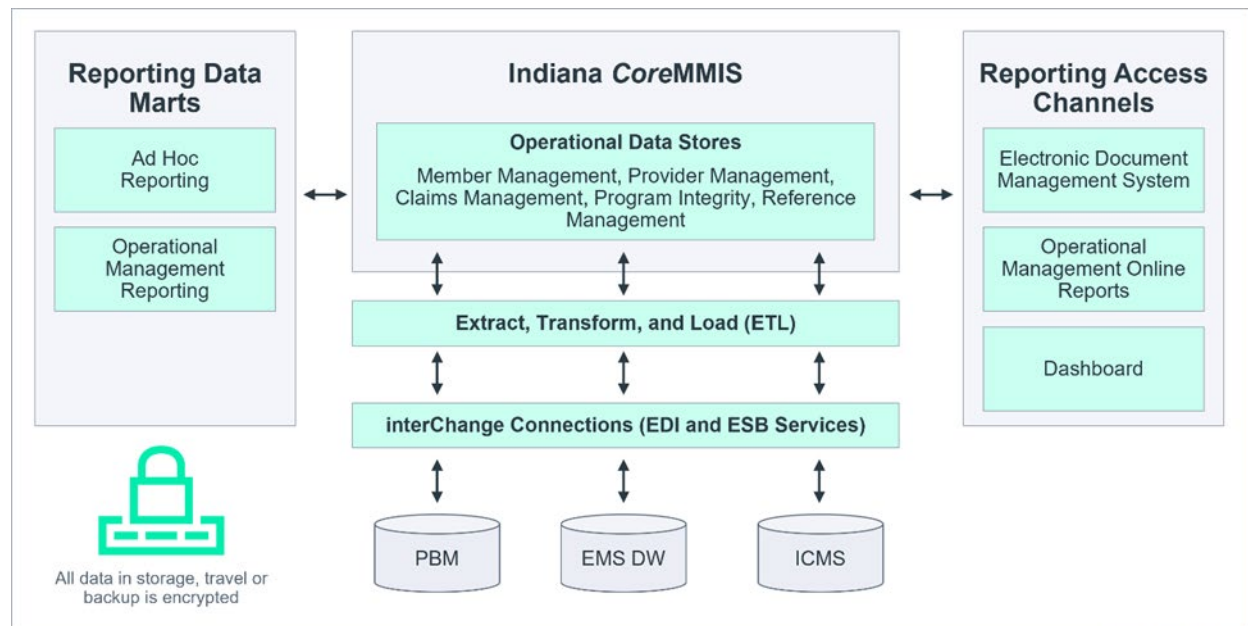
The data layer and the application layer of the MMIS are separated layers in the CoreMMIS architecture framework, as illustrated in the following figure — Indiana CoreMMIS Application Architecture Overview.

Figure 39. Indiana CoreMMIS Application Architecture Overview



The following figure 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.

Figure 40. Data—Inbound and Outbound in a Secure, Extensible Environment

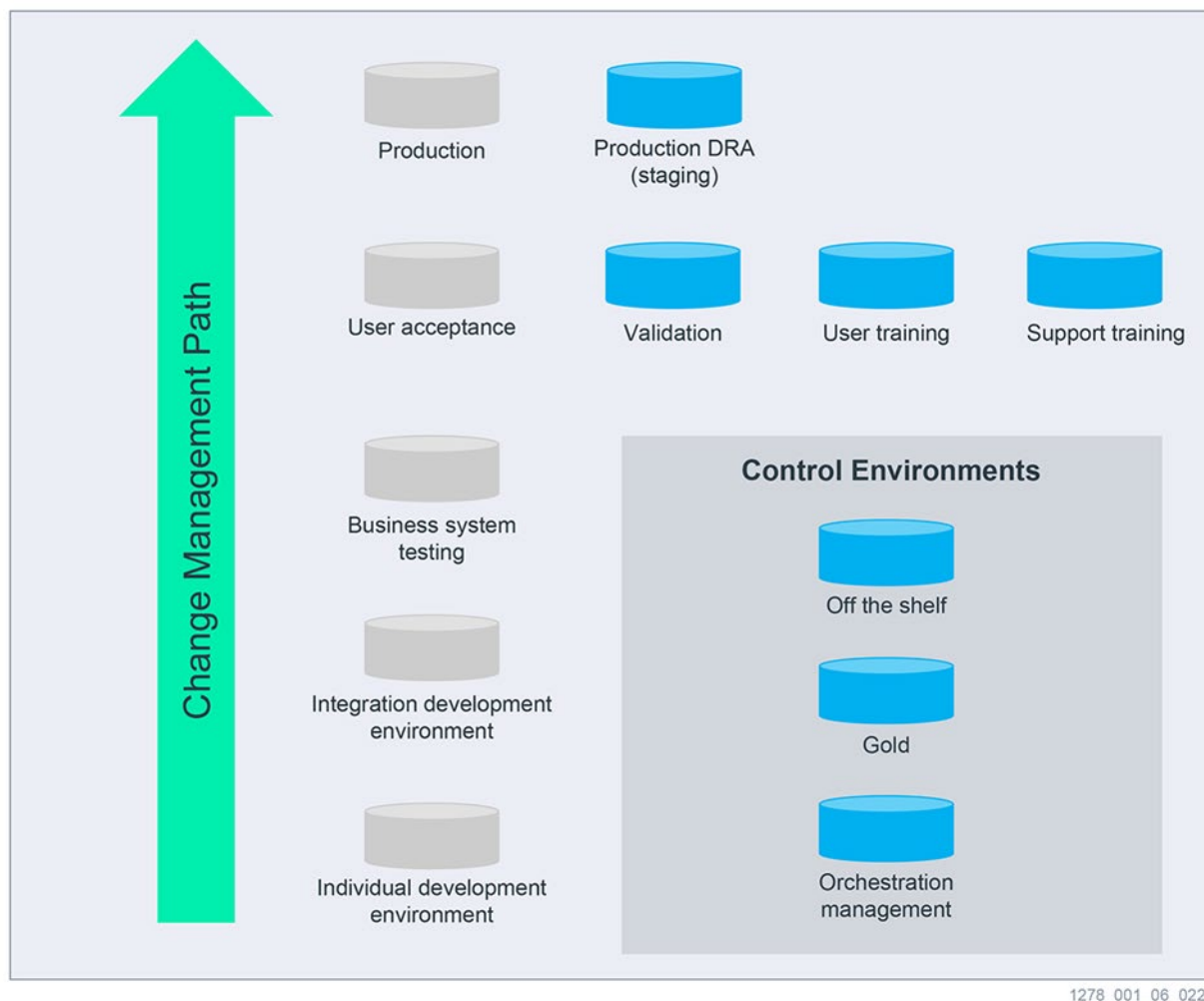


8.1.6 Data Quality and Standards

The following figure supports the narrative content in section 8.1.6 Data Quality and Standards.

The process used to promote database changes from one environment to subsequent environments follows established migration procedures as illustrated in the following figure.

Figure 41. Change Management Path for Database Migration



9.0 Scope of Work – Reimbursement and Claims Processing

The following figures support the narrative content in section 9.0 Scope of Work – Reimbursement and Claims Processing.

- Claims Management Features and Benefits Summary
- Prepare RA Process Flow
- Apply Adjustment Process Flow
- Apply Claim Attachment Process Flow

- Prepare Encounter Reports Process Flow
- Gainwell Data Match Process for FSSA
- TPL Identification Business Process Flowchart
- HIPPP Business Process Flowchart
- Gainwell's Streamlined Billing Process
- TPL Recovery Business Process Flowchart
- CoreMMIS TPL Case Tracking Base Information Panel
- CoreMMIS TPL Case Tracking Options Panel

The following figure summarizes the major components of the Indiana CoreMMIS for Claims Management and its benefits to the State.

Figure 42. Claims Management Features and Benefits Summary

Reimbursement and Claims Processing		
Business Processes	Features of Gainwell Solution	Benefits to FSSA
Enter claims	<ul style="list-style-type: none"> Multiple channels for receiving claims OPEX scanner solution 	<ul style="list-style-type: none"> Real-time, interactive Responses with 24/7 availability Increased speed in claims adjudication HIPAA compliant COTS-based solution
Apply claim attachments	<ul style="list-style-type: none"> Multiple channels for receiving attachments OPEX scanner solution 	<ul style="list-style-type: none"> Flexible attachment management to increase speed of apply attachment to claim Increased speed in claims adjudication Increased provider participation in electronic claims submission
Edit claims and encounters	<ul style="list-style-type: none"> Configurable, rules-driven edits Configurable work scheduler 	<ul style="list-style-type: none"> System flexibility increases the speed of configuration for the application of state policy to deliver business results Consistent development processes Cost containment for FSSA
Audit claims and encounters	<ul style="list-style-type: none"> Configurable, rules-driven edits/audits Configurable work scheduler 	<ul style="list-style-type: none"> System flexibility increases the speed of configuration for the application of state policy to deliver business results Consistent development processes Cost containment for FSSA
Price claims and encounters	<ul style="list-style-type: none"> Configurable, rules-driven pricing Configurable work scheduler 	<ul style="list-style-type: none"> High accuracy and timeliness of rules configuration to achieve intended business results Flexibility for unique reimbursement for each program Consistent development processes
Calculate patient/waiver liability	<ul style="list-style-type: none"> Real-time application of patient/waiver liability calculations during claims adjudication 	<ul style="list-style-type: none"> Accurate and timely capture and application of patient/waiver liability amounts Improved notification of members regarding their patient/waiver liability amounts
Prepare remittance advices	<ul style="list-style-type: none"> Remittance advice process Delivery for viewing through the Healthcare Portal and 835 transaction 	<ul style="list-style-type: none"> Messages and information are scalable and flexible, targeted to providers by type Increased provider satisfaction
Prepare encounter report	<ul style="list-style-type: none"> Encounter reporting process Healthcare Portal and OnDemand 	<ul style="list-style-type: none"> Flexibility to add new programs Easy access to reports
Prepare Explanation of Benefits (EOB)	<ul style="list-style-type: none"> Explanation of benefits process using statistically valid random-sample methodology EOB generation and distribution Healthcare Portal and OnDemand 	<ul style="list-style-type: none"> Easy to access and user friendly Members can report errors through the Healthcare Portal
Apply adjustments	<ul style="list-style-type: none"> Real-time, interactive adjustments through the Healthcare Portal Online review and approval for mass adjustments Flexible single and mass adjustments capabilities Providers have the flexibility of completing adjustments through the portal, 837 transaction or paper 	<ul style="list-style-type: none"> Claim volumes are unlimited Provider self-service access to interactive adjustments to increase provider satisfaction
<div> <div>Supporting FSSA Goals</div> <ul style="list-style-type: none"> Unparalleled Advantage of Staying with Incumbent Unequalled Expertise from Gainwell's Experience Strategic Modernization Empowered and Modern MMIS Strong Partner Ecosystem </div>		
<div> <div>Meeting Key Performance Standards</div> <ul style="list-style-type: none"> Accurately and efficiently process and adjudicate claims within established timeframes; meet State, Federal, and business area regulations and requirements Provide an effective reporting strategy for encounter processing and deliver accurate data to the correct providers; verify accuracy with monthly audits Accurately and efficiently complete TPL-related activities, using policies and procedures to verify compliance with State and Federal TPL regulations </div>		

1278_325_10_0222

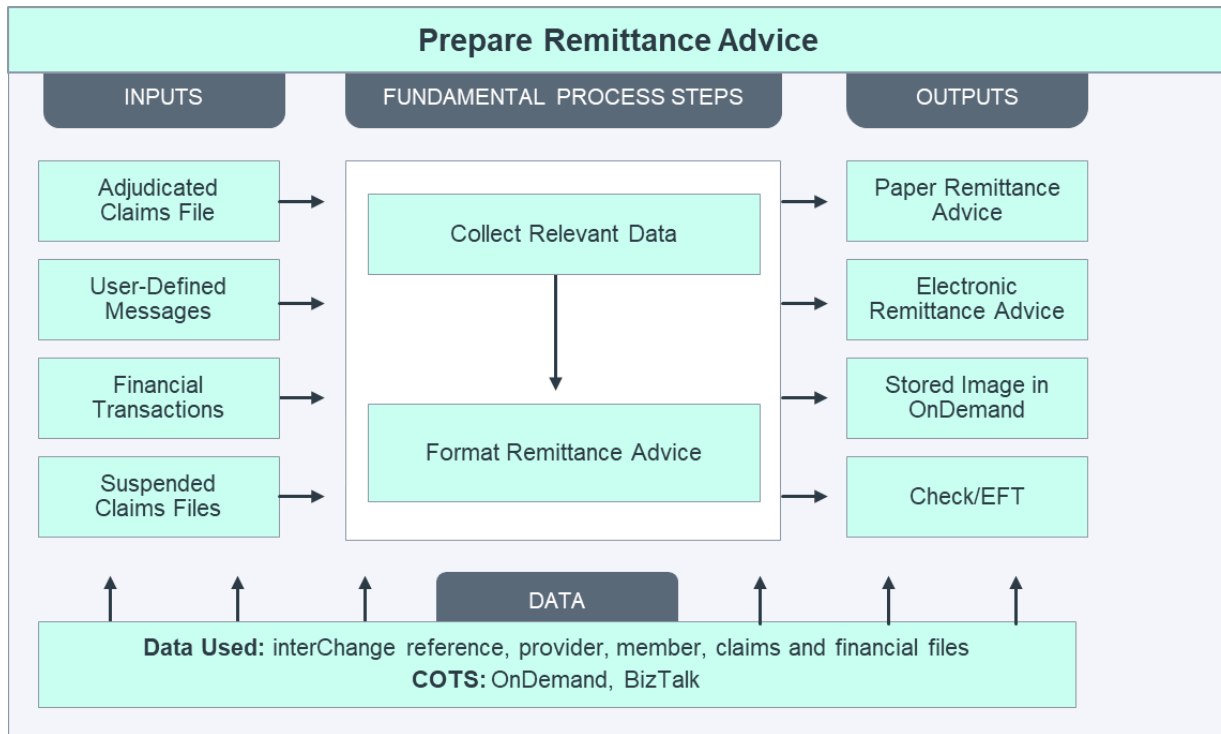
9.1 Reimbursement and Claims Processing

9.1.1.1 Claims Adjudication

The following figures support the narrative content in section 9.1.1.1 Claims Adjudication.

The following figure 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.

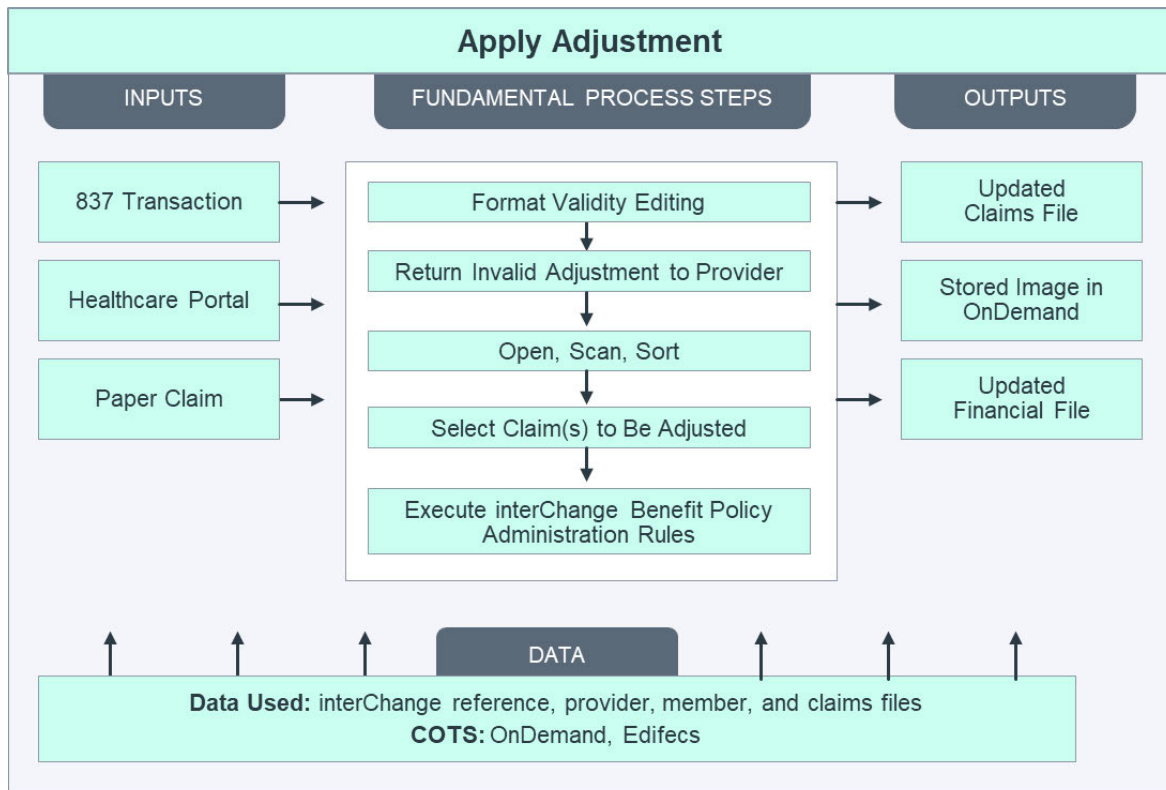
Figure 43. Prepare RA Process Flow



1278_325_11_0222

The following figure 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.

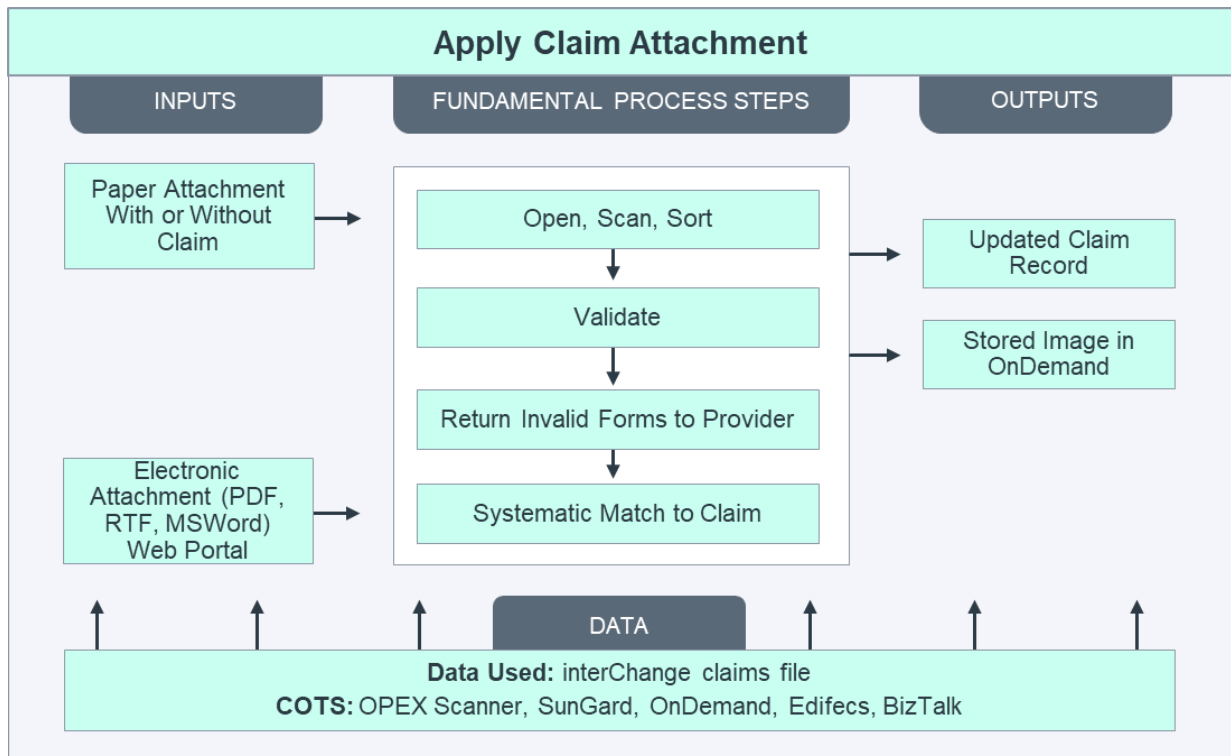
Figure 44. Apply Adjustment Process Flow



1278_325_12_0222

The following figure 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.

Figure 45. Apply Claim Attachment Process Flow



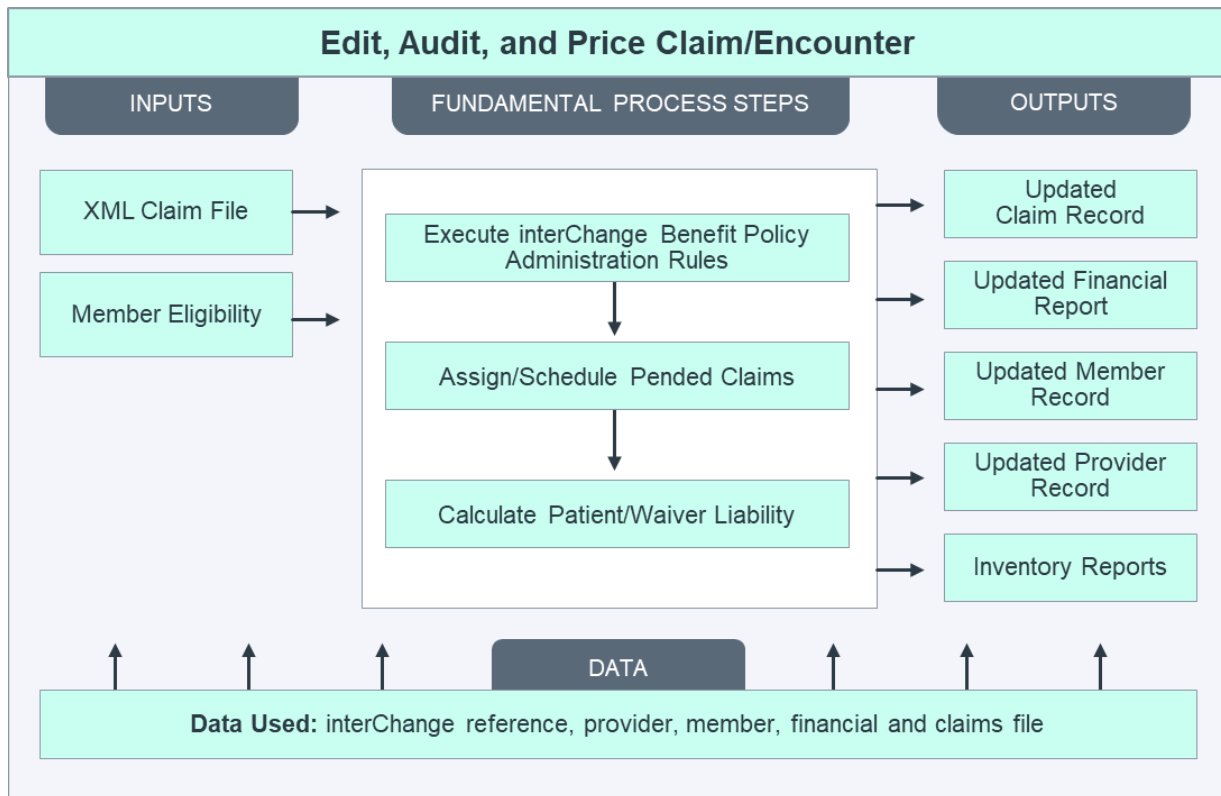
1278_325_04_0222

As illustrated in the following figure, 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 — foreexample, 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.

Figure 46. Edit, Audit, and Price Claim/Encounter Process Flow



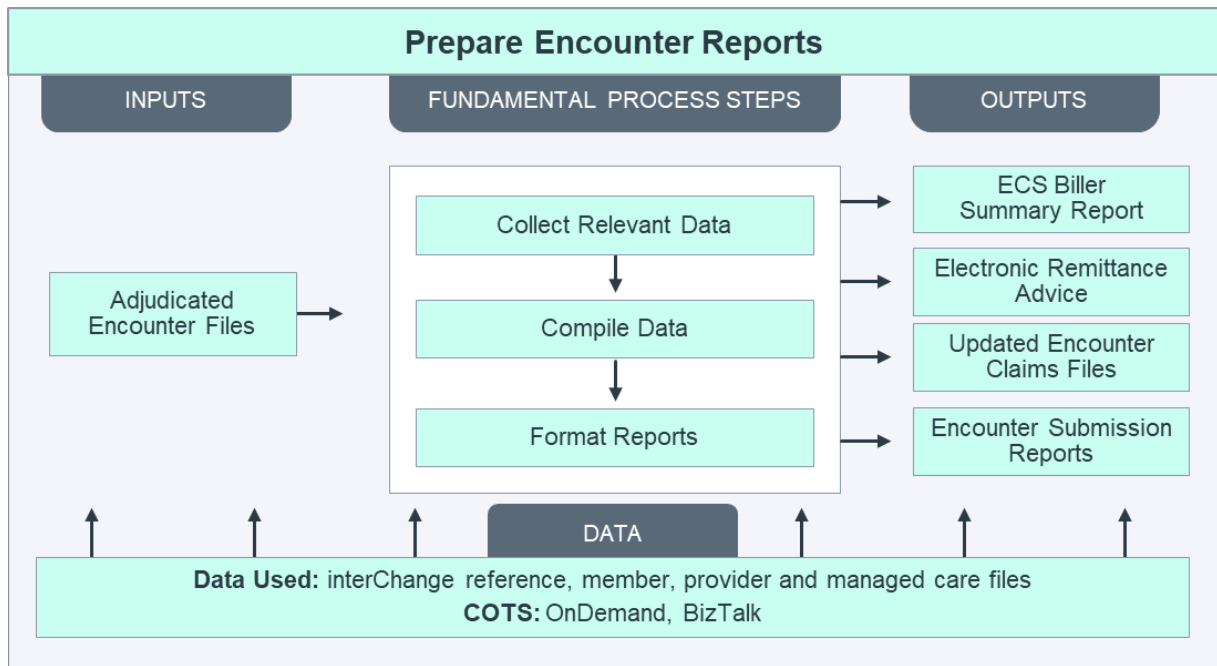
1278_325_32_0222

9.1.1.2 Encounter Claims and Reporting

The following figure supports the narrative content in section 9.1.1.2 Encounter Claims and Reporting.

The following figure 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.

Figure 47. Prepare Encounter Reports Process Flow



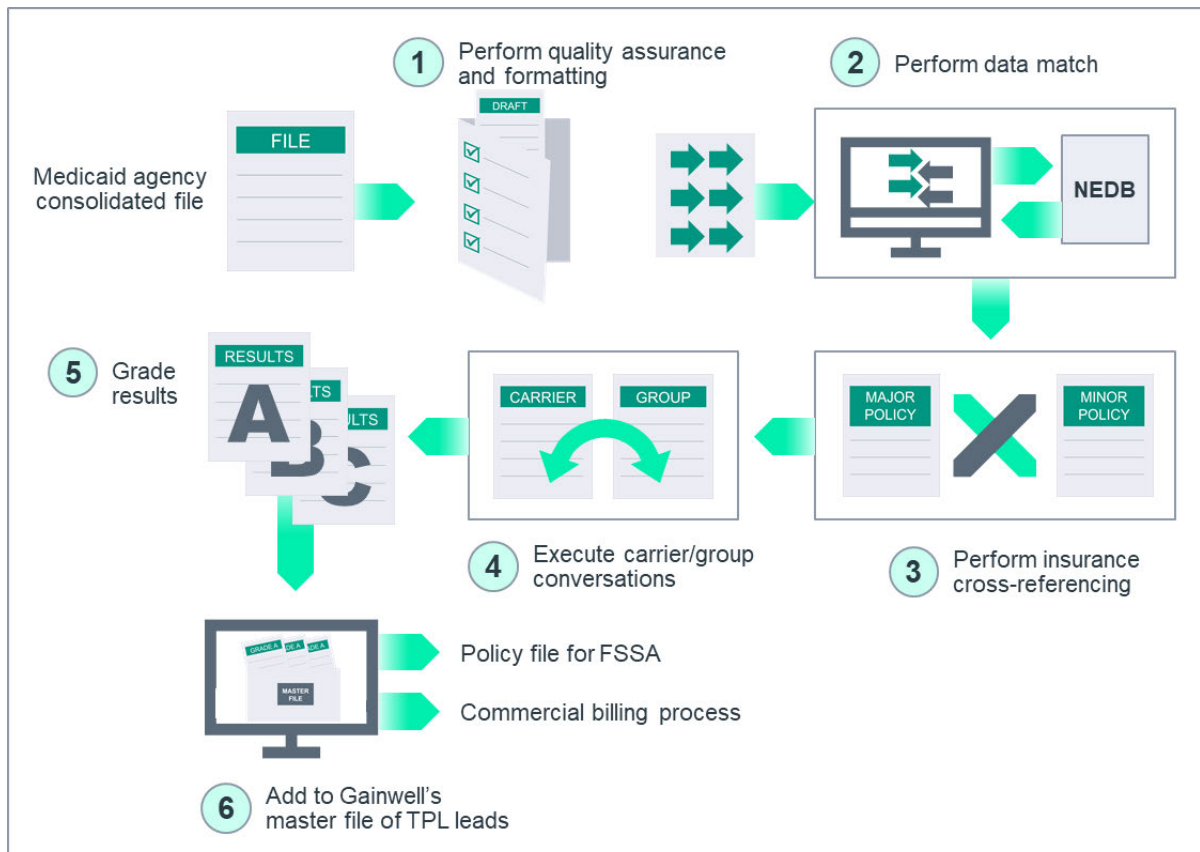
1278_325_06_0222

9.1.2.2 Resource Identification

The following figures support the narrative content in section 9.1.2.2 Resource Identification.

The foundation of Gainwell's' unmatched success in TPL-related cost containment is our data match process, as seen in the figure below.

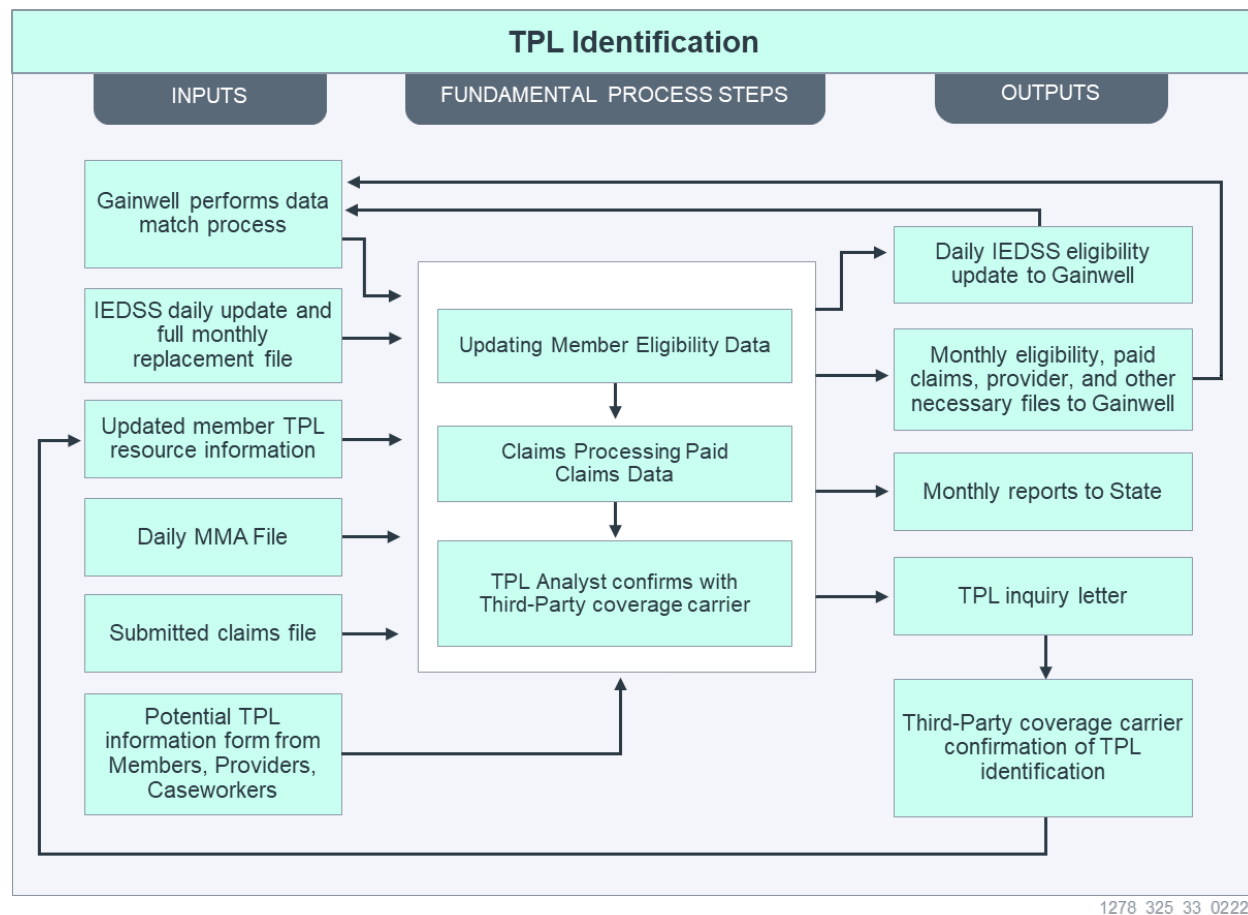
Figure 48. Gainwell Data Match Process for FSSA



1278_325_42_0222

The following figure 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.

Figure 49. TPL Identification Business Process Flowchart

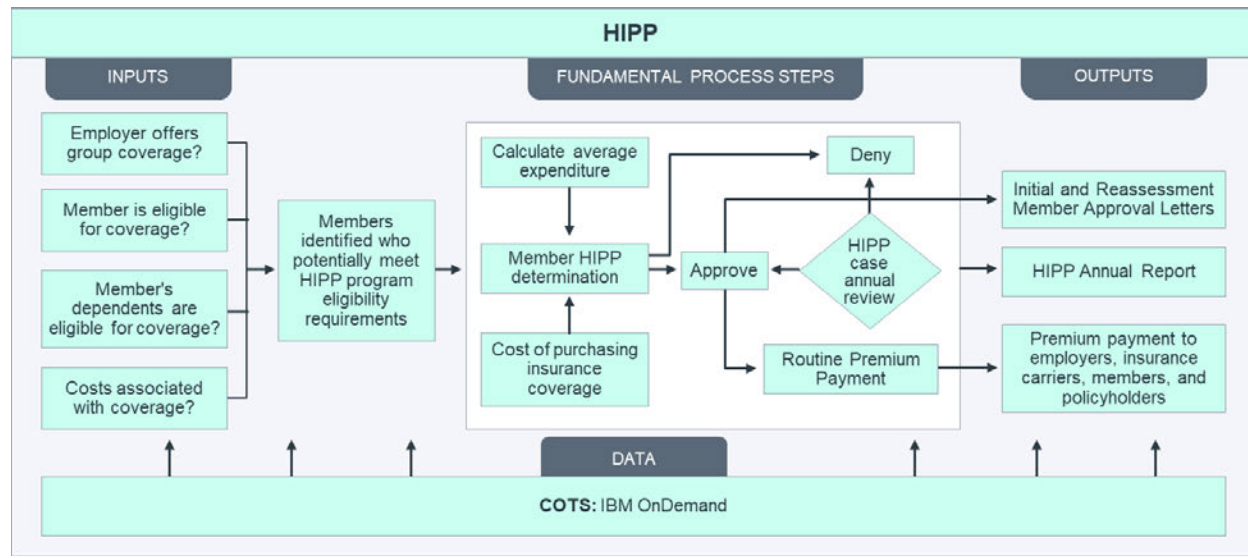


9.1.2.3 Health Insurance Premium Pay Program (HIPP)

The following figure supports the narrative content in section 9.1.2.3 Health Insurance Premium Pay Program (HIPP).

The following figure 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.

Figure 50. HIPP Business Process Flowchart



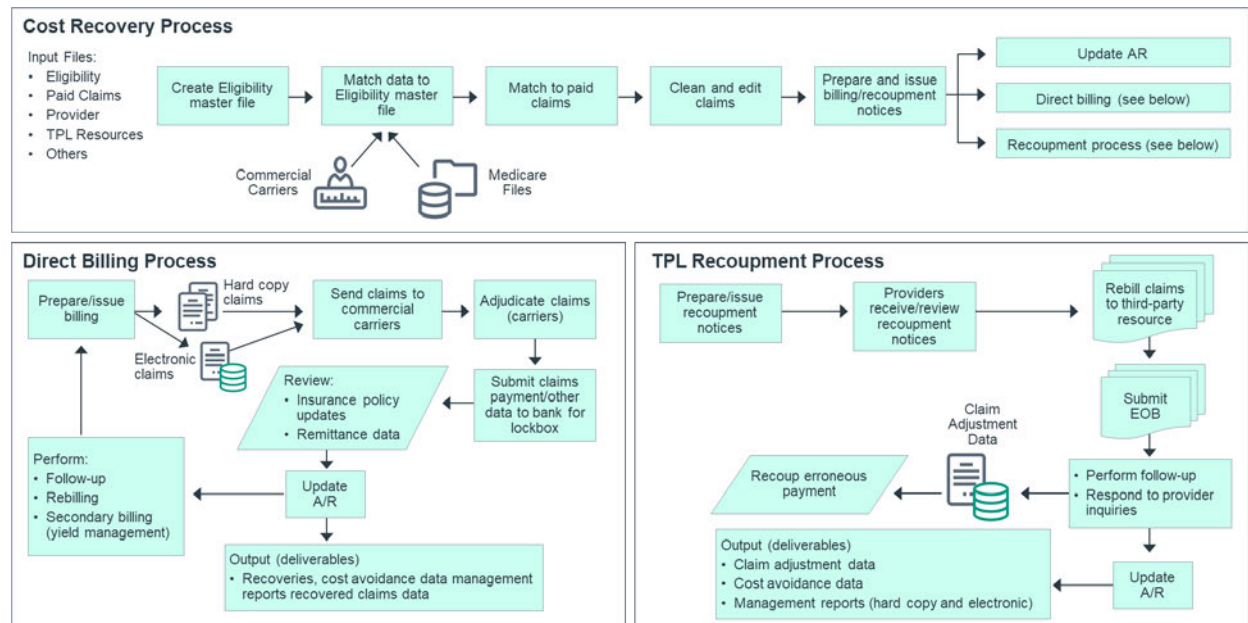
1278_325_08_0222

9.1.2.4 Recoveries

The following figures support the narrative content in section 9.1.2.4 Recoveries.

The following figure illustrates Gainwell's billing process.

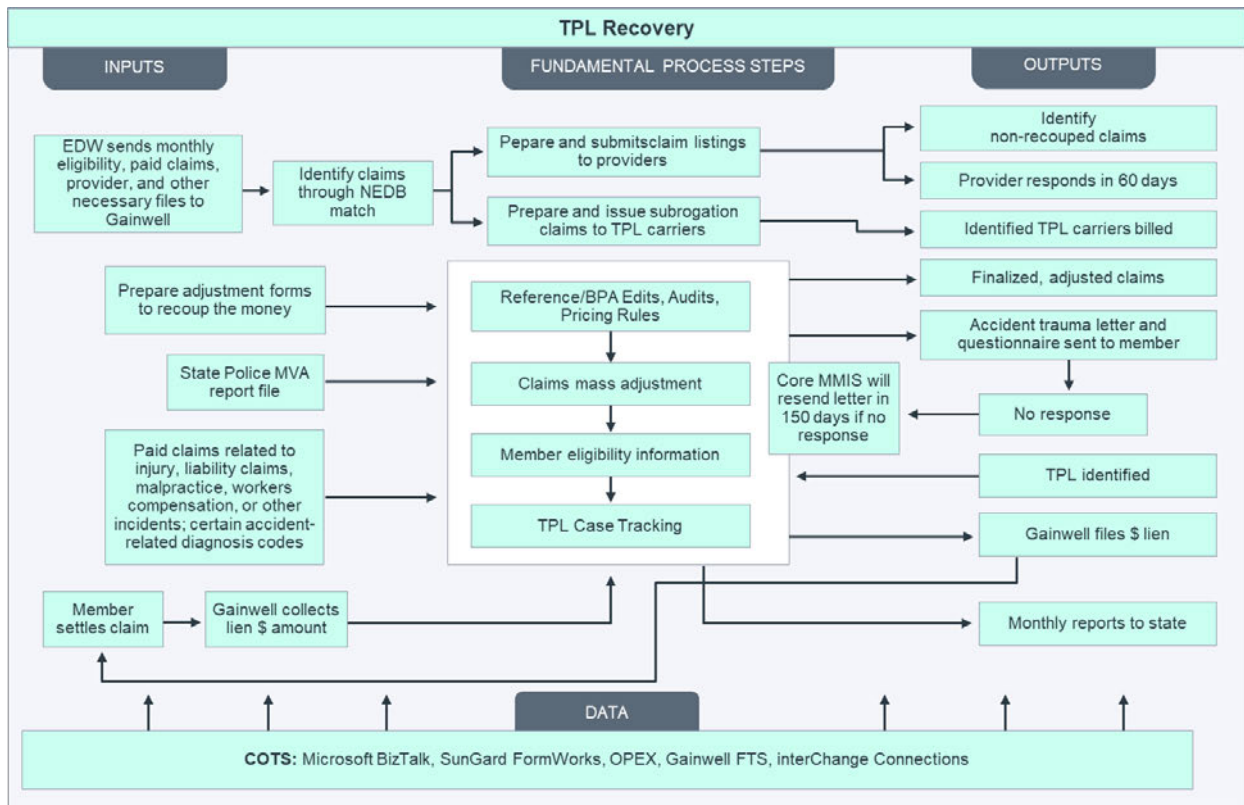
Figure 51. Gainwell's Streamlined Billing Process



1278_325_43_0222

The following figure 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.

Figure 52. TPL Recovery Business Process Flowchart



1278_325_14_0222

9.1.2.5 Casualty Cases

The following figures support the narrative content in section 9.1.2.5 Casualty Cases.

The following figure 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 53. CoreMMIS TPL Case Tracking Base Information Panel

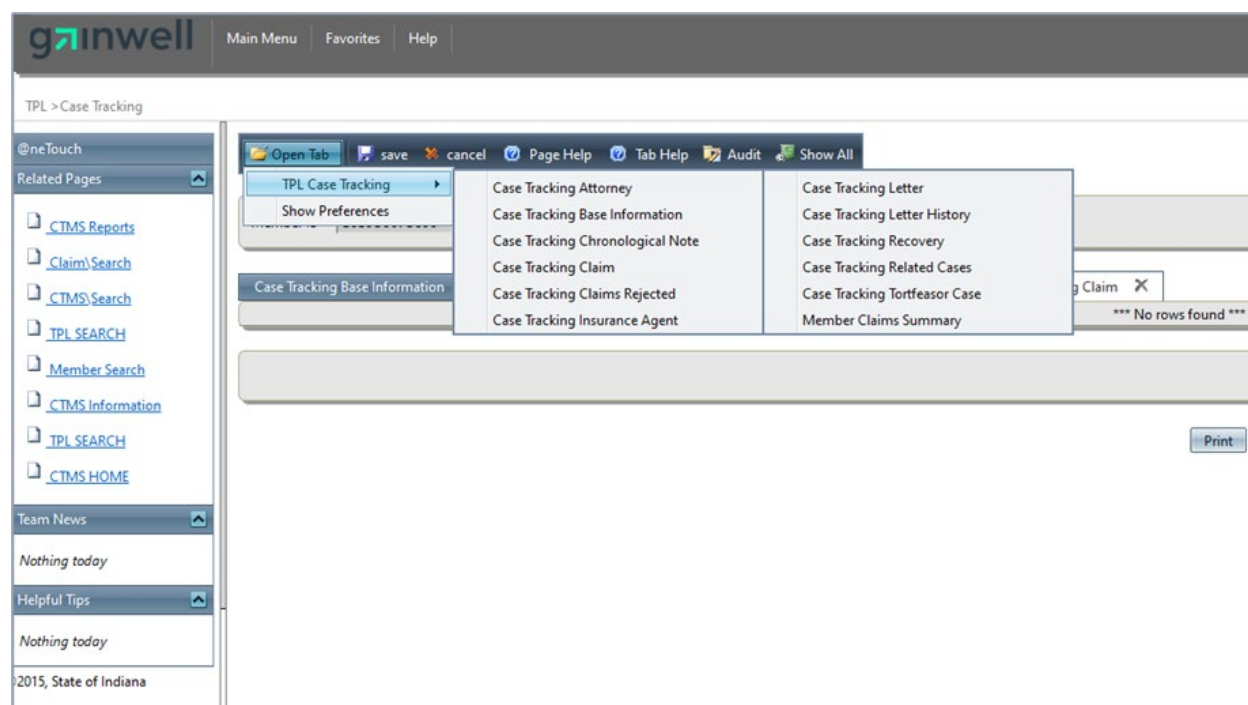
The screenshot displays the 'CoreMMIS TPL Case Tracking Base Information Panel'. The interface includes a top navigation bar with 'Main Menu', 'Favorites', and 'Help'. A sidebar on the left lists 'Related Pages' such as 'CTMS Reports', 'Claim Search', 'CTMS Search', 'TPL SEARCH', 'Member Search', 'CTMS Information', 'TPL SEARCH', and 'CTMS HOME'. The main content area features a search bar with 'Open Tab', 'save', 'cancel', 'Page Help', 'Tab Help', 'Audit', and 'Show All' buttons. Below this, a header section shows 'Member ID: 000000000000', 'Case Number: 123456789', and 'Member Name: JONES, MARY A'. The main form is divided into two tabs: 'Case Tracking Base Information' (active) and 'Case Tracking Chronological Note'. The 'Base Information' tab contains fields for 'Member ID*', 'Member Name' (JONES, MARY A), 'Case Number' (123456789), 'User ID*' (JMA00000), 'Accident Date*' (00/00/0000), 'Case Origin' (ATTORNEY), 'Case Type*' (AUTO ACCIDENT), 'Date Case added' (00/00/0000), 'Nature Of Inj/Acc' (NECK, BACK, ABRASIONS BOTH ARMS), 'Case Status*' (OPEN CASE), 'Lien Origin Date', 'Lien Amended Date', and 'Lien Released Date'. To the right of these fields is a summary table with the following data:

Review/Closed Date*	00/00/0000
Previous Review Date	00/00/0000
Off-Line Claims Total	\$0.00
Gross Lien Amount	\$0.00
Attorney Fees	\$0.00
Pro Rata Expenses	\$0.00
Comp/Mass Tort Reduction	\$0.00
Net Lien Total	\$0.00
Recovery Amount	\$0.00
Balance Amount	\$0.00
Case Settlement Amount	\$0.00
Offline Start Date	
Offline End Date	

1278_325_16_0222

The following figure 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.

Figure 54. CoreMMIS TPL Case Tracking Options Panel



1278_325_17_0222

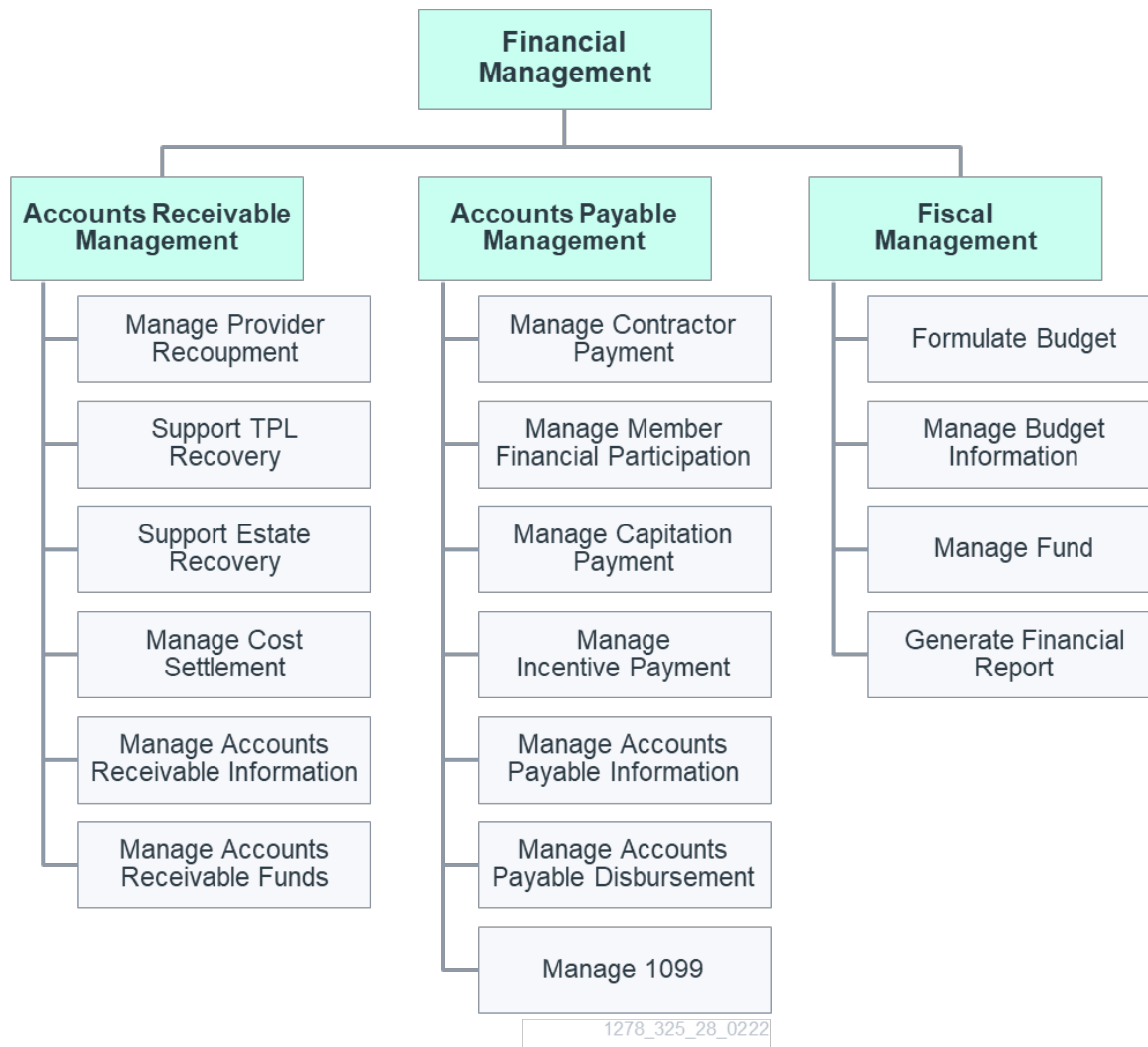
10.0 Fiscal Agent/Financial Accounting Responsibilities

The following figures support the narrative content in section 10.0 Fiscal Agent/Financial Accounting Responsibilities.

- Gainwell Financial Management Support Services
- Gainwell Overpayment Collection and Referral Process
- Prepare and Pay Capitation Payment Process Flow
- Prepare and Pay Premium Payment Process Flow
- Inputs, processes, and outputs for Prepare and Pay Capitation Payments

The following figure provides an overview of the support services in the Gainwell Financial Management Support solution.

Figure 55. Gainwell Financial Management Support Services

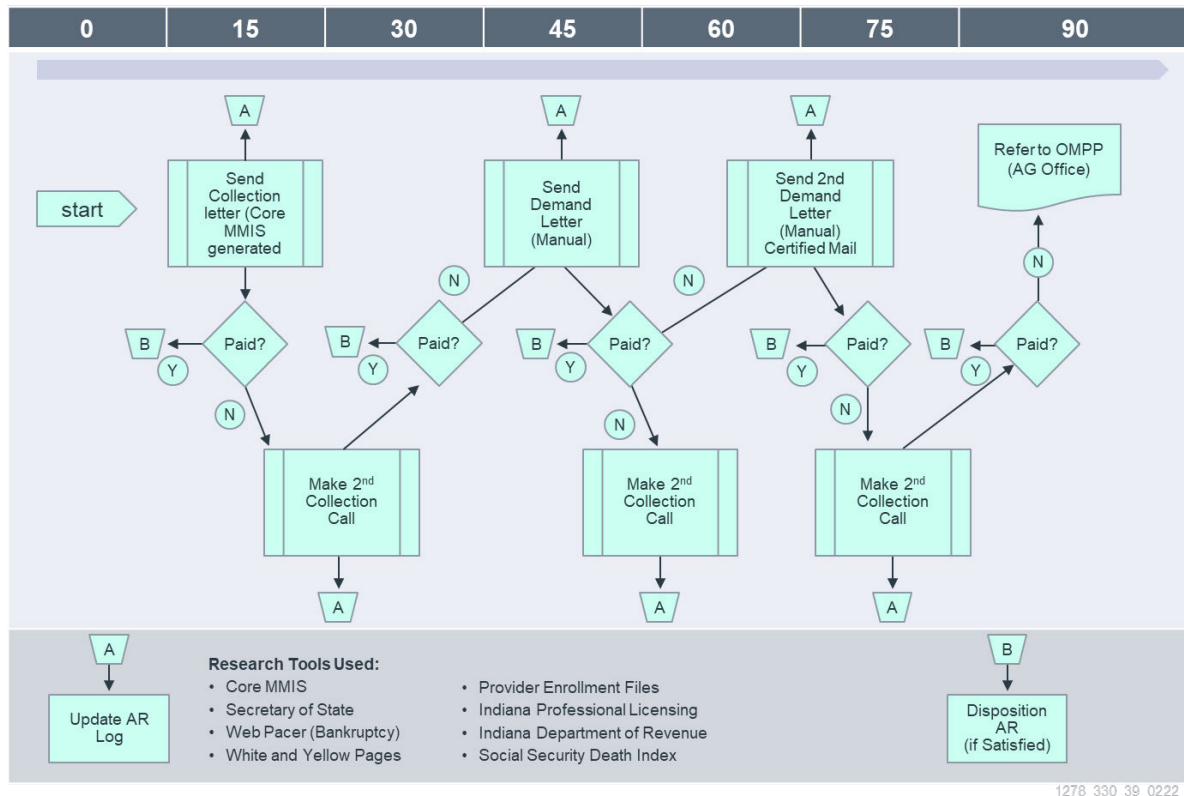


10.1.1 Provider Payments/1099s/Expenditures

The following figure supports the narrative content in section 10.1.1 Provider Payments/1099s/Expenditures.

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 the following figure.

Figure 56. Gainwell Overpayment Collection and Referral Process

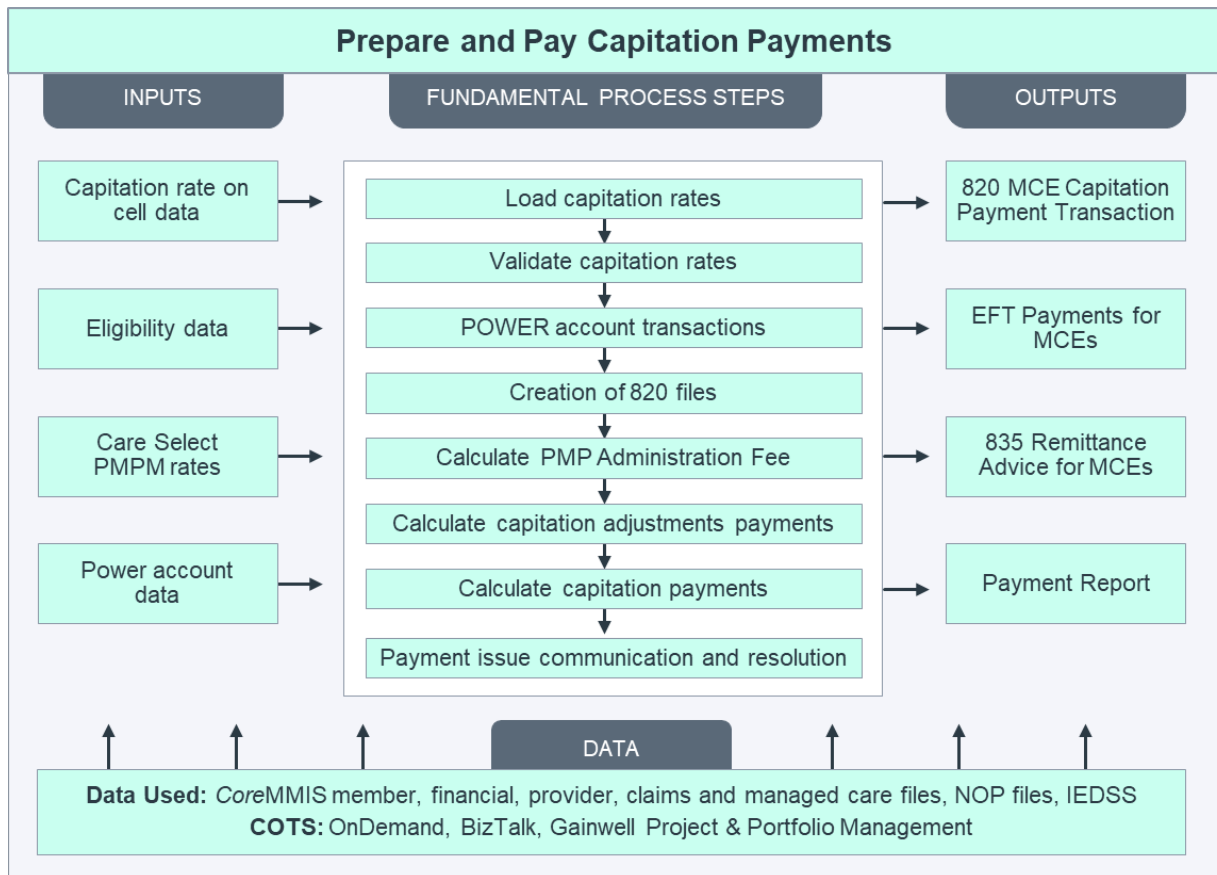


10.1.2 Prepare and Pay Capitation

The following figure supports the narrative content in section 10.1.2 Prepare and Pay Capitation.

The prepare and pay capitation process is shown in the following figure.

Figure 57. Prepare and Pay Capitation Payment Process Flow



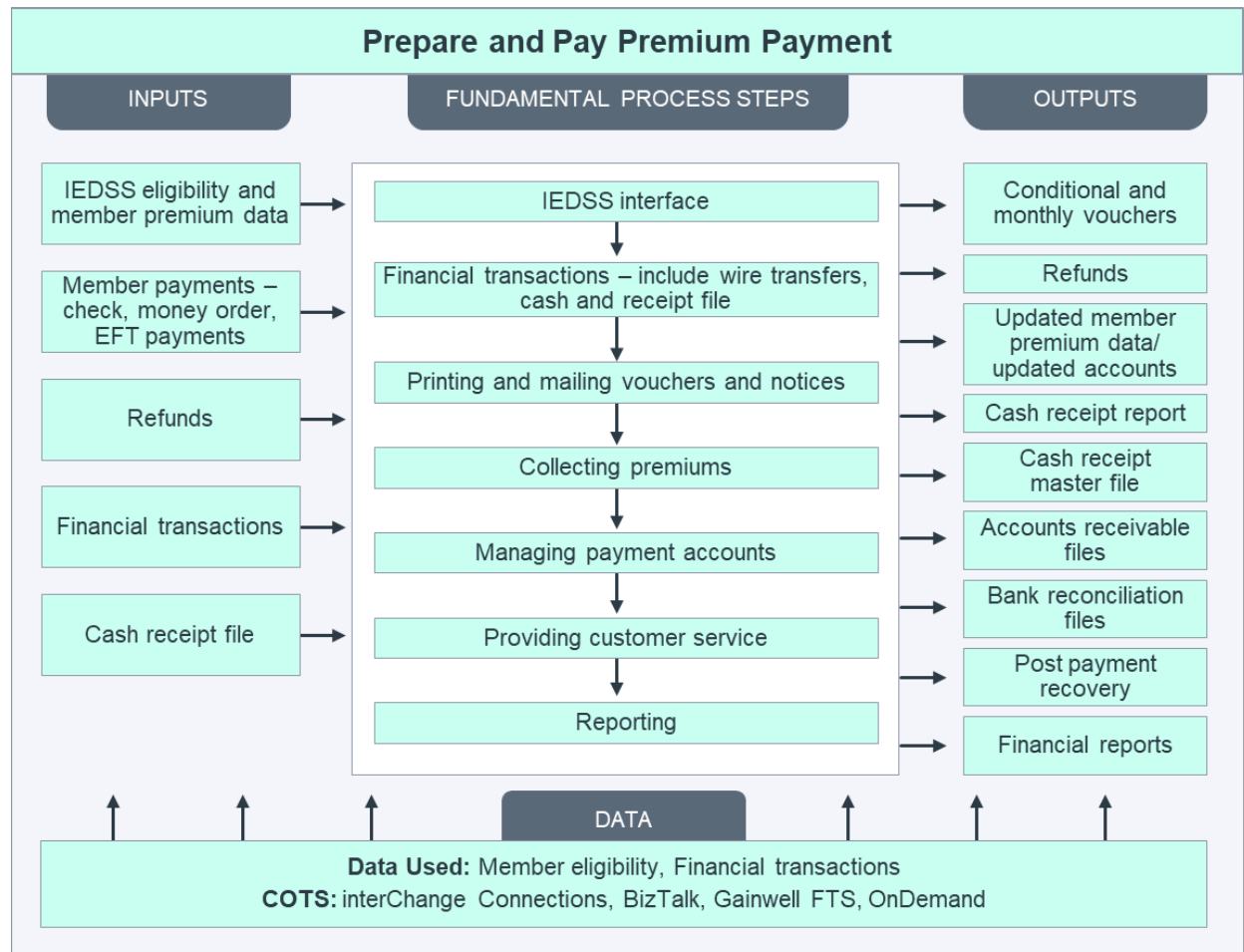
1278_325_30_0222

10.1.3 Prepare and Pay Premiums

The following figure supports the narrative content in section 10.1.3 Prepare and Pay Premiums.

The following 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.

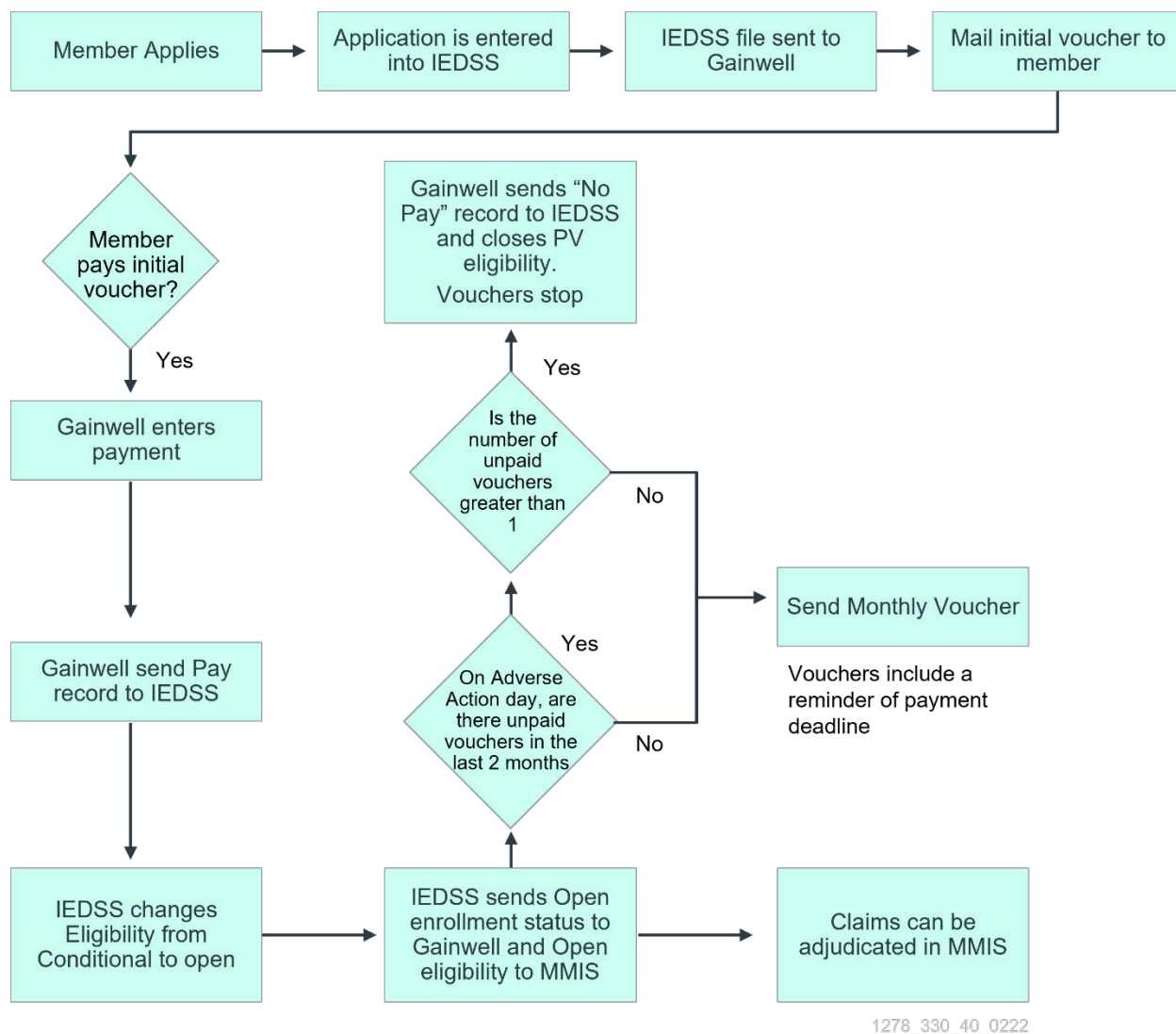
Figure 58. Prepare and Pay Premium Payment Process Flow



1278_325_31_0222

The following figure 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.

Figure 59. Member Premium Collection Process Flow

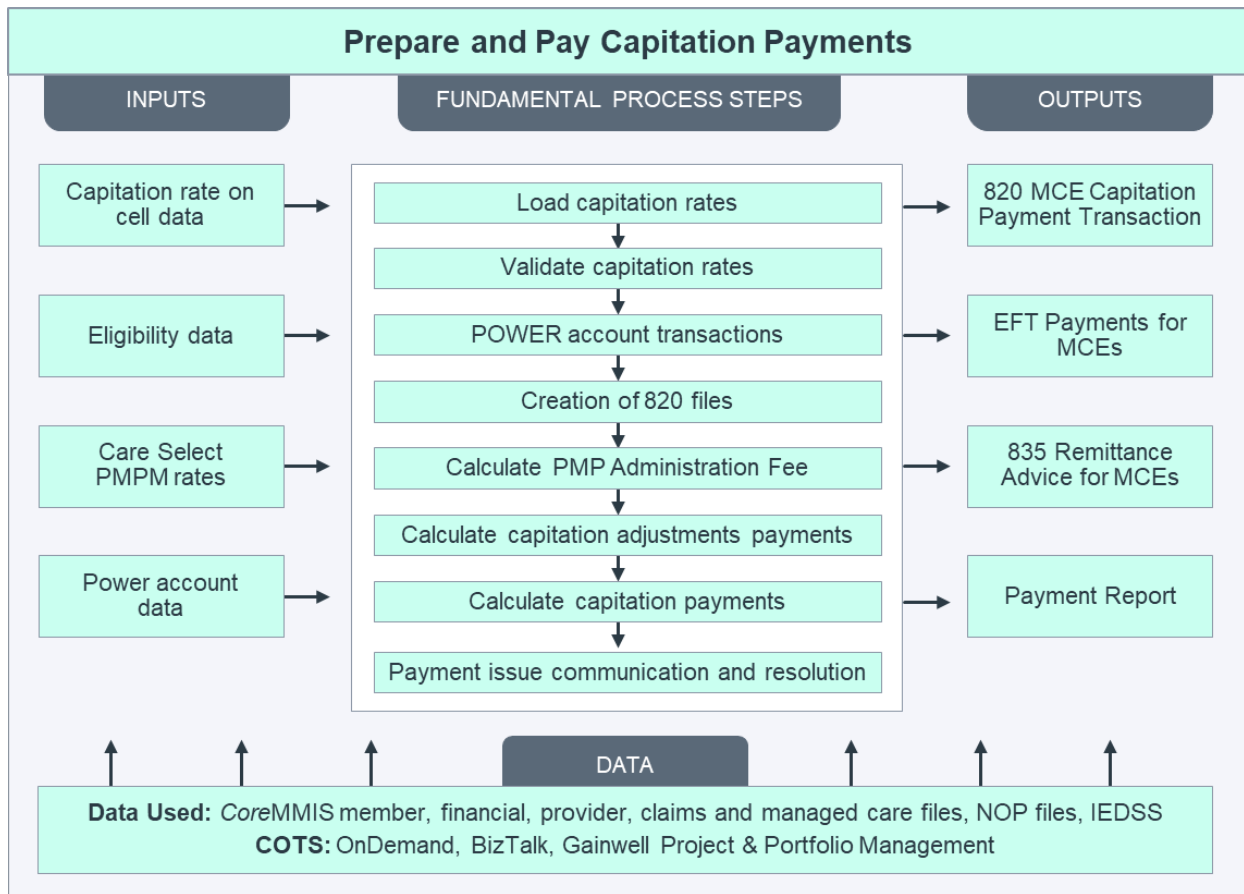


10.1.4 Power Account Reconciliations

The following figure supports the narrative content in section 10.1.4 Power Account Reconciliations.

Gainwell's capitation system is flexible and supports different business rules for different programs, as the following figure shows.

Figure 60. Inputs, Processes, and Outputs for Prepare and Pay Capitation Payments



1278_325_30_0222

11.0 Member Services

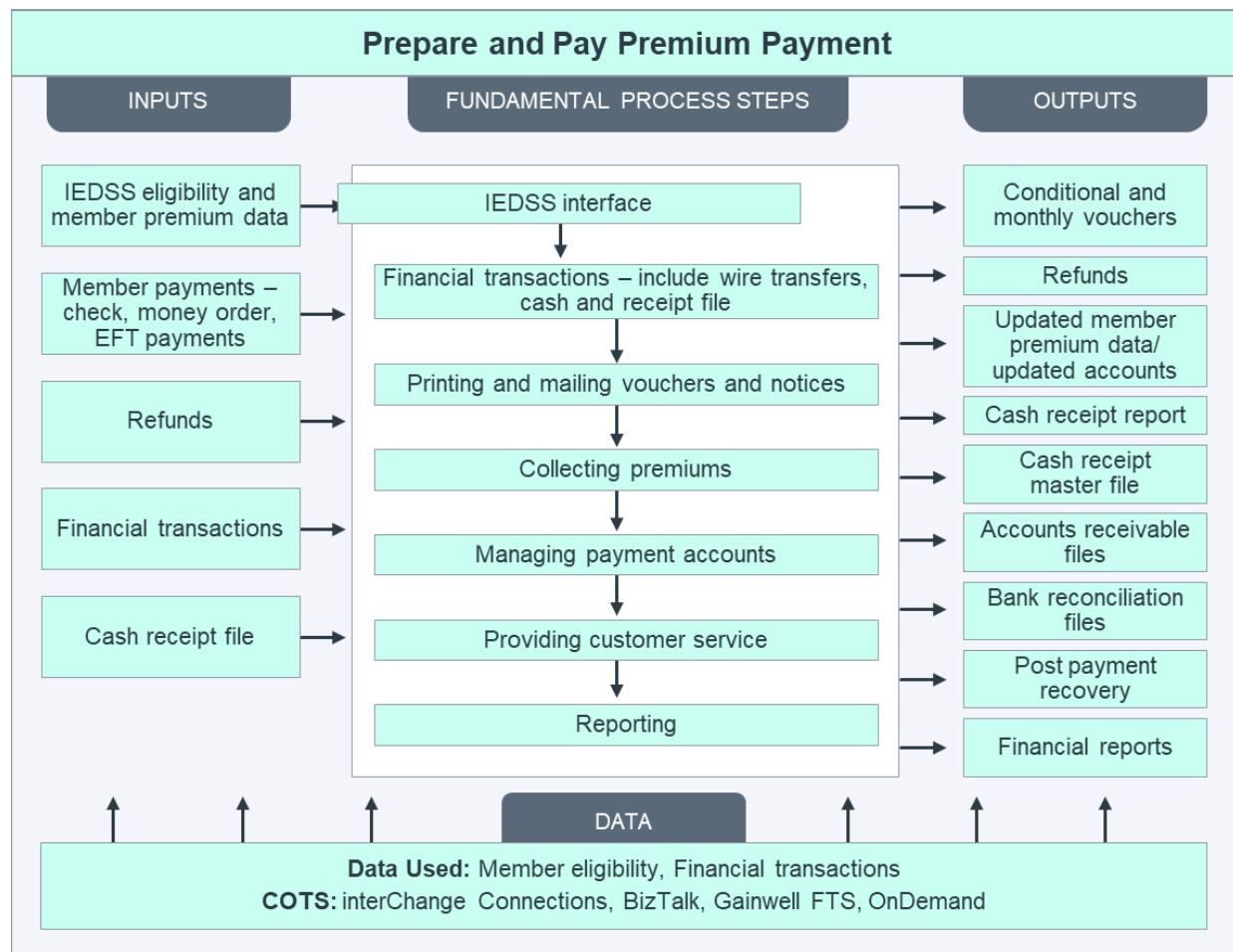
The following figures support the narrative content in section 11.0 Member Services.

- Inputs, Processes, and Outputs for Prepare and Pay Premium Payment
- Sample Member Identification Card

11.2.3 Medicare Buy-In/Duals Program

The following figure supports the narrative content in section 11.2.3 Medicare Buy-In/Duals Program.

Figure 61. Inputs, Processes, and Outputs for Prepare and Pay Premium Payment



1278_325_31_0222

11.4.2 ID Cards

The following figure supports the narrative content in section 11.4.2 ID Cards.

The following figure shows the ID card content.

Figure 62. Sample Member Identification Card



12.0 Provider Services

The following figures support the narrative content in section 12.0 Provider Services.

- User Experience Personalization
- User Centric Efficiency
- Provider Services Features and Benefits Summary
- ATN Application Status
- Provider Disenrollment Business Process
- NPI Reporting Requirements Process
- CTMS Screen
- Provider Grievance Appeal Process Steps
- Restricted Service Panel

12.1 Provider Services

The following figures support the narrative content in section 12.1 Provider Services.

The following figures 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.

Figure 63. User Experience Personalization

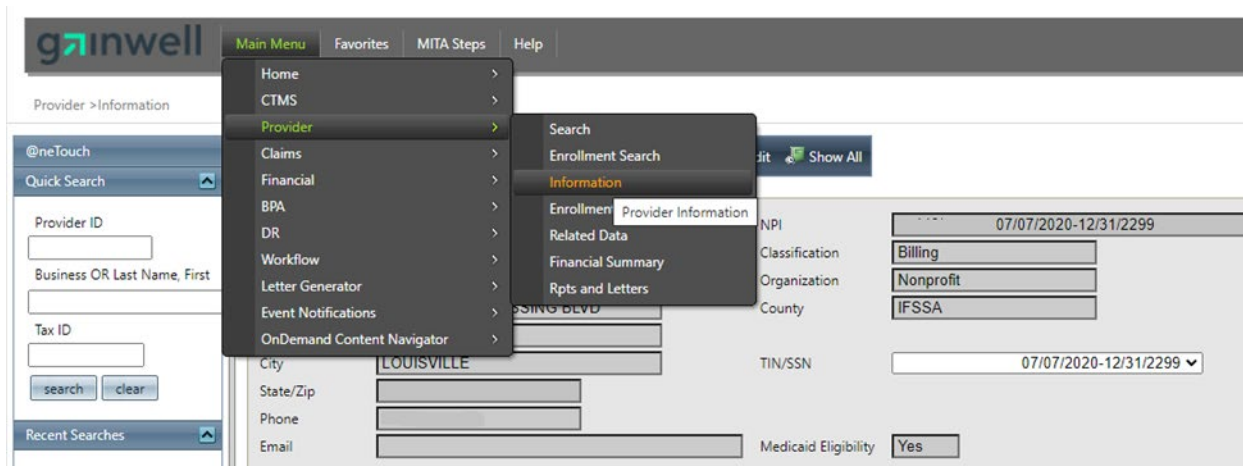


Figure 64. User Centric Efficiency

12.2 Enrollment and Disenrollment

The following figures support the narrative content in section 12.2 Enrollment and Disenrollment.

The following figure is a summary of the Provider Services features and benefits.

Figure 65. Provider Services Features and Benefits Summary

Provider Services Features and Benefits Summary		
Business Processes	Features of Gainwell Solution	Benefits to FSSA
Enroll Providers	<ul style="list-style-type: none"> Internet-based application tool Quality management Workflow management Rules engine Service desk management 	<ul style="list-style-type: none"> Increased speed in provider enrollment process through service specific, portal-based wizard Portal enrollment solution decreases provider errors during process Reduction in error rate during enrollment processing through enhanced QA activities Streamlined processing of provider applications through consistent automated workflow processes Accurate enrollment processing through system-based rules makes sure appropriate federal and state certification guidelines are met 24/7 provider access to enrollment status information through the provider portal
Disenroll Provider	<ul style="list-style-type: none"> Internet-based application tool Quality management Workflow management Rules engine Service desk management 	<ul style="list-style-type: none"> Increased speed in provider disenrollment process through service specific, portal-based wizard Portal enrollment solution decreases provider errors during process Reduction in error rate during enrollment processing through enhanced QA activities Streamlined processing of provider applications through consistent automated workflow processes Accurate enrollment processing through system-based rules ensures appropriate federal and state certification guidelines are met 24/7 provider access to enrollment status information through the provider portal
Manage Provider Communications	<ul style="list-style-type: none"> Online streaming training videos Quality management Redesigned provider page of the IHCP web site Streamlined electronic publications notices per provider specialty Redesigned workshop registration tool 	<ul style="list-style-type: none"> On-demand, 24/7 availability of web-based provider training resources Consistent, accurate messaging to providers Immediate provider access to communications and training information through consolidated provider portal Targeted, timely electronic provider communications help providers better navigate IHCP Simplified, automated training registration gives providers increased control of training schedule
Manage Provider Inquiry – Written Correspondence	<ul style="list-style-type: none"> Workflow management Real-time response to inquiries 	<ul style="list-style-type: none"> Provider written inquiries quickly routed to most knowledgeable staff for research and resolution Consistent, accurate written responses to providers through automated letter generator system Increased provider satisfaction from consistent responses delivered both via postal mail and real-time
Manage Provider Inquiry – Call Center	<ul style="list-style-type: none"> Single point of entry for telephone contacts Quality management Workflow management Knowledge base Enhanced IVR and provider portal 	<ul style="list-style-type: none"> Increased access for providers to call center staff Effective routing of provider calls to expert staff, allowing for more accurate answers to inquiries Automated workflow management reducing provider wait times for call center staff Faster, more accurate, more consistent responses Enhanced opportunity for providers to self-service their inquiries through portal
Manage Provider Grievances and Appeals	<ul style="list-style-type: none"> Quality Management Workflow management Customized business rules 	<ul style="list-style-type: none"> Improved communications between Gainwell and FSSA's Appeals Unit, preventing loss of original documents, protecting PII and PHI, and allowing for tracking Predictable reporting

Supporting FSSA Goals
<ul style="list-style-type: none"> Positive provider outcomes in enrollment Provider access to information and answers

Meeting Key Performance Standards
<ul style="list-style-type: none"> Process provider enrollments through web portal Establish enrollment decision based on business area, state, and federal criteria Provide workflow management to assist users in decision making Complete background checking based on business area, state, and federal criteria Manage communication generation, review, and approval Utilize web portal for provider access to approved communications

1278_340_01_0222

The portal is configured with State-approved response messages, as shown in the following figure.

Figure 66. ATN Application Status

The screenshot displays the 'Indiana Medicaid for Providers' website. The header includes the state logo, the text 'INDIANA MEDICAID for Providers', and links for 'Contact Us', 'FAQs', and 'Login'. A green navigation bar contains a 'Home' button. Below this, a breadcrumb trail reads 'Home > Provider Enrollment > Enrollment Status', and the date 'Tuesday 02/15/2022 09:45 PM' is shown in the top right.

The main content area is titled 'Provider Enrollment - Status' and includes a 'Back to Home' link with a help icon. It contains the following text: 'Enter your assigned Tracking number and Federal Tax Identification Number (TIN or EIN) that you used for your enrollment to verify the current status of your enrollment application. For any further queries, please contact Provider enrollment at 1-800-457-4584.' Below this is a note: '* Indicates a required field.'

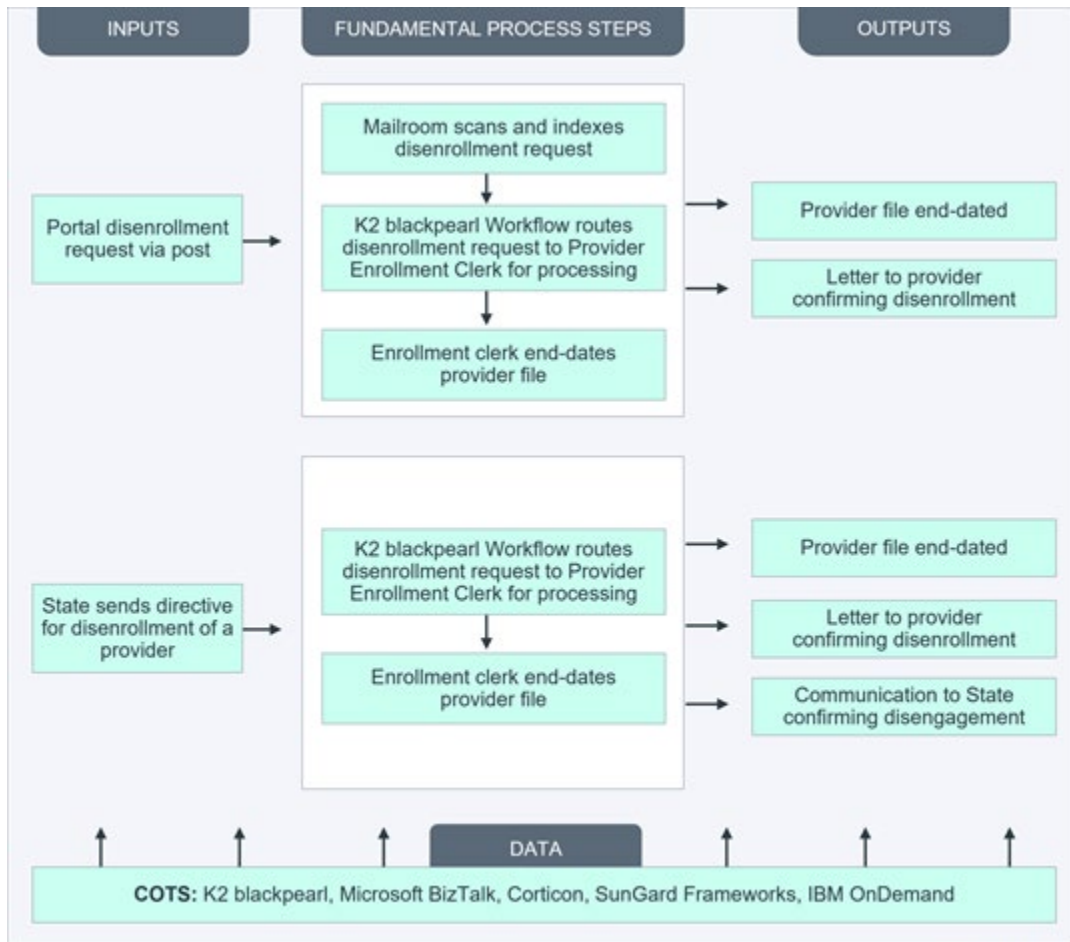
The form has two input fields: '*Tracking Number' and '*Provider Federal Tax Identification Number (TIN), Employer Identification Number (EIN) or Social Security Number (SSN)'. Both fields are marked as required. At the bottom of the form are 'Search' and 'Cancel' buttons.

Below the form is a section titled 'Provider Enrollment - Summary'. It contains the text: 'Below is the status of your provider enrollment application. For any further queries, please contact Provider enrollment at 1-800-457-4584.' This section displays the following information:

Tracking Number	312310
Date Submitted	11/24/2021
Status	Completed
Status Date	11/30/2021

The following figure shows the flow of information in the disenroll provider business process.

Figure 67. Provider Disenrollment Business Process



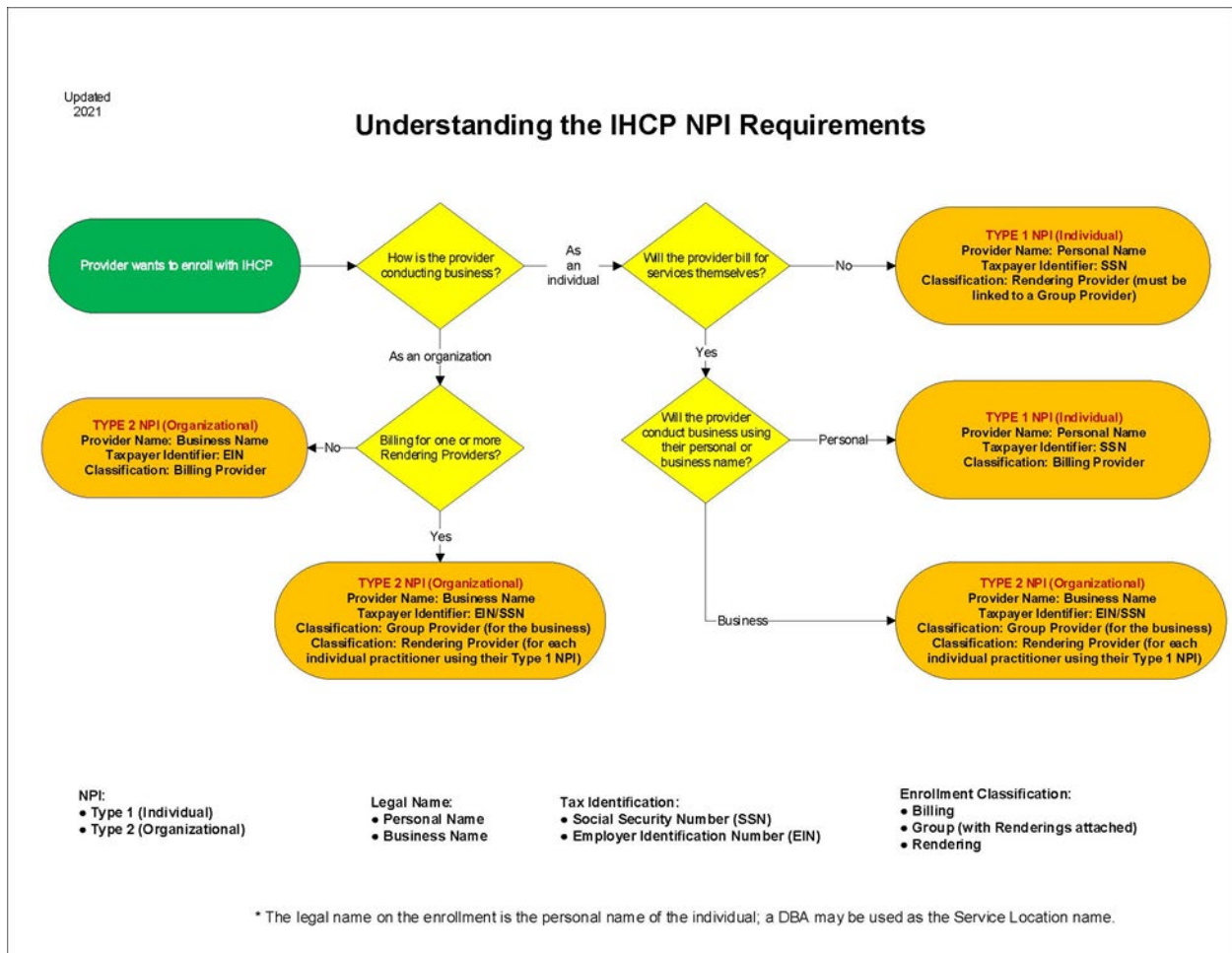
1278_255_01_0222

12.2.1 Provider Enrollment Rules and Regulations

The following figure supports the narrative content in section 12.2.1 Provider Enrollment Rules and Regulations.

The following figure illustrates the NPI Reporting Requirements Process.

Figure 68. NPI Reporting Requirements Process



12.e.1 Resolve Provider Issues

The following figures support the narrative content in section 12.e.1 Resolve Provider Issues.

The following figure shows a copy of a CTMS screen.

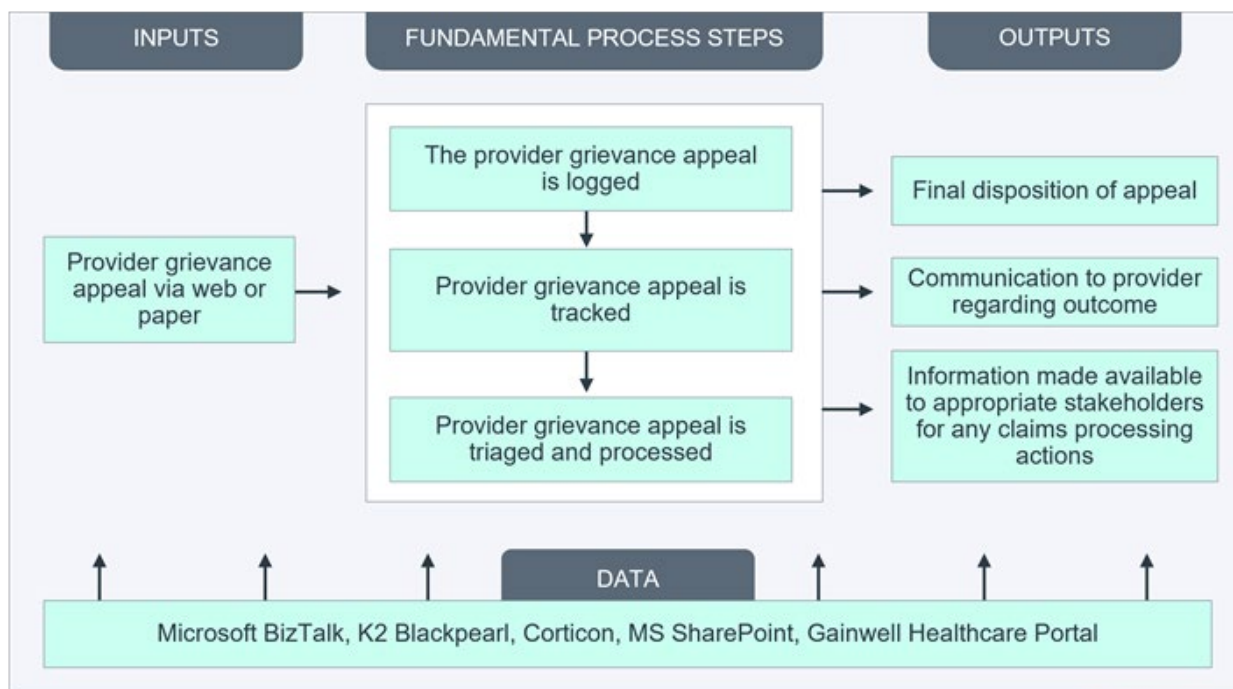
Figure 69. CTMS Screen

The screenshot displays the CTMS interface with a sidebar on the left containing navigation links like 'BlueTouch', 'Quick Search', and 'Related Pages'. The main area contains a form with the following sections:

- Top Section:** Includes fields for CTN, Member ID, Member Name, Member Case Number, Member County, and Non-Enrolled ID. It also has a 'Contact Method' dropdown set to 'TELEPHONE' and a 'Status' dropdown set to 'Open'.
- Base Information Section:** Contains fields for Provider ID, Member ID, Non-Enrolled ID, Contact Source (set to 'PRV - Provider'), Phone Num*/Ext, Contact Last Name, and Contact First Name. It also includes a 'Trading Partner ID' field and a 'Trading Partner Name' field.
- Additional Fields:** Includes 'Enrollment Application Number', 'Contact Method*' (set to 'TEL - TELEPHONE'), 'Email Address', 'Relation', and 'In House Date' (set to 02/15/2022).

The following figure shows the Provider Grievance Appeal process steps.

Figure 70. Provider Grievance Appeal Process Steps



1278_255_02_0222

12.e Program Integrity

The following figure supports the narrative content in section 12.e Program Integrity.

The restricted service panel shown in the following figure 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.

Figure 71. Restricted Service Panel

The screenshot shows the 'Restricted Service' panel in a software application. The top navigation bar includes tabs for 'Base Information', 'Other Data', 'Restricted Service' (which is the active tab), 'Active Contract', 'Inpatient Rate', 'UCC Rate', 'Type and Specialty', 'Provider Category Type', 'Provider Cost Factor Ratio', and 'CL'. Below the tabs is a search bar displaying '*** No'. The main content area contains a form with the following fields:

- Status: A dropdown menu.
- EffectiveDate: A text input field.
- End Date: A text input field.
- Claim Type: A dropdown menu.
- POS: A dropdown menu.
- Review Type: A dropdown menu.
- Include/Exclude: A dropdown menu set to 'All'.
- Restrict: A dropdown menu set to 'All'.
- Low Code: A text input field.
- High Code: A text input field.
- Modifier: A text input field.
- Review Reason: A dropdown menu.

14.0 Scope of Work Call Center

The following figure supports the narrative content in section 14.0 Scope of Work Call Center.

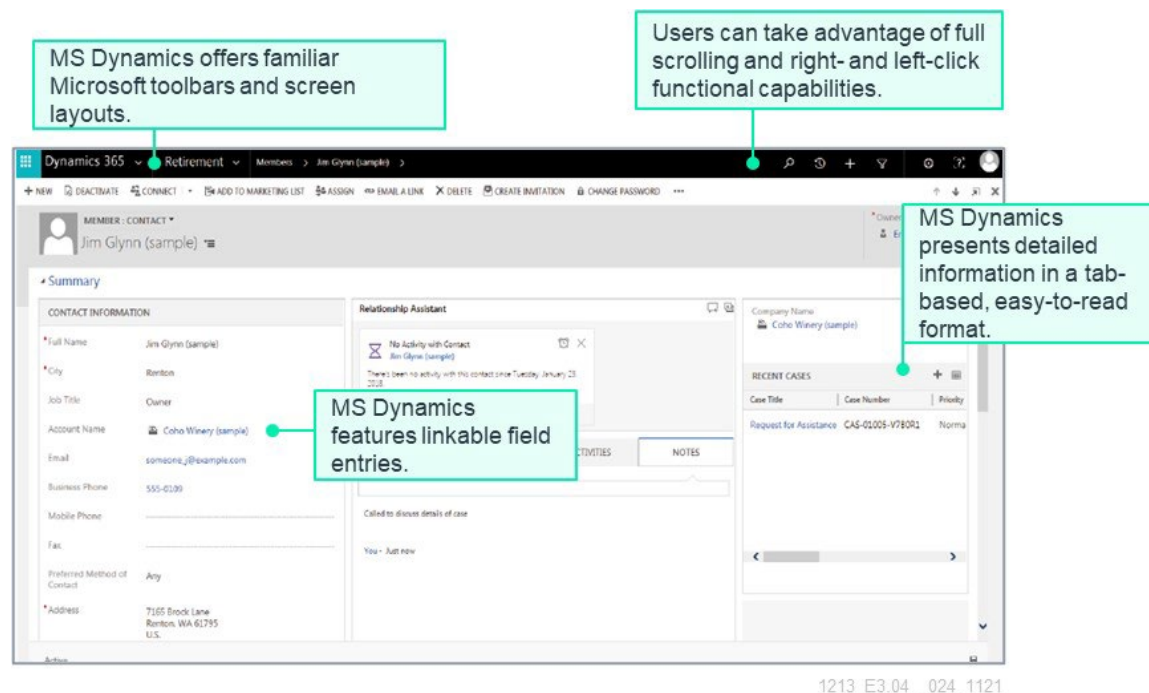
- Microsoft Dynamics Familiar Screen Layout and Functionality

E.6.3.3 Microsoft Dynamics 365 plus ClickDimensions

The following figure supports the narrative content in section E.6.3.3 Microsoft Dynamics 365 plus ClickDimensions.

The following figure shows Microsoft Dynamics Functionality.

Figure 72. Microsoft Dynamics Familiar Screen Layout and Functionality



16.0 Billing and Invoice

The following figure supports the narrative content in section 16.0 Billing and Invoice.

- Spend Reporting Example

16.1.7 Spend Reporting

The following figure supports the narrative content in section 16.1.7 Spend Reporting.

The following figure 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.

Figure 73. Spend Reporting Example

Indiana Budget Review					58%	Based on 7 months remaining
Budget Category	SFY22 Budget	SFY22 Spend to date	SFY22 Remaining	% Remaining	Comments	
Modification Pool Hours	\$ 3,065,760.00	\$ 734,302.39	\$ 2,331,457.61	76%		
Caremark Contingency	\$ 250,000.00	\$ 114,913.80	\$ 135,086.20	54%		
Third Party Liability (Recoveries)	\$ 850,000.00	\$ 316,898.42	\$ 533,101.58	63%		
Cost Avoidance	\$ 4,800,000.00	\$ 1,564,715.11	\$ 3,235,284.89	67%		
Postage Passthrough	\$ 1,000,000.00	\$ 545,763.72	\$ 454,236.28	45%	Need to move funds	
EVV Monthly Visit Fee for Operations Period Above 597,645 per month (\$0.32 per visit)	\$ 1,545,043.20	\$ -	\$ 1,545,043.20	100%		
EVV Aggregator Fee Per Member Per Month (\$1.40 per member)	\$ 148,747.20	\$ 172,687.20	\$ (23,940.00)	-16%	EVV Volumetric was changed to 1 budget line per discussions with Stephanie	
EVV Additional Per Provider Set Up Fee above 1,500 providers included in base fees (\$46.00)	\$ 13,800.00	\$ -	\$ 13,800.00	100%		
PAUM - consolidated total	\$ 4,783,757.00	\$ 1,712,009.01	\$ 3,071,747.99	64%		

Appendix 2 – Key Staff Resumes

In the following information, Gainwell provides resumes for the following key staff.

- Joe Fraser, Chief Executive Officer
- Julie Sloma, Account Manager
- Joni LaFata, Chief Financial Officer
- Margaret Graves, Compliance Officer
- Greg Hershberger, 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)

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.

Chief Executive Officer – Joe Fraser

Experience Summary

Joe Fraser currently serves as the Gainwell's director for the Ohio's Medical Information Technology System (MITS) program as well as Gainwell's director for Indiana, Kansas, and Illinois. He has consistently demonstrated his leadership skills and his ability to develop strategic plans and motivate team efforts towards achieving desired outcomes. His strong healthcare industry knowledge in commercial, state and local capacities, acute customer focus, and proven successes have consistently delivered strong results. He has also demonstrated successful turnaround of strategic accounts experiencing service delivery challenges. Mr. Fraser's successes include:

- **Technology** — Delivered results on multiple capabilities including CLOUD, Web, SOA, Application Development/Management, Project Management Office (PMO), and infrastructure
- **Business** — Developed and maintained strategic and operational business plans, led initiatives to foster innovation and identify value added solutions through creative thinking
- **Business Development** — Piloted new service offerings that delivered added value to existing clients and provided employees with opportunities to grow
- **Human Resources** — Led a staff of 900+ employees including technical, project management, and business analysis

Key Accomplishments

- Directed the certification of the State of Ohio MMIS implementation
- Awarded the 2016 HPE Solutions Olympics, a global event where HPE chooses the top innovated solutions of the year. The winning solution was Haven for Healthcare that uses Big Data to support payment innovation programs and plan management.

Expertise

- Executive Leadership – 20 years
- Customer Service – 28 years
- Team Development and Management – 28 years
- Relationship Management – 28 years
- Client and Staff Communication – 25 years

Key Roles Performed

- Director – 10 years
- Account Executive – 30 years
- Client Delivery Executive – 2+ years
- Account Manager – 8 years

Industry Experience

- Healthcare – 28 years

Experience

Director III, DXC Healthcare for Central Sector, DXC Technology (now Gainwell Technologies)

August 2017 – Present

- Responsible for Central Region consisting of Illinois, Indiana, Kansas, and Ohio
- Responsible for overall delivery including operations, new multi-year modular MMIS system, and fiscal agent
- Responsible for bi-weekly PPMC status report for HLS PMO
- Responsible for design, development, selling, and implementation of Haven Analytics platform that provides dashboards, discovery tools, and data scientist support for payment innovation initiatives
- Responsible for client relationships, service delivery, and growth

Director II, HPE Enterprise Services for State of Ohio

October 2012 – Present

- Provide leadership, mentorship, and management of a team of 300 associates including architects, delivery managers, project managers, developers, business analysts and data scientists
- Responsible for overall implementation and delivery of MMIS system including new HPE EDI solution
- Responsible for developing and implementing new HPE analytics offering — Haven for HealthCare
- Financial responsibility of \$70M annual operating budget

Director, HPE Enterprise Services Healthcare for CIGNA

October 2010 – October 2012

- Member of the senior leadership team involved in a major pursuit opportunity
- Responsible for overall delivery including 5010 compliance of Claims Intake EDI program
- Responsible for technology direction and Application Development Governance towards achieving business value

Account Executive for Blue Cross Blue Shield of Massachusetts

September 2002 – September 2010

- Responsible for client satisfaction, business results, strategy, employee satisfaction and performance, financial results, and operations
- Consistently provided healthcare industry expertise providing business value to BCBSMA
- Won the EDS Service Excellence Cup in 2003 and qualified as a finalist annually since the program was established
- Provided leadership to a team of 300 employees, including fourteen direct reports in support of delivering IT solutions to the customer

Client Delivery Executive for Blue Cross Blue Shield of Massachusetts

June 2000 – August 2002

- Responsible for service delivery of 140+ web-based, client server, and mainframe applications
- Established a team of resources responsible for business-critical production applications
- Created a process and structure that emphasized communication, process improvement, best practices, and customer focus, which resulted in a reduction of errors by 20% and reduced the amount of resources required to support the applications by 10% within the first eight months
- Negotiated and implemented a workspace offering that consisted of transitioning more than 3600 desktops, implementation of a remote help desk, and outsourcing the desk side support to a third-party vendor

Account Manager for Blue Cross Blue Shield of Massachusetts

February 1992 – May 2000

- Responsible for strategic planning, achieving client objectives, employee satisfaction, financial management, and new business goals
- Provided leadership to a staff of 70 employees and consultants
- Established proposals and terms with consultants and third-party vendors
- Negotiated a preferred vendor status with a technical contracting firm that saved EDS \$2.5M over three years, while making certain of competitive rates throughout the Y2K conversion effort
- Participated in the contract extension negotiations, that resulted in a five-year extension to the current agreement with Blue Cross and Blue Shield

Training/Education

Degree/Certificate	Institution
MS in Management BS in Business Management	Boston College, Chestnut Hill, MA
Account Executive Program Leadership in the Global Enterprise program	Thunderbird University, Phoenix, AZ
Client Executive Programme	London Business School, London, England
Associate Degree, Computer Science	Blue Hills Regional, Canton, MA

Account Manager – Julie Sloma

Experience Summary

Julie Sloma is the account manager for the State of Indiana account. In this role she is responsible for program management, managing the schedule and resources for the account and coordinating change management and continual improvement activities. Reporting to Joe Fraser, chief executive officer on the account, she is a key staff member with oversight or operation and employees who are responsible for quality account operation for the State of Indiana and a primary contact for the State.

Experience

Program Manager/Account Executive, Gainwell Technologies, (formerly DXC/HPE/HP/EDS), Indianapolis, Indiana

December 2018 – Present

- Perform contract administration
- Manage program
- Manage schedule and resources
- Coordinate change management and continual improvement activities
- Communicate with the State
- Perform quality assurance
- Identify and propose new opportunities to the Indiana client

DDI Core Program Manager, DXC, Topeka Kansas

March 2018 – December 2018

- Oversaw and directed a staff of 200+ resources in the design, development, and implementation tasks of the new Medicaid Management Information System (MMIS) for the state of Kansas
- Performed contract administration using RFP, contract, and proposal
- Managed PM components including project scheduling, change, scope, issues, risks, staffing, vendor, communication, resource, and cost
- Worked with DXC Healthcare Product unit to collaborate for the KS MMIS
- Lead/managed the Project Management Organization (PMO) and delivery team
- Performed quality assurance on work products/deliverables
- Directed the change management meetings in prioritizing projects and appropriately identified status
- Communicated status with State of Kansas executives, DXC Corporate executives, and Medicaid system stakeholders
- Escalated risks, issues, and impacts to the CoreMMIS project delivery and identified mitigation
- Worked towards CMS Certification
- Contracted and monitored third-party vendors

- Used Agile and Waterfall methodologies
- Verified integration of various modules

Account Delivery Leader, DXC, Indianapolis, Indiana

April 2017 – March 2018

- Worked in conjunction with and under the direction of project/account manager
- Performed contract administration
- Managed program
- Managed schedule and resources
- Coordinated change management activities
- Communicated with the State through formal correspondence
- Performed quality assurance
- System was CMS Certified
- Identified and proposed new sales opportunities

DDI Core Program Manager, Hewlett Packard Enterprise (HPE), Indianapolis, IN

January 2013 – March 2017

- Oversaw and directed a staff of 200+ resources in the design, development, and implementation tasks of the new Medicaid Management Information System (MMIS) for the state of Indiana
- Performed contract administration using RFP, contract, and proposal
- Managed PM components including project scheduling, change, scope, issues, risks, staffing, vendor, communication, resource, and cost
- Lead/managed the Project Management Organization (PMO) and delivery team
- Performed quality assurance on work products/deliverables
- Directed the change management meetings in prioritizing projects and appropriately identifying status
- Communicated status with State of Indiana executives, HPE Corporate executives, Medicaid system stakeholders including Providers, Managed Care entities, EDW, and the team
- Validated communications and training materials were created and disseminated so that stakeholders were operationally ready as transition occurred to new MMIS
- Managed budget of \$90M that included the initial contract of \$64M plus additional contract amendments totaling \$26M
- Evaluated various COTS for use with system architecture
- Escalated risks, issues, and impacts to the *CoreMMIS* project delivery and identified mitigation
- Worked towards CMS Certification
- Contracted and monitored third-party vendors
- Used Agile and Waterfall methodologies

EDS, an HP COMPANY, Indianapolis, Indiana

Systems Director/Program Manager

May 2008 – December 2012

- Managed and controlled portfolio of projects against an approved State budget
- Led the PMO and technical team
- Monitored staffing for level of work
- Evaluated industry standards for development changes and potential improvements
- Directed the Change Management and Change Control Board meetings
- Communicated status with the team and customer
- Trained staff on new processes, tools, and procedures
- Performed HP administrative responsibilities for corporation
- Evaluated results for continual improvement and to make certain of compliance with contract and business
- Managed modification budget of \$4M annually, as well as, CMS mandated projects' budgets
- Researched and wrote various proposals for state consideration of new effort
- Managed the ICD-10 project for State of Indiana until transitioned to DDI Core Program Manager
- Evaluated tools for project and/or team use
- Monitored CMS sites for various Medicaid initiatives

EDS, an HP COMPANY, Indianapolis, Indiana
Systems Architect/Project Manager

May 2006 – April 2008

- Reviewed technical changes for alignment with requirements and technical direction of system architecture
- Created new procedure for overall approach to project so that infrastructure and system sizing were evaluated
- Modified System Life Cycle (SLC) to incorporate vision and align with the PM processes for rollout to Systems team. The process identified appropriate owner of responsibilities and reinforced expectations such as technical design was pseudocode and reviewed checkpoints
- Worked with the Estimating Workgroup to create and implement the estimating process
- Managed state projects, for example, Care Management
- Participated in state's change management process reviewing change requests for approval or denial
- Developed proposals for new initiatives

EDS, an HP COMPANY, Indianapolis, Indiana
Claims and Encounters Director

January 2005 – May 2006

- Oversaw the operations for claims and encounter processing, including adjustments, resolutions, operations, data entry, and claim quality review
- Escalated issues with potential resolution to the customer

- Communicated potential cost savings, provider or process improvement opportunities to the customer
- Identified vision and direction for the team
- Coordinated claim system changes with the customer
- Monitored operations of the unit for compliance to service level agreements and process improvement opportunities including cross training
- Managed various contracts with the claims department

EDS, an HP COMPANY, Indianapolis, Indiana
Implementation Manager

September 2001 – January 2005

- Technical Lead for the HIPAA project, which was a \$25M + contract with the State of Indiana, to implement changes for transactions and code sets
- Led a team of 60 technical staff in all aspects of the SLC methodology for this project
- Documented and monitored issues, change control, and risk items for the project
- Coached team members and distributed work
- Developed technical approaches with the customer to make certain of agreed enhancements to the system
- Identified design approaches for other account projects, for example, pharmacy claims processing, automated spend-down
- Coordinated and developed procedures for team standardization
- Managed projects for implementation

Lilly Corporation, Indianapolis, Indiana
Quality Management

January 2001 – September 2001

- Identified and monitored lab's application for adherence to corporate procedures for FDA compliance
- Worked on Lilly pharmaceutical product teams to make certain of SLC compliance
- Developed tools for workflow management
- Coordinated and chaired periodic reviews
- Reviewed and revised team processes

EDS Corporation, Indianapolis, Indiana
Systems Engineer/Team Leader

June 1995 – December 2000

Project Manager

- Supported enhancements and maintenance items for the Indiana Medicaid client/server system
- Primary focus was the claims subsystem with the primary development using LBMS, MicroFocus COBOL, C, and SQL on a UNIX platform

- Managed and distributed enhancements and maintenance projects for the claims team members
- Supported and acted as coordinator for the production batch cycles
- Performed all levels of the SLC including Define, Analyze, Design, Test, Implement, and Post-Implementation
- Facilitated walkthroughs performed on the team
- Responsible for informal training and a structured LBMS training class
- Responsible for configuration management of work products
- Team Leader/Project Manager for the Software Engineering Process Group (SEPG), managed the Software Process Initiatives using the Capability Maturity Model (CMM) as a framework
- Coordinated and coached process improvement activities with systems management to make certain business objectives were being met
- Documented processes and procedures identified from the process improvement activities
- Mentored new system engineers and technical associates on processes, procedures, and tools
- Performed self-assessments for the Systems team to identify progress of process improvement initiatives
- Created and monitored the project plan created from the assessment findings
- Coached on action teams where needed on process improvement activities
- Gave status of process initiative progress to management
- Identified training needs of Systems team for insight into engineering practices
- Participated in interviewing candidates applying for system engineer positions

EDS Corporation, Indianapolis, Indiana
Business Analyst

March 1993 – June 1995

- Identified requirements for the initial stage of the Indiana Medicaid client/server system
- Created testing plan for the claims subsystem that included the edits, audits, and reimbursement methodologies
- Trained staff on preparing and testing claims
- Monitored the progress of testing and communicated status to management
- Acted as liaison for EDS, the state customer, and KPMG
- Documented and monitored the progress of problem logs that were used to document defects identified in testing

EDS Corporation, Indianapolis, Indiana
Claims Supervisor

May 1991 – March 1993

- Monitored edits/audits set up for the Medicaid program for compliance with state Medicaid regulations and efficiency of adjudication
- Reviewed employees' production, quality, and attendance
- Served as back-up to the claims manager
- Hired and trained new unit personnel
- Performed employee appraisals and administered salary reviews regularly
- Communicated, documented, and ensured implementation of system changes

CIGNA Corporation, Indianapolis, Indiana

General Services Supervisor

January 1987 – May 1991

- Maintained a 200,000 file unit using a bar code system
- Verified policy assembly and mail out was done in a correct and timely fashion
- Monitored employee work production
- Performed employee administrative activities

CIGNA Corporation, Indianapolis, Indiana

Underwriting Services Supervisor

- Coordinated and evaluated training for new employees
- Acted as liaison between Underwriting and underwriting assistants
- Established new procedures for the Underwriting Services unit
- Created and documented a formal training program for the underwriting assistants
- Performed employee administrative activities

Training/Education

Degree/Certificate	Institution
BS, Mathematics	Ball State University
EDS Technical training	
EDS University Courses	
CMMI training	
CMM/Assessment training	
IUPUI: Project Management courses	
Lilly, Process Improvement courses	
PMP certified September 2006	
ITIL certified	

Chief Financial Officer – Joni Lafata

Experience Summary

Joni Lafata is a finance director of Gainwell and has more than 20 years of experience working in healthcare. She has an MBA and excellent written, verbal, and interpersonal communication skills. As a finance director, Ms. Lafata manages operations of the Finance Unit overseeing a multibillion dollar annual budget.

Expertise

- Analytical Thinking
- Problem Solving
- Team Leadership
- Organization
- Time Management
- Strong Communication
- Project Management

Experience

Finance Director, Gainwell Technologies, (formerly DXC/HPE/HP/EDS), Indianapolis, Indiana

2016 – Present

- Manage day-to-day operations for Finance Unit. The team is responsible for the funding and reconciliation for the Indiana Health Coverage Programs which has a multibillion-dollar annual budget, as well as collection and application of premium payments for members.
- Responsible for client deliverables as specified within contract requirements
- Report monthly on key performance metrics
- Facilitate monthly meetings with clients in three separate key business areas to discuss current statistics, program questions, and needed change requests
- Managed implementation of new MMIS system for Finance Unit while making certain that current business needs were met. Success included meeting daily with client, executive, and project teams regarding new MMIS system to track progress of go live date and any issues prior to implementation.
- Meet daily with system engineers and project management to triage any system defects or change orders for the system. Review all documents and testing prior to implementation.
- Assist with requirements gathering, testing, and post-implementation review for change orders to MMIS system
- Perform project oversight on reducing outstanding accounts receivable balance
- Produce more than 8,000 1099 MISC-Forms yearly for \$16 billion+ in payments
- Perform monthly, quarterly, and yearly reporting for FSSA

Premium Vendor Services Project Manager, Gainwell Technologies, (formerly DXC/HPE/HP/EDS)

2004 – 2006, 2008 – Present

- Lead for implementing Premium Vendor Services (Children's Health Insurance Program [CHIP] and Medicaid for Employees with Disabilities [M.E.D. Works]) contract for Finance when contract was won in 2004. Duties included: developing operational procedures manual, establishing bank accounts, training Finance staff, working with system engineers for report and window development, and attending all weekly customer status meetings.
- Provided a summary weekly financial status report for lockbox deposits, refund checks issued, and electronic transactions processed
- Manage day-to-day operations of Premium Vendor Services contract, team responsible for posting approximately 20,000 payments per month
- Work with Customer Assistance Unit in researching/resolving financial questions posed by insured members for CHIP and M.E.D. Works
- Liaison with Eligibility Vendor and State Eligibility for financial and customer assistance inquiries
- Performed bank reconciliations
- Reviewed online bank information for both CHIP and M.E.D. Works bank accounts and transferred monies daily to State by 10:30 a.m.
- Reconciles payments deposited match total transactions entered into IndianaAIM prior to monthly billing cycle for CHIP and M.E.D. Works
- Serve as CHIP and M.E.D. Works subject matter expert for requirements, manual, and training for new MMIS system, replacing IndianaAIM
- Lead bi-weekly workgroup meetings between Gainwell Technologies and eligibility vendor to resolve any data discrepancies regarding eligibility
- Lead on project to transition current wholesale lockboxes into retail scanning lockboxes to enhance posting and make certain of high rates of accuracy in payment processing
- Implement web portal and IVR system for member payments, increasing the payment options available to member population to include credit and debit card transactions along with 24x7 access

Managing Assistant, IPALCO, Indianapolis, Indiana

1996 – 1998

- Performed multi-operations supervision, including savings, checking, personal loans, automatic teller machines, CD rates, loan processing, personnel, and reporting functions
- Managed the conflict resolution elements of over-draft, collections, and account closure
- Selected by corporate management to participate as member of regional marketing committee designed to increase sales, enhance bank reputation throughout the community, and increase profitable market share
- Successfully changed corporate logo for increased recognition and awareness

Training/Education

Degree/Certificate	Institution
MBA	Butler University, Indianapolis, IN
BA, Finance	Susquehanna University, Selinsgrove, PA

Compliance Officer – Margaret Landers Graves

Experience Summary

Skilled attorney with more than 18 years of legal experience focusing on health care law, Medicaid, contract development and monitoring, privacy and security, insurance law, and subrogation. Additional multi-year legal experience in tort, civil litigation, administrative law, business law, and appellate practice. Qualifications include significant leadership, managerial and business experience, ability to analyze complex legal issues, excellent research and writing skills, positive team mindset, superior client relations, and effective communication, organizational, and interpersonal skills.

Experience

Gainwell Technologies, Inc., October 2020 – Present

DXC Technology, July 2014 – September 2020

Attorney/Manager, Third-Party Liability (TPL) Department, Indiana Medicaid Account

- In-house attorney advising on a variety of legal issues including health care, Medicaid, contract drafting and monitoring, financial and bankruptcy issues, subrogation, privacy, regulatory issues, and provider concerns
- Liaison to Indiana Family and Social Services Administration's (FSSA) Office of General Counsel and Indiana Office of Attorney General (OAG), providing advice on Medicaid related legal issues, pending litigation, and proposed legislation
- Responsible for managing TPL Department staff, interviewing, hiring, and conducting employee reviews
- Responsible for managing Privacy Business Analyst and providing back-up support to Privacy Department
- Responsible for managing cost avoidance and cost recovery activities for the Indiana Medicaid program, including commercial insurance subrogation and casualty recoveries
- Contact for State agency clients, providing TPL subject-matter expertise, reporting on recovery activities
- Responsible for managing work of TPL subcontractor, working closely with vendor on all aspects of the third-party recovery process

Privacy Officer/Attorney, Indiana Medicaid Account, Hewlett Packard Enterprise Services (HPES)

May 2010 – June 2014

- Responsible for monitoring compliance with HIPAA and HITECH regulations, investigating, and reporting on privacy incidents, and maintaining policy and procedures regarding privacy and security
- Account liaison to FSSA Privacy Office, responsible for privacy and security reporting to corporate offices and State; updating client on privacy and security related activities

- Responsible for managing audits, including responding to U.S. Department of Health & Human Services, Office of Inspector General, Facilitated Risk Analysis Process (FRAP), and Service Organization Control (SOC1) audits
- Responsible for drafting and negotiating Business Associate Agreements and Trading Partner Agreements
- Responsible for preparing request for proposal (RFP) responses, subcontractor agreements, statement of works, change orders, and Center for Medicare & Medicaid Services certification presentations

Attorney/Manager, Indiana Medicaid Account, Hewlett Packard (HP)

January 2007 – April 2010

- Manager, TPL Department, responsible for supervising staff consisting of eligibility team, casualty team, Medicare Buy-In team, TPL phone staff, and TPL attorney
- Responsible for managing Indiana Medicaid cost avoidance, cost recovery, and Medicare Buy-In program. Also responsible for maintaining member commercial insurance information and managing work of TPL vendor.
- Responsible for responding to all Freedom of Information Act, Access to Public Records Act, and other record requests. Liaison to the Indiana Medicaid Fraud Control Unit (MFCU), Office of Attorney General, assisting in providing records and witnesses for Medicaid fraud prosecutions, and FSSA Office of General Counsel.
- Project lead and subject-matter expert for system change orders involving TPL and Eligibility issues

Electronic Data Solutions (EDS), Attorney, TPL Department, Indiana Medicaid Account

March 2002 – December 2006

- Responsible for subrogating Medicaid liens, negotiating Medicaid lien compromises with member's counsel; assisting the OAG and the FSSA's Office of General Counsel with litigation and administrative proceedings; and drafting pleadings, discovery, and legal memoranda
- Assist Finance Department in researching providers with open account receivables, monitoring provider bankruptcies, and drafting complaints for unpaid account receivables
- Liaison to the Indiana MFCU and other state and federal agencies investigating Medicaid fraud

Sole Practitioner/Research Attorney

July 2001 – March 2002

- Self-employed attorney researching and preparing pleadings, legal memoranda, summary judgment briefs, trial briefs, jury instructions, and appellate briefs for other counsel

Judicial Law Clerk, Indiana Court of Appeals, Honorable Patricia A. Riley

April 1999 – July 2001

- Responsible for researching and drafting legal memoranda for Appellate Court Judge

Sole Practitioner, Indianapolis, Indiana

June 1993 – March 1999

- Maintained private law practice concentrating in the areas of civil litigation, family law, business law, probate, and appellate practice.

- Received Civil and Family Law Mediation training

Administrative Law Judge, Indiana Department of Labor, IOSHA Compliance Division

July 1993 – March 1999

- Part-time position that involved hearing cases, ruling on preliminary evidentiary and discovery issues, drafting findings of fact and conclusions of law, and issuing recommended decisions

Instructor, Professional Careers Institute

August 1992 – August 1993

- Part-time instructor in evening paralegal program, including teaching courses in Contracts, Legal Writing, Torts, Family Law, Civil Procedure, Real Estate, and Criminal Law

Associate Attorney, Wilson, Kehoe & Winingham

June 1991 – June 1993

- Represented clients in tort cases, including all phases of litigation, mediation, and appellate proceedings, including depositions, pretrial conferences, settlement negotiations, oral argument, and assisting in jury trials

January 1989 – June 1991

- Supervised legal intern/law clerk, responsible for interviewing, hiring, training, and supervising law clerks, including assigning and editing legal writing assignments. Also responsible for preparing pleadings, trial briefs, jury instructions, appellate briefs, and other legal memoranda.

Training/Education

Degree/Certificate	Institution
JD	Indiana University McKinney School of Law, Indianapolis, IN
BA, Political Science/Economics	West Lafayette, IN
Indiana State Bar, Admitted June 1991 (active in good standing)	Roosevelt University, Chicago, IL
Postgraduate Paralegal Honors Certification	Blue Hills Regional, Canton, MA

MMIS Project Manager – Greg Hershberger, PMP

Experience Summary

Greg Hershberger is an experienced project manager in the areas of program, portfolio, and operations management. He has significant business systems project experience including customer-facing and business web applications, business intelligence, systems and business integrations, and ERP. Mr. Hershberger has business, customer, and vendor relationship management experience in private and public sectors. He also has budget and financial planning experience, as well as vendor and contract management experience. He understands and uses process models including PMS, Agile/Scrum, and Kaisen. For the State of Indiana, Mr. Hershberger has served as the PMO lead for the implementation and operation of *CoreMMIS*.

Experience

PMO Lead, Gainwell Technologies, Indiana

January 2013 – Present

- Serve as PMO lead for implementation and operations of a new Healthcare Medicaid system (*CoreMMIS*) for the State of Indiana supporting more than 1.3M Medicaid members and 16,700+ provider service locations.
- Led the PMO which included a team of PMs/Project Coordinators and provided direction for 5 to 12+ project managers that included relationship building and management, with the State and Gainwell corporate leadership.
- Initially with *BCforward*, joined Gainwell (formerly HPE and DXC) in 2015 to continue the project. *CoreMMIS* entered the go live phase in February 2017.

CoreMMIS Operations

March 2017 – Present

- As PMO consults on and oversees a program portfolio including 103 projects implemented in 2021. In January 2022 there were 95 active projects with a total estimated effort exceeding 37,000 hours. Oversight includes managing new projects through Gainwell and State Change Control Boards, initial scheduling, the SDLC, release management, implementation, and post implementation review and billing. Project management also includes Waterfall and Agile.
- Provides direction, mentoring, standards, tools, and processes to the project managers leading these projects
- Responsible for PMO tools and reporting including an executive summary, portfolio summary reporting, capacity planning to identify staff requirements/recommendations, detailed project status reporting, release reporting, risk and issues management, requirements traceability, financial forecasts and monthly billing package

CoreMMIS Go Live and Stabilization

December 2016 – March 2017

- Served as part of leadership, PMO, and key project managers comprising a command center/war room for management of readiness, go live, and stabilization. These areas

impacted State and federal agencies, 1.3M Medicaid recipients, 16,700 provider locations (doctors and hospitals), and managed care entities.

- Managed go live readiness using a Go No Go Dashboard containing executive summary and key pages tracking testing and defects, operational readiness, risks, and issues
- Post go live, managed issues prioritization, assignment, remediation, and closure. Daily reporting included a Go Live Issues Dashboard, and leadership, vendor and technical meetings.

CoreMMIS Startup and Implementation

January 2013 – December 2016

- Joined project at startup forming PMO that included hiring, development, document, and roll out of project management model
- Responsibilities included communications, reporting, schedule management, risk, issue management, change management, configuration, release and resource management, and executive and client reporting. Used the PMI framework and lean processes to provide a toolkit for PMs with quick escalation and transparency.

BCforward, Senior Project Manager, CNO, Indianapolis, Indiana

November 2012 – January 2013

Senior Project Consultant for Enterprise PMO to Fortune 500 insurance company

- Worked with the CTO and IT leadership on a three-month engagement to address IT process challenges — communications, service request management, and SDLC. Proposed direction for program oversight, actionable reporting, and a series of projects. Completed initiation, requirements, planning, charter, project organization, and schedule, executed by CNO PMO.
- eApp project introduced an electronic insurance application process to the field. Identified gaps, streamlined the project working with the PM, presented further recommendations

Applications Director, Defender Direct, Indianapolis, Indiana

December 2009 – September 2012

Applications Director for this rapidly growing, world-class home products company. Portfolio management and managed key projects included:

- Dealmaker SOE — A custom, enterprise CRM and Sales Order Entry system
- Techbook — Introduction of a mobile platform and custom applications to field sales
- Actions in Progress — Custom enterprise project governance, portfolio, and management tool
- Introduced KPIs, a scorecard, and new processes. Uptime improved +2% over the first year, and averaged 99.9+% over the second year.

Project Management Consultant, Hatchery Consulting, Indianapolis, Indiana

October 2008 – December 2009

- Client: Indianapolis/Marion County/Theoris Consulting (September 2009 – December 2009) — Worked with the Mayor's office, Mayor's Action Center, and the CIO, and led initiation, planning, and first phase implementation of RequestIndy (www.indy.gov/requestindy), Indianapolis' state-of-the-art, self-service portal

- Client: SRI, Inc. (February 2009 – September 2009). Brought in by the owner to review and improve business process and systems development. Provided analysis, recommendations, and execution of changes needed to improve accountability, visibility, and profitability.

Manager of Applications, Delta Faucet Company, Indianapolis, Indiana

2002 – August 2008

Program and project management as manager of applications, leading all applications development.

Portfolio management implemented included project processes and reporting, metrics, and KPMs. Solution assessment consultation, vendor and budget management, and business liaison including issue and stakeholder management and executive communications. Managed an offshore development team (China).

Oversight over key project areas included:

- Project Management Consultant, Hatchery Consulting, Indianapolis, Indiana

August 2008 – December 2009

- Client: Indianapolis/Marion County/Theoris Consulting (September 2009 – December 2009) - Worked with the Mayor's office, Mayor's Action Center, and the CIO, led initiation, planning, and first phase implementation of RequestIndy (www.indy.gov/requestindy), Indianapolis' state-of-the-art, self-service portal
- Client: SRI, Inc. (February 2009 – September 2009). Brought in by the owner to review and improve business process and systems development. Provided analysis, recommendations, and execution of changes needed to improve accountability, visibility, and profitability.

Training/Education

Degree/Certificate	Institution
BS, Physics	Indiana University
PMP (Certified Project Management Professional) – Current	
Information Technology (extensive studies)	Purdue University

Quality Assurance Manager – John Griffiths

Experience Summary

John Griffiths has developed and applied successful processes for using metrics to assess the quality of project management, testing, and business operations. He has developed and executed plans for managing metric thresholds, conducting root cause analysis, and identifying corrective actions. His breadth of experience includes application development, release management, project and program management, business analysis, quality assurance/control (testing), and quality management.

Mr. Griffiths has implemented process and product quality assurance assessments (CMMI) to assess conformance to standards and identify process improvement opportunities. He has established full lifecycle processes for Quality Assurance and Quality Control, leading the development of meaningful metrics to assess project health and support corrective actions toward continuous improvement of IT software products.

Expertise

Technical Expertise

- Requirements Management Tools – 10 years
- Test Management Tools – 7 years
- Project Management Tools – 19 years
- Work Management Tools – 9 years
- CMMI – Dev – 7 years
- Data Analysis – 12 years
- Measurement and Analysis – 7 years

Project Expertise

- Development Management – 10 years
- Project Management – 9 years
- QA Management – 13 years

Industry Expertise

- Financial Services/Insurance projects – 15 years
- Centers for Medicare and Medicaid projects – 8 years
- State of Indiana projects – 7 years
- Retail Marketing and Management – 5 years

Experience

Quality and Release Manager, Indiana Medicaid, Indianapolis, Indiana

February 2013 – Present

- Oversee the utilization of HP ALM for requirements management, change management, and testing
- Oversee assessment and quality of system development
- Accountable for the quality and authorization of all production releases

- Provide guidance on the development and monitoring of performance metrics (KPIs)
- Identify substandard performance to initiate corrective actions and process improvement opportunities
- Review Lessons Learned for the identification of process improvement opportunities

Quality Management Consultant, BCforward, Indianapolis, Indiana

July 2018 – Present

- Provide consulting services to Gainwell and Indiana Medicaid for the development and operation of an enterprise Quality Management Office and IT Release Management

Principal Consultant, Fahrenheit IT, Indianapolis, Indiana

February 2013 – June 2018

- Provided consulting services to DXC Technology and Indiana Medicaid for the development and operation of an enterprise Quality Management Office and IT Release Management

QAQC Advisor, National Government Services, Indianapolis, Indiana

July 2011 – February 2013

- Developed CMMI Measurements and Analysis processes and metrics to assess project health and support continuous improvement
- Provided leadership to QAQC team on software testing processes and use of the Rational tools
- Served as subject-matter expert for the rollout of Rational ClearQuest for IT and Operational areas
- Developed requirements management plan leveraging RequisitePro's ability to provide full traceability of requirements, test cases, and design elements
- Developed new standard operating procedures for software quality assurance

Principal Consultant/Quality Assurance Practice Manager, Indecon Solutions, Indianapolis, Indiana

November 1997 – June 2011

Provide consulting services to clients with a focus on integrating project management best practices and quality assurance processes and metrics across the project life cycle.

Assist the development and maturing project processes within the PMO in accordance with the Project Management Body of Knowledge (PMBOK)

Develop processes and procedures for business analysis, project management, quality assurance, and quality control for IT projects

Client: National Government Services, Indianapolis, Indiana

Quality Assurance Advisor

February 2009 – June 2011

Skills: IBM Rational RequisitePro, IBM Rational ClearQuest, Microsoft Excel, CMMI

- Provided software testing leadership for creating and executing test strategies, including manual testing, development of a regression test repository, and coordination of automated testing with automation engineer
- Worked closely with business to identify primary and alternate functionality test scenarios for planning and executing UAT

- Standardized test case development, test execution, and defect management

Client: Simon Property Group, Indianapolis, Indiana

Quality Assurance Lead

April 2004 – January 2009

- Developed the QA processes for IT projects, including a QA Testing Dashboard for managing and tracking testing progress. QA processes include templates and procedures for managing QC Testing and QC Defects.
- Led Quality Assurance processes and testing, working closely with business areas and IT development teams throughout the project lifecycle
- Assisted development of best practices for business requirements and analysis and the application of Quality Assurance processes

Client: SLM Corporation, Fishers, Indiana

Business Analyst Consultant, OpenNet Project

July 2002 – March 2004

- Assist in the development of best practices for business requirements and analysis for a major corporate development program

Client: Resort Condominiums International, Indianapolis, Indiana

Project Management Consultant, GPN Project and RCI Program Office

June 2000 – July 2002

- Provided leadership in establishing quality and project management processes for a global project management office
- Project Consultant for a major software development program, providing tracking, control, resource utilization, and status reporting for multiple projects
- Formulated the use of best practice metrics for project management (for example, Earned Value, Cost and Schedule Performance Indices, Cost and Schedule Variances) to assess project health

Client: State of Indiana, Indianapolis, Indiana

Project Director and Manager, Year 2000 Project

June 1998 – June 2000

- Participated in Y2K strategic planning to address the remediation of mainframe systems for the State of Indiana
- Worked closely with the primary contractor, Division of Information Technology (DoIT), and agencies to achieve the successful completion of the Year 2000 effort for the State of Indiana
- Developed program office (processes and infrastructure) to manage the mainframe remediation effort of the DoIT Partnership
- Led team of four project managers and 30 developers on the successful remediation of more than 70 systems
- Forecasted staffing requirements, assessed skills, and conducted evaluations
- Managed processes for issue, change, and risk management

Training/Education

Degree/Certificate	Institution
BS Management, Marketing and Personnel Management	Purdue University, West Lafayette, Indiana
AS Computer Science, Management Information Systems	Purdue University, West Lafayette, Indiana

Member Services Manager – Joyce Lee

Experience Summary

Joyce Lee has more than 20 years of extensive experience in IT project management, dashboard development, database management, and data and predictive analytics. Project methodologies used include both Agile and Waterfall. Ms. Lee's experience includes full project lifecycles with a focused emphasis on system development, feasibility studies, planning, designing, monitoring, control and implementation. In addition to project management, her experience also includes designing end user dashboards, database designing, report development, fraud investigations, and predictive analytics.

Experience

IT Project/Program Manager, Hewlett Packard Enterprise Services, DXC, Gainwell Technologies

October 2013 – Current

- Managed the design, development, system testing, and implementation of HIP Workforce Bridge
- Managed the design, development, system testing, and end-to-end testing among 10 vendors and implementation of the Indiana Medicaid Healthy Indiana Program, HIP 2.0
- Managed the design, development, system testing, and end-to-end testing among six vendors and implementation of the Indiana Medicaid Healthy Indiana Link Program, HIP Link

I.T. Project Manager/Program Manager, Hewlett Packard (Collabera)

September 2012 – October 2013

- Successfully managed the development and implementation of three State Claim Waiver Programs that included claims, finance, and CMS 64 Reporting
- Projects included EDW conversion from Oracle to Teradata as well as MMIS EDW integration, MMIS – ACA Modified Adjusted Gross Income (MAGI) system development and implementation; MMIS ACA – Hospital Presumptive Eligibility development and implementation, ACA – Recovery Audit Contractors Claim Adjustment development; and implementation of all CMS 64, MMIS, and MAR related reporting

Principle Developer, IT Project Manager, Senior Health Insurance Of Pennsylvania

October 2009 – June 2012

- Successfully managed the conversion of three different Commission Systems into one combined Commission System ahead of time and within budget, using SDLC
- Successfully managed the conversion of MS SQL Server and Databases to Teradata Linux Server and Database on time and within budget
- Successfully managed the conversion of all Reporting Systems from MS Reporting Services to IBI Webfocus Developer Studio
- Successfully managed the conversion of all Data Integrations from MS SSIS/Stored Procedures to IBI Data Migrator and Teradata Stored Procedures
- Successfully managed the conversion of three Rate Increase Systems into one combined Rate Increase System that included a detailed feasibility study

- Developed all project plans, scopes, designs, and risk analysis
- Developed testing scripts and documentation
- Projects budgets ranged between \$250,000 and \$2,000,000

IT Project Manager, Conseco Inc. (Moser Consulting/PDD)

October 2008 – October 2009

- Successfully managed and completed General Ledger Conversion on time and within budget
- Successfully managed and completed the Oracle Data Warehouse Conversion on time and within budget
- Successfully managed and completed the Actuarial Valuation System Conversion on time and within budget
- Responsible and accountable for the coordination and management of multiple related projects
- Defined and initiated projects
- Maintained continuous alignment of overall project scope and objectives
- Completed dashboard reports on current project and client issues
- Developed feasibility studies, project planning, designs, and resource plans
- Consistently monitored tasks and activities and escalated issues when necessary
- Managed transition of clients from solution implementation to client support

Branch Manager, Charter West Finance

July 2006 – September 2008

- Successfully completed Application Processing Conversion on time and within budget
- Provided business consulting, knowledge expertise in strategic performance management methodologies, and the application of technologies to business
- Compiled and analyzed financial statements, credit reports, income taxes, and income documents to determine client qualification
- Analyzed multiple lenders' underwriting guidelines to determine program fits for each client
- Provided financial solution to clients
- Created and implemented training materials used throughout the company
- Managed branch openings from initiation to implementation
- Monitored and controlled all set up tasks and cost

National Government Services

August 2000 – August 2005

- Successfully managed the conversion of CMS Medicare Part A claim processing system from the Arkansas System to Florida Shared System (FSS)
- Successfully managed the conversion of the CMS Medicare Part B claim process system from the VIPS Medicare System (VMS) to the Medicare Claims System (MCS)

- Successfully managed the creation and implementation of the Medicare Clearinghouse Abuse Unit

Developer (Dashboard/Database), Senior Health Insurance Of Pennsylvania

June 2011 – June 2012

- Successfully managed multiple MS SQL 2008 and Teradata Testing and Production Relational Databases
- Designed ETL Data Integration from more than 25 data sources across MS Servers, Linux Servers, Web Servers, Reporting, and FTP servers
- Developed OLAP Warehousing, End Users Standard Reports, and Ad-Hoc Querying processes
- Developed and implemented data quality process
- Successfully designed 35 Web Focus claim, financial, and customer service dashboards
- Documented end users requirements
- Developed, designed, and coded more than 300 End User Reports using MS Reporting Services and Web Focus Developer Studio
- Designed Dashboard Public Entrance and Exit Web Pages for Dashboard integration

National Government Services

August 2005 – July 2006

- Assisted in the development of the Contractor Operations Analysis Tracking System (COATS)
- Assisted with the development of the RASQ System
- Assisted with the development of the Appeals Search Engine
- Developed the Business System Operation Help Desk

Analytics

Senior Health Insurance Of Pennsylvania

January 2010 – June 2012

- Developed 15 Claim and Rate Increase Classification, regression, clustering, and association predictive models
- Successfully defined and built analytics datasets for all models
- Successfully evaluated analytics results for model refining and to determine model refresh rates
- Developed data profiling processes for the provider and payee information
- Developed data quality reports for reserving
- Successfully developed quarterly rate increase and NFO analysis

National Government Services

March 2005 – July 2006

- Developed five Fraud Claim Models for Medicare Part A and Part B Claims
- Successfully designed 25 billing profile using Crystal Reports

Fraud Investigation

National Government Services

July 1994 – August 2000

- Recovered more than \$40M in Fraudulent Medicare Part A and Part B claim payment
- Successfully investigated abusive claim billing processes
- Successfully conducted on-site nursing home, hospital, and laboratory investigations
- Interviewed suspects on-site and over the phone
- Conducted suspect surveillance
- Directly supervised 25 Fraud Investigators and In Take Specialist
- Developed investigation auditing procedures
- Reviewed and approved all investigations
- Worked closely with the Office Of Inspector General to review all investigations
- Prepared and referred cases to OIG and FBI for additional investigation

Management

National Government Services

August 2000 – July 2006

- Directed all production and claim processing system transitions
- Supervised project teams, programmers, and analysts
- Monitored and controlled all project tasks and activities
- Implemented cross training for all departments
- Implemented online system security profiles for front-end and back-end claim processing systems
- Implemented necessary measurement to secure the integrity of the data during transition from one system platform to another
- Managed a fiscal budget of \$8.5M for more than six years
- Hired, developed, and evaluated staff and their performance
- Outlined specific goals and performance measurement for staff members, on a quarterly and yearly basis
- Liaison between vendors and customers
- Liaison between operational and programming departments (B2B)
- Oversaw release testing/implementation, system maintenance, and Change Control Boards
- Oversaw system projects

Training/Education

Degree/Certificate	Institution
MBA, Finance	Indiana Wesleyan University (IWU)
BS, Criminal Justice	Indiana University (IU)

Provider Services Manager – Shantel Silnes

Experience Summary

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.

Expertise

<ul style="list-style-type: none"> • Request for proposal (RFP) • Report Preparation • On Demand • Business Objects • Microsoft Office • SharePoint 	<ul style="list-style-type: none"> • Public Speaking/Presenting • Medicaid (FFS and Managed Care) • Avaya • Work Force Management • Proficient in HCPCS, ICD-10, and CPT coding 	<ul style="list-style-type: none"> • Strong Problem Solving Skills • Project Management • Claims Knowledge • Staff Development • Salesforce • Jira/Confluence 	<ul style="list-style-type: none"> • Microsoft Teams • Medicaid Management Information System (MMIS) • Medicaid Subject Matter Expert (SME) • Rlink
---	--	---	---

Experience

Gainwell Technologies

Provider Services Director, September 2016 – Present

Provider Relations Manager, November 2015 – September 2016

- Direct a staff of 69 full-time employees (including contractors) and three supervisors
- Participated on multiple request for proposals (RFP) including business process development for red and gold team reviews
- Responsible for customer operational performance for the Indiana Medicaid account, including developing plans to meet contractually established Service Level Agreements and implementing strategies to improve operational efficiencies
- Involved in the development of new Medicaid Management Information System (MMIS) for the state of Indiana including IV&V validation with state vendor, Medicaid Information Technical Architecture (MITA) CMS certification, training, and full implementation across business units
- Responsible for the member/provider call center, provider enrollment, provider relations, written correspondence, and publications operation areas of a \$200M, multi-year contract to function as the Fiscal Agent for the Indiana Medicaid Programs for the State of Indiana
- Complete quality reviews per contractual requirements to make certain of accuracy of information received
- Established a positive working relationship with customer
- Identify Medicaid claim issues and work with system engineers (SE)/developers, claims analysts, and customer to achieve resolutions. Claims knowledge includes, but is not limited,

to institutional, professional, dental, Medicare crossover, and Managed Care/HIP encounter claims

- Developed team building and continuous improvement programs to keep staff current on policies and procedures
- Developed system change orders and process improvement procedures to meet policy changes in the healthcare industry
- Worked on Cures Act implementations as a SME to support federal requirements

Operations Manager, American United Life (subsidiary of ONE AMERICA) – Indianapolis, Indiana

November 2014 – November 2015

- Managed staff of six full-time employees
- Managed division that executed contract terminations for \$5M-\$170M clients to ensure accurate and timely transfer of funds to avoid loss for AUL
- Developed processes to streamline workflows and retain company assets
- Implemented processes for Stable Value funds for successful enforcement of contractual holds on funds per the contracted agreement for up to 365 days
- Removed unnecessary processes for amendments that resulted in a time savings, current projected time savings is three to five business days
- Responsible for oversight of annuity payments for AUL held retirement plans including but not limited to interest adjustments
- Conducted monthly reporting for executive management

HPE – Indianapolis, Indiana

August 2004 – October 2014

Provider Call Center Manager, 2011 – 2014

- Supervisor of call center for a staff of 22 customer service representatives
- Responsible for customer operational performance for the Indiana Medicaid account, including developing plans to meet contractually established Service Level Agreements, implementing strategies to improve operational efficiencies
- Responsible for the call center operations of a \$200M, multi-year contract to function as the Fiscal Agent for the Indiana Medicaid Programs for the State of Indiana
- Completed quality reviews per contractual requirements to make certain of accuracy of information received
- Established a positive working relationship with customer
- Involved in the development of new Medicaid Management Information System (MMIS) for the state of Indiana
- Conducted and supported system testing (SIT, UAT) for current MMIS as well as for new MMIS system
- Identified Medicaid claim issues and work with system engineer (SE), claims analysts, or customer to achieve resolutions. Claims knowledge includes but is not limited to institutional, professional, dental, Medicare crossover, and Managed Care/HIP encounter claims

- Developed team building and continuous improvement programs to keep staff current on policies and procedures
- Developed system change orders and process improvement procedures to meet policy changes in the healthcare industry

Provider Relations, 2005 – 2011

- Identified Medicaid claim issues and worked with system engineer (SE), claims analysts, and customers to achieve resolutions. Claims knowledge includes but is not limited to institutional, professional, dental, Medicare crossover.
- Conducted provider education in a one-on-one setting and in a public forum
- Established and managed training workshops with professional organizations
- Attended associations on behalf of the Indiana Medicaid program
- Proficient in public speaking in groups of 100 plus attendees.
- Developed and edited provider and member publications on behalf of the Indiana Medicaid Program processes

Medicaid third party liability (TPL) Recovery, 2004 – 2005

- Identified Medicaid claims related to an accident or injury for possible recovery. Claims knowledge includes institutional, professional, dental, and Medicare crossover.
- Subrogation (TPL) recoveries on behalf of the Indiana Medicaid Program
- Resolved third party (TPL) coverage issues with medical providers to process medical payments timely

Senior Claims Analyst, The Hartford Insurance– Indianapolis, Indiana

July 2000 – August 2004

- Resolved coverage issues with medical providers to process medical payments timely
- Acquired security clearance to review restricted claims and code decrypting passwords
- Purged closed files and fulfilled subrogation demands for the State of Michigan Catastrophic Claims Association (MCCA), quarterly recoveries were \$3M per quarter
- Initiated first contact calls to set up loss reports, scheduled appraisals, and made rental arrangements for insured
- Processed single car auto claims

Training/Education

Degree/Certification	Institution
Bachelor of General Studies, 2003 - Minor in Psychology	Indiana University – Indianapolis, IN
Gainwell: Management Essentials Cohort	
One America – Organizational Leadership	
<ul style="list-style-type: none"> • Crucial Conversations • Influencer • Change anything 	

Data Compliance Manager – Darryl Wells

Experience Summary

Mr. Wells has more than 20 years of business operations and information technology management experience in Medicaid and Billing and Accounts Receivable. His primary responsibilities include managing business and technical teams including provider field agents, provider enrollment staff, software developers, business analysts, and project managers. Special areas of emphasis during the past several years include staffing, onboarding, and training project managers and administering their benefit, performance management, career development, and compensation. Mr. Wells' skills and experiences allow him to effectively adapt to new roles and responsibilities assigned based on the priorities of the organization.

Expertise

- Billing and Receivables – 8 years
- Business Requirements and Analysis– 10 years
- Claims Processing– 5 years
- Disaster Recovery– 3 years
- Drug Rebate– 2 years
- Process Development – 10 years
- Project Management Office– 5 years
- Provider Enrollment– 2 years
- Provider Management– 2 years
- Resource Management– 10 years
- Reference– 2 years
- MAR/MSIS– 2 years
- SDLC– 20 years

Experience

Corporate Project Management Capability Human Resources Manager, Gainwell Technologies

July 2019 – Present

Responsible for staffing, hiring, and onboarding project management professional positions for the Ohio, Indiana, Kansas, and Wisconsin Medicaid accounts. Includes human resource activities such as training, development, performance management, and salary administration for 45 employees.

Indiana Medicaid

Service Now Implementation Manager, DXC Technology

June 2019 – March 2020

Responsible for managing the requirements, design, and schedule for ServiceNow application replacement of Service Manager. Included gap analysis of Indiana's local Service Manager application compared to the DXC Technology corporate ServiceNow solution, which was based on Ohio Medicaid's Service Now solution. Supervised the local business analyst and developer resources and managed the relationship with the corporate ServiceNow team.

Indiana Medicaid

Disaster Recovery Coordinator, Gainwell Technologies

March 2018 – Present

Responsible for managing the local resources supporting the annual Indiana Medicaid disaster recovery exercise. This exercise replicates the production Indiana Medicaid system in Orlando, Florida to Colorado Springs, Colorado and verifies that data and functionality is present and operational.

Indiana Medicaid

Optum FSSA EDW Liaison, Gainwell Technologies

March 2017 – Present

Responsible for identifying and discussing CoreMMIS modifications that impact the State's Enterprise Data Warehouse (EDW) including educating the EDW vendor Optum, and addressing their comments and feedback regarding CoreMMIS database tables. A weekly meeting is conducted to review action items, inquiries, defects, and development projects that may impact Optum's EDW processing. Vendor testing is coordinated between Gainwell Technologies, Optum, and FSSA.

Indiana Medicaid

Core MMIS Transition Manager, DXC Technology

Jan 2015 – February 2017

Responsible for identifying, addressing, and acclimating Medicaid users to the differences between the existing IndianaAIM Medicaid solution and the Indiana CoreMMIS Medicaid solution. Stakeholders were contacted, review sessions were held, clarifications were made, and materials distributed, to minimize disruption in operations.

Indiana Medicaid

PMO Business Analyst Manager, Gainwell Technologies

February 2011 – Present

Responsible for managing a team of business analysts who generate the requirements and business design documents to support IndianaAIM and CoreMMIS PMO project development including staffing, onboarding, training, and development of team members on the change management process published by the PMO.

Indiana Medicaid

Provider Enrollment Supervisor, Hewlett Packard

August 2009 – January 2011

Responsible for managing the provider enrollment team in the inspection of provider enrollment applications, verification of licensure, and finalizing enrollments based on contract standards. Implemented inventory management reporting tools, with a focus on consistency across team members to improve overall accuracy and timeliness

Indiana Medicaid

Systems Manager, EDS an HP Company

December 2006 – July 2009

Responsible for managing the day-to-day work of more than 20 developers including working with project managers to manage and allocate resources to projects based on priority, as well as integrating their systems maintenance responsibilities and production support duties

Indiana Medicaid

Business Support Manager, EDS an HP Company

May 2005 – November 2006

Responsible for managing a team newly formed and responsible for systems documentation, reference management, and Medicaid Statistic Information Systems (MSIS) including

generating and improving the quality of available documentation and managing changes to claims reference processing tables.

Indiana Medicaid

Client Services Director, EDS an HP Company

October 2003 – April 2005

Responsible for the provider services operational area, which included the field agents, provider enrollment, and the call center and included attending provider association meetings and coordinating the annual provider seminar

Technical Support Center

NVBARS Manager, Electronic Data Systems

September 1995 – September 2003

Responsible for leading a team of project managers responsible for General Motors' Non-Vehicle Billing and Accounts Receivables application that included management functions such as staffing, onboarding, training, career development, and performance management

Training/Education

Degree/Certificate	Institution
BS, Computer Science and Business	Butler University, Indianapolis, IN
EDS Software Engineering Development Program	Electronic Data Systems