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Section 1 – Technical Proposal Packet

This section contains all forms listed in the Technical Proposal Packet supplied within the request for proposal (RFP). The list of forms included is as follows:

- Proposal Signature Page of the RFP's Technical Packet
- Vendor Acceptance and Compliance for Section 1 of the RFP's Technical Packet
- Vendor Acceptance and Compliance for Section 2 of the RFP's Technical Packet
- Vendor Agreement and Compliance with Sections 3,4, and 5 of the RFP's Technical Packet
- Proposed Subcontractors Form of the RFP's Technical Packet

We have also included a cross reference for convenience to all minimum qualification requirements and a statement regarding terms and conditions.

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1.1 Proposal Signature Page

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Comagine Health				
Address:	10700 Meridian Ave N, Suite 100				
City:	Seattle	State:	WA	Zip Code:	98133
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit 501 (c)(3)				
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned				
	AR Certification #: _____ * See Minority and Women-Owned Business Policy				
PROSPECTIVE CONTRACTOR CONTACT INFORMATION					
Provide contact information to be used for bid solicitation related matters.					
Contact Person:	Lori Barrett	Title:	Sr. Development Director		
Phone:	(888)432-0261 ex. 2047	Alternate Phone:	(913)484-5421		
Email:	LBarrett@comagine.org				
CONFIRMATION OF REDACTED COPY					
<input checked="" type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>					
ILLEGAL IMMIGRANT CONFIRMATION					
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.					
ISRAEL BOYCOTT RESTRICTION CONFIRMATION					
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.					
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.					

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's proposal to be disqualified.**


Authorized Signature:  Title: Sr. Vice President, CFO
 Use Ink Only.
 Printed/Typed Name: Dan Memmott Date: 9/27/2019

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1.2 Section 1 – Vendor Agreement and Compliance

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.


Vendor Name:	Comagine Health	Date:	9/27/2019
Authorized Signature:		Title:	Sr. Vice President, CFO
Print/Type Name:	Dan Memmott		

[Page intentionally blank.]

1.3 Section 2 – Vendor Agreement and Compliance

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.


Vendor Name:	Comagine Health	Date:	9/27/2019
Authorized Signature:		Title:	Sr. Vice President, CFO
Print/Type Name:	Dan Memmott		

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1.4 Sections 3, 4, 5 – Vendor Agreement and Compliance

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section(s) of the bid solicitation.

Vendor Name:	Comagine Health	Date:	9/27/2019
Authorized Signature:		Title:	Sr. Vice President, CFO
Print/Type Name:	Dan Memmott		

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1.5 Proposed Subcontractors Form


- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
eSense Incorporated	14799 Daventry Drive	Fishers, IN 46037

☐ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORSTO PERFORM SERVICES.**

Vendor Name:	Comagine Health	Date:	9/27/2019
Authorized Signature:		Title:	Sr. Vice President, CFO
Print/Type Name:	Dan Memmott		

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1.6 Minimum Qualifications Cross Reference

Minimum Qualifications	
RFP 710-19-1021R	Location in Comagine Health's Proposal
<p><i>Section 2.3.A</i> Vendor must submit a Letter of Bondability from an admitted Surety Insurer with its bid submission. The letter should unconditionally offer to guarantee to the extent of one hundred percent (100%) of the contract price the bidder's performance in all respects of the terms and conditions of the RFP and the resultant contract.</p>	Section 7 – Letter of Bondability
<p><i>Section 2.3.B</i> The Vendor (Prime) must have annual revenue of at least fifty million dollars (\$50M). As proof of meeting this requirement the Vendor must include a copy of their most recent, last three (3) fiscal years' Independent Auditor's Report and audited financial statements, including any management letters associated with the Auditor's Report with the applicable notes, OMB A-133 Audit (if conducted), balance sheet, statement of income and expense, statement of changes in financial position, cash flows and capital expenditures.</p>	Section 8 – Financial Statements
<p><i>Section 2.3.C</i> The Vendors' team (Prime and/or Subcontractor) must be independent of both the software development vendor and the state agency sponsoring the project. These services must be provided by personnel who were not involved in the planning, design, development, or implementation of the system. By signing Section 2: "Vendor Agreement and Compliance" of the Technical Response Packet, Vendor certifies compliance with this requirement.</p>	Section 1.3 Section 2 Vendor Agreement and Compliance
<p><i>Section 2.3.D</i> The Vendor (Prime) must have experience with five (5) projects similar in size, complexity and scope to this RFP in the past five (5) years. One (1) project must have included traditional and modified adjusted gross income (MAGI) Medicaid eligibility and one (1) project must have included SNAP eligibility, case management and benefit issuance. As proof of meeting this requirement the Vendor (Prime) must submit with their proposal a detailed listing with the following information: Project name and brief detail of provided services, client name, client contact person(s) name, email address and current phone number of contact person(s), project timeframe and the projected amount.</p>	Section 5.1.6 Project Examples; Section 2.3.D
<p><i>Section 2.3.E</i> The Vendor's team (Prime and/or Subcontractor) must be able to perform IV&V of State IT systems that determine eligibility for multiple benefit programs, including but not limited to: Medicaid, CHIP, SNAP, LIHEAP, TANF, WIC, and Veterans Services. For verification purpose, Vendor shall provide the following:</p>	Section 6 – Resumes; Section 2.3.E

Minimum Qualifications	
<p>Work history resumes for all proposed Vendor Key Personnel, which shall include relevant projects (past and current) that each individual has supported for state human service programs such as Medicaid, CHIP, LIHEAP, SNAP, TANF, WIC, and Veterans Services. The resume for the proposed IV&V Lead shall not exceed six (6) pages. The resumes for the proposed IV&V SMEs shall not exceed four (4) pages per individual. The work history resume submitted for the proposed IV&V Lead on this project must show past IV&V work on at least one (1) eligibility system that supported multiple benefit programs. Skills limited to single program eligibility will not be acceptable for this project. Resumes shall include the following information:</p> <ol style="list-style-type: none"> Client organization names. Time periods worked. Role of the proposed individual within each project. Brief summary of the project scope. Names, positions, and current telephone numbers of persons who can provide information on the proposed individuals' performance on these projects. Years of experience working with eligibility systems for state human services programs. Years of experience providing IV&V services. Years of experience working with the primary respondent to this RFP. Years of experience working with any subcontractor of the primary respondent to this RFP. Formal education including degrees completed (Note: Formal education will not be substituted for experience). Any technical certifications relevant to this project. 	

Comagine Health is accepting and agreeing to the terms and conditions set out in this RFP and has no alternative language to be presented.

Section 2 – Signed Addenda

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors
FROM: Chorsie Burns, Buyer
DATE: August 12, 2019
SUBJECT: 710-19-1021R Independent Verification and Validation Services for the Integrated Eligibility and Benefit Management Solution (IV&V for IEBM)

The following change(s) to the above referenced RFP have been made as designated below:

- ☒ Change of specification(s)
- ☒ Additional specification(s)
- ☐ Change of bid opening date and time
- ☐ Cancellation of bid
- ☐ Other

CHANGE OF SPECIFICATIONS

- Replace 1.7 Response Documents item C 1a with the following:
- a. Five (5) completed hard copies (marked "COPY") of the Technical Proposal Packet

ADDITIONAL SPECIFICATIONS

- Please add the below to Section 1 of the RFP:

1.33 INTEGGOVERNMENTAL/COOPERATIVE USE OF PROPOSAL AND CONTRACT

In accordance with Arkansas Code §19-11-249, this proposal and resulting contract is available to any State Agency or Institution of Higher Education that wishes to utilize the services of the selected proposer, and the proposer agrees, they may enter into an agreement as provided in this solicitation.

- Please add the below chart at the end of the following section: 4.5 PERFORMANCE BONDING

Service Criteria	Acceptable Performance	Damages
PERFORMANCE BONDING		
A. The Contractor shall be required to obtain performance bonds to protect the State's interest as follows:	Acceptable performance is defined as one hundred percent (100%) compliance with Service Criteria at all times throughout the contract term as determined by DHS.	The Vendor will be fined five hundred dollars (\$500) per day for each day Vendor fails to meet the Performance Bonding Requirements specified in Service Criteria.
1. The amount of the performance bonds shall be one hundred percent (100%) of the original contract price, unless the State determines that a lesser amount would be adequate for		In addition, Vendor's continued failure to meet Service Criteria, may result in a below standard Vendor Performance Report (VPR) maintained in the vendor file and contract termination.

<p>the protection of the State.</p> <p>2. The State shall require additional performance bond protection when a contract price is increased or modified.</p> <p>3. The performance bond must be delivered to the Arkansas Department of Human Services Chief Procurement Officer within fourteen (14) days of contract execution.</p> <p>4. The contractor shall notify the State of any changes, modification, or renewals for the performance bond during the term of the contract. The performance bond documentation must be provided to the State with each required notice.</p> <p>5. Failure to provide is a breach of contract and may result in immediate contract termination</p> <p>B. The Contractor shall submit documentation to the satisfaction of the State that a performance bond has been obtained. The contractor shall notify the State of any changes, modification, or renewals for the performance bond during the term of the contract.</p>		
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The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact Chorsie Burns at chorsie.burns@dhs.arkansas.gov or (501) 682-6327.



Page **3** of **3**

9/27/2019

Vendor Signature

Date

Comagine Health

Company

Page 1 of 1

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 2

TO: All Addressed Vendors

FROM: Chorsie Burns, Buyer

DATE: September 6, 2019

SUBJECT: 710-19-1021R Independent Verification and Validation Services for the Integrated Eligibility and Benefit Management Solution (IV&V for IEBM)

The following change(s) to the above referenced RFP have been made as designated below.

- ☐ Change of specification(s)
- ☐ Additional specification(s)
- ☒ Change of bid opening date and time
- ☐ Cancellation of bid
- ☒ Other

CHANGE OF BID OPENING

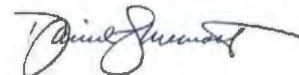
Bid Opening Date and Time: **October 1, 2019 at 2:00pm CST**

OTHER

Response to Written Questions: September 11, 2019 by close of business

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact Chorsie Burns at chorsie.burns@dhs.arkansas.gov or (501) 682-6327.



Vendor Signature

Comagine Health

Company

9/27/2019

Date

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Section 3 – E.O. 98-04 – Contract Grant and Disclosure Form; Attachment A

Contract Number _____
Attachment Number _____
Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: SUBCONTRACTOR NAME: _____
☐ Yes ☒ No

TAXPAYER ID NAME: _____ IS THIS FOR: Goods? ☐ Services? ☒ Both? ☐
Comagine Health

YOUR LAST NAME: _____ FIRST NAME: _____ M.I.: _____

ADDRESS: 10700 Meridian Ave N Suite 100

CITY: Seattle STATE: WA ZIP CODE: 98133 COUNTRY: United States

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

F O R I N D I V I D U A L S *

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (v)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☒ None of the above applies

F O R A N E N T I T Y (B U S I N E S S) *

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (V)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

☒ None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.


As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.


Signature  Title Sr. Vice President - CFO Date 9/27/2019
Vendor Contact Person Dan Memmott Title _____ Phone No. (801) 892-6653

Agency use only

Agency Number <u>0710</u>	Agency Name <u>Department of Human Services</u>	Agency Contact Person	Contact Phone No.	Contract or Grant No
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Section 4 – Equal Opportunity Policy

	Document Number	HR-0001-CM
	Effective Date	February 1999
	Most Recent Revision Date	June 2019
	Most Recent Review Date	June 2019
Equal Employment Opportunity and Affirmative Action		

1.0 POLICY

Comagine Health is fully committed to the concept and practice of Equal Employment Opportunity (EEO) and Affirmative Action in all aspects of employment. Comagine Health develops and administers employment policies and practices that are based upon individual merit and that are without regard to race, color, sex, age, religion, national origin, sexual orientation, disability, genetic information, gender identity or expression, veteran status, or other protected status or characteristics ("protected status") as required by federal, state or local law or regulation. Furthermore, all qualified applicants will receive consideration for employment based upon individual merit and without regard to protected status. It is also the intent of Comagine Health to actively promote the full realization of EEO and Affirmative Action for all employees throughout the organization, including the assurance of a work environment that is free of illegal discrimination and harassment.

Harassment is a form of discrimination and violates this policy. The harassment of any employee, discrimination against any employee, or the creation of a hostile work environment based upon an individual's protected status is prohibited (also see policy HR-0002-CM Harassment).

2.0 GENERAL SCOPE

This Policy applies to:

- ☒ Corporate – All Comagine Health Employees
- ☒ Outlook Associates
- ☒ Board of Directors

This policy applies to every location in which the company conducts business and to all individuals and organizations as defined in applicable laws and regulations and this policy, including job applicants. These policies and principles also apply to the selection and treatment of independent contractors or agency personnel working on Comagine Health premises or firms doing business for or with the company.

This policy applies to all terms, conditions and privileges of employment as defined according to applicable laws and regulations covered by this policy; including, but not limited to, recruiting, hiring, promotions, transfers, training, discipline, discharge, layoffs, compensation, benefits, leaves of absence and general work environment.

The Human Resources department is responsible for ensuring communication of this policy to support overall compliance, including but not limited to advertising and posting job opportunities in accordance with EEO and Affirmative Action, training managers and employees, and displaying required workplace posters.

Note - Always access policies via Comagine Health's SharePoint to obtain the current version. Comagine Health, in its sole discretion, may revoke, modify, or amend the information contained in this policy at any time, without prior notice.

Equal Employment Opportunity and Affirmative Action

3.0 DEFINITIONS

Affirmative Action Plan (AAP)	Comagine Health's policies, procedures and practices which affirm the organization's commitment to EEO and Affirmative Action in all aspects of employment.
EEO Coordinator	The Vice President, Human Resources, or designee, who is responsible for ensuring compliance with EEO regulations, the Americans with Disabilities Act (ADA) and other applicable discrimination laws, including administration of Comagine Health's AAP.

4.0 PROCEDURES

4.1 AFFIRMATIVE ACTION PLANS

It is our goal to achieve, consistent with the company's existing lawful commitments, a workforce in each geographical area where Comagine Health is performing work that reasonably reflects the demographics of that geographic area. Implementing this policy requires proactive steps and measures on our part to identify and attract applicants who are representative of these demographics and who are available and qualified for posted job openings. Additionally, proactive steps and measures are needed in order to assure that all employees have an equal opportunity for promotions and transfers within the organization. To that end, Comagine Health has established AAPs for Minorities and Women, Protected Veterans and Individuals with Disabilities.

The EEO Coordinator is responsible for ensuring regular review and reporting associated with the AAPs. The AAPs are available for employee and applicant review during regular business hours, Monday through Friday, in the Human Resources office at the company's Seattle, Salt Lake, Portland, Las Vegas, or Albuquerque locations.

4.2 EEO COORDINATOR

Comagine Health's EEO Coordinator (or designee) is accountable to:

- 4.2.1 Work to ensure that employment-related personnel actions are administered according to the principles of EEO and Affirmative Action, based on individual merit and in compliance with applicable EEO and unlawful discrimination laws.
- 4.2.2 Direct the development and implementation of programs designed to ensure compliance with applicable local, state and federal unlawful discrimination and Affirmative Action laws and regulations.
- 4.2.3 Monitor the effectiveness of Comagine Health's Affirmative Action and EEO programs, and report to leadership any need for modification of these programs or other remedial action.
- 4.2.4 Serve as Comagine Health's representative in its dealing with federal, state or local enforcement agencies as well as serve as a liaison with community groups concerned with the employment opportunities of minorities, women, veterans and persons with disabilities.

Equal Employment Opportunity and Affirmative Action

- 4.2.5 Investigate or support the investigation of all allegations of unlawful discrimination or harassment, prepare timely reports of such investigations, and facilitate resolution wherever possible.
- 4.2.6 Conduct regular training meetings with leadership regarding the implementation of EEO, Affirmative Action and ADA programs as well as assisting managers and supervisors in acting to prevent illegal discrimination or harassment.
- 4.2.7 Oversee preparation, review and sign applicable reports (such as EEO-1 and VETS-4212) and ensure compliance with other related reporting requirements.
- 4.2.8 Prepare and present reports to leadership regarding the status of EEO, Affirmative Action and ADA programs.
- 4.2.9 Respond to questions and requests for information about this policy and the AAP; inquiries will be handled according to EEO standards of reasonable confidentiality. Requests for information about policies, programs or procedures associated with EEO/Affirmative Action that come from agencies or individuals outside of Comagine Health should be immediately referred to the EEO Coordinator.

4.3 EEO COORDINATOR IS INITIAL CONTACT

The EEO Coordinator (or designee) is generally the initial contact for all concerns or complaints that may be based upon possible violations of EEO principles.

If You Become Aware of Discrimination or Harassment: If an employee or job applicant feels that he or she has been the victim of discrimination or harassment under our policies, or if an employee witnesses or becomes aware of what he or she believes to be an act of discrimination or harassment, he or she has the responsibility to immediately notify the EEO Coordinator. If the EEO Coordinator is involved in the discrimination or harassment, is unavailable, or an alternative contact is appropriate, the complainant should immediately notify a manager (if possible, a member of the Senior Executive Team (SET)).

4.4 LEADERSHIP RESPONSIBILITIES

Each manager is responsible for ensuring that all employment practices within his or her area(s) of responsibility are accomplished in a non-discriminatory manner. Managers will receive periodic training related to their responsibilities related to EEO and non-discrimination. Managers are responsible to immediately contact the EEO Coordinator or, if appropriate, a member of the SET for consultation regarding specific or general situations that may constitute discrimination or harassment under Comagine Health policies.

4.5 INVESTIGATION OF COMPLAINTS

Upon notification of an alleged violation of this policy, the EEO Coordinator (or designee) will take immediate steps to appropriately investigate the matter. Such investigation will involve obtaining information which may include written statements, from individual(s) involved, including the complainant(s), witnesses and the individual(s) accused of the violations. The EEO Coordinator will be responsible to determine whether a violation has occurred with consideration to Comagine Health policies, including HR-0029-CM Workplace Standards of Conduct, and applicable regulations. The EEO Coordinator is responsible to communicate with senior management and the CEO as necessary to authorize appropriate action(s) in response to the complaint, and to inform the involved parties.

Equal Employment Opportunity and Affirmative Action

4.6 CONFIDENTIALITY

All investigations and hearings surrounding EEO non-compliance will be conducted in a manner that protects the privacy of the accused as well as the complainant as fully as possible under the circumstances. Only those persons responsible for investigating and enforcing compliance with this policy and associated regulations, or with a specific business necessity, will have access to confidential information resulting from the receipt and investigation of a complaint.

Violation of the necessary confidentiality requirements related to an EEO complaint or investigation will result in disciplinary action, up to and including termination of employment.

4.7 RETALIATION IS ILLEGAL

By law, any form of retaliatory action, directed against an individual who makes a charge of unlawful discrimination, who assists in an investigation of a claim of unlawful discrimination, who participates in any other activity related to implementation and enforcement of federal, state or local EEO laws (including laws protecting veterans and persons with disabilities), or who exercises any other right protected under federal, state or local EEO laws is illegal and strictly forbidden, and will result in disciplinary action up to and including termination of employment. Employees should immediately report any retaliatory action that occurs to the EEO Coordinator.

4.8 CORRECTIVE ACTION

The EEO Coordinator will recommend appropriate corrective action based upon the established facts and circumstances of the situation, taken as a whole and with consideration of the rights of both the accused and the accuser. If it appears that there is insufficient proof of the allegation or that the allegation was made as the result of a misunderstanding, affected parties will be informed. If it appears that the allegations may have some merit, reasonable efforts will be made to provide appropriate relief for the employee(s) against whom the proven discrimination or harassment was directed. Additionally, appropriate corrective action, up to and including termination of employment, will be taken toward those who may have been responsible for alleged discriminatory actions.

Anyone who makes false or misleading statements during an investigation, or refuses to reasonably cooperate with an investigation, will be subject to corrective action.

5.0 ADDITIONAL DOCUMENTATION

- Policy HR-0002-CM Harassment
- Policy HR-0029-Comagine Workplace Standards of Conduct
- Comagine Health Affirmative Action Plan for Minorities and Women
- Comagine Health Affirmative Action Plan for Protected Veterans
- Comagine Health Affirmative Action Plan for Individuals with Disabilities

6.0 REGULATIONS

- Executive Order 11246
- Oregon Workplace Fairness Act – In the State of Oregon, employees and employers are advised to document any alleged incidents involving discrimination or harassment; employees have five years from the alleged incident to bring legal action. An employee may not be required to enter into a confidentiality, non-disparagement, or no-rehire agreement relating to discrimination or

Equal Employment Opportunity and Affirmative Action

sexual assault, unless an employee requests it; should an employee make such a request, the employee has seven days to revoke the agreement.

7 D APPROVAL

Maintained by	Vice President, Human Resources
Approval	Signature on file 07/05/19
Name	Steve Brown

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Section 5 – Information for Evaluation

Comagine Health is pleased to respond to the Arkansas Agency of Human Services (Agency) Request for Proposal, RFP 710-19-1021, for the purpose of selecting a qualified contractor to provide Independent Verification and Validation Services (IV&V) for the Integrated Eligibility and Benefit Management Solution (IEBM) project. We understand the significance of this project and its essential elements in the management of the Arkansas Medicaid Program.

5.1 Background and Qualifications

Comagine Health, a Washington-based 501(c)(3) non-profit organization, was formed upon the merger of Qualis Health and HealthInsight in 2018. For more than 40 years, HealthInsight and Qualis Health independently engaged in health care quality consulting and provided quality improvement services to state Medicaid agencies. Our multi-state Medicaid experience has helped us to understand the complexity of health care in states with large rural and urban Medicaid populations.

In addition to our health information technology services, Comagine Health possesses more than 30 years of experience providing coordination of health care services for state or federal health and human services programs. Our multi-state Medicaid care management experience provides valuable insight into the complexity of health care in states with large urban Medicaid populations while also granting us first-hand knowledge on how to manage care for these populations, ensuring appropriate and cost-effective treatment. Over the past ten years, we helped Medicaid and other health care agencies redirect approximately \$1.2 billion to needed care. We serve nearly six million Medicaid beneficiaries in our work with Medicaid agencies across the country, including New Mexico, as well as Alabama, Alaska, District of Columbia, Mississippi, Oregon, Washington, and Wyoming.

We now have over 500 employees throughout the country. This includes a mix of medical directors, clinical reviewers, case managers, care coordinators, quality and performance improvement specialists, information management and technology professionals, data analysts, communication professionals, and administrative support staff. Our headquarters are in Seattle, Washington, with regional offices established in Alabama, Alaska, California, the District of Columbia, Idaho, Nevada, New Mexico, Oregon, Utah, and Wyoming.

The breadth of our work includes project management, planning, assessments, requirements development, implementation management, quality assurance, and independent verification and validation (IV&V) services for numerous large health IT implementations that include enrollment and eligibility systems, Medicaid enterprise systems (MES) solutions, electronic health record systems and other health and human services management systems. This range of experience, along with our established and proven methods, assures the Agency that we will provide practical and effective advice and guidance based on sound industry standards and best practices.

Table 1 – Sampling of Medicaid Projects

Client and Project Description	IV&V	Oversight	Design	CMS
Alaska, Department of Health and Social Services, Division of Health Care Services (DHCS)-Medicaid As the MMIS technical assistance contractor (TAC) provided project oversight and technical assistance services in support of the State’s new MMIS including QA, testing, IV&V, CMS certification support, and support for HIPAA 5010 implementation, International Statistical Classification of Diseases (ICD)-10 conversion, and decision support system implementation.	✓	✓	✓	✓
Alaska, Department of Health and Social Services, Division of Public Assistance (DPA)-EIS Comagine Health is assisting the Enrollment Eligibility System (EIS) Replacement Project as its IV&V and QA Contractor. In this role, we are providing project management, QA services, IV&V, operational support, and user acceptance testing support. Specific QA and IV&V services being provided include: project work plan development, and identification of corrective action, with validation encompassing testing and analysis.	✓	✓	✓	✓
Alaska, Department of Health and Social Services, Division of Senior and Disability Services (DSDS)-Provider Portal Comagine Health provides QA services, IV&V, and testing support in support of the ASP system implementation project.	✓	✓	✓	✓
Arkansas Department of Human Services (DHS)-Medicaid Qualis Health conducted an independent evaluation of the technical offerings submitted by solution vendors in response to Arkansas’ RFP for a new Medicaid Enterprise Core System.	✓	✓	✓	✓
Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network - Quality Improvement Organization (QIN-QIO) Program As the QIN-QIO for the states of Washington and Idaho, Qualis Health engages practice teams and their Medicare patients in these states to transform care delivery, improve clinic workflow, and use EHR to improve population health. We provide technical assistance support and quality improvement activities with a targeted focus on cardiovascular health, immunizations, and managing chronic illnesses.			✓	✓

Client and Project Description	IV&V	Oversight	Design	CMS
Connecticut Criminal Justice Information System (CJIS) Governing Board The CJIS Board that oversees the administration of criminal justice within the state, and is responsible for the Connecticut Information Sharing System (CISS), a state-wide system to facilitate the sharing of information between all criminal justice agencies. Comagine Health provides independent third party oversight services. We provide IV&V-lite services to assist the CISS PMO to assess the CISS project methodologies, planning, and execution, quality of the implementation activities, and quality and compliance of deliverables.	✓	✓		
Guam, Department of Public Health and Social Services (DPHSS)-Medicaid Qualis Health assisted Guam with its SMHP development efforts. This work included providing leadership, development, and coordination activities for finalization of the current As-Is assessment as well as the creation of the future vision for health IT, a plan for the implementation and administration of the EHR incentive program, a health IT road map, and advanced planning documents (IAPDs) for CMS.			✓	✓
Los Angeles County Department of Mental Health (LACDMH) Our Outlook Associates division assisted the LACDMH with several scopes of work including leading planning, requirements analysis, and evaluation processes to replace administration and clinical support systems, leading the redesign of call center processes and systems, and completing the design and implementation plans for a new HIE technology model and support structure.		✓	✓	
Oklahoma, Health Care Authority (OHCA)-Medicaid As the State's IV&V contractor, we have worked in collaboration with OHCA to provide analysis and advice in determining if the MMIS-related systems and services are performing efficiently and according to specification. This includes establishing an IV&V framework of standard objectives and methods, verifying successful data exchange between OHCA's eligibility system and the federal hub, and MARS-E security assessments.	✓	✓	✓	✓
Office of the National Coordinator (ONC) Our work as the Regional Extension Center for the states of Washington and Idaho provided technical assistance related to the selection, implementation, and use of EHR and achieving Meaningful Use (MU).			✓	✓

Client and Project Description	IV&V	Oversight	Design	CMS
Rowan University on behalf of New Jersey Department of Medicaid Comagine Health is assisting the Enrollment Eligibility System (EIS) Replacement Project as its IV&V Contractor. In this role, we are providing project work plan development, and identification of corrective action, with validation encompassing testing and analysis.	✓	✓	✓	✓
San Diego County Department of Behavioral Health (DBH)-Mental Health Our Outlook Associates division worked with the County to provide IV&V consultation for implementation of its mental health management information system.	✓	✓	✓	
Tuba City Regional Health Care Corporation (TCRHCC)-Hospital Qualis Health provided project management, consultation and technical assistance to this Arizona health care center to improve health IT management, develop strategies and plans for improved clinical systems, procure new EHR and enterprise resource planning (ERP) systems, and implement the new EHR system.		✓	✓	
Vermont Department of Vermont Health Access (DVHA)-Medicaid Qualis Health provided technical planning and consulting services related to Vermont's MMIS procurement and replacement project. These services included facilitation of strategic visioning and planning activities with State and other key stakeholders, development of an RFP and an Enterprise Architecture, and preparation of functional, technical, and system requirements.		✓	✓	✓
Washington State Department of Social and Health Services (DSHS)-Medicaid Qualis Health assisted the State with SMHP development efforts. This work included providing leadership, development, and coordination activities for creation of the State's current As-Is assessment, future vision for health IT, plan for the implementation and administration of the EHR incentive program, health IT road map, and Implementation-Advance Planning Document.			✓	✓
Wyoming, Department of Health, Division of Financing-Medicaid-QA/QC Testing Services In November of 2017 - 2018 Qualis Health provided testing and QA/Quality Control (QC) services for the WINGS Medicaid Enterprise System project within Medicaid.		✓	✓	✓

Client and Project Description	IV&V	Oversigh	Design	CMS
Wyoming, Department of Health, Division of Financing-Medicaid - Project Management and Technical Support, Consulting and Facilitation Services (PMTSCFS) Starting June 2018 Comagine Health provides project management and staff for technical consulting, system planning, and testing.		✓	✓	✓

We will draw valuable lessons from our long-time contract experience, and array of IV&V and other health IT projects with state and other public sector agencies to fulfill the work of this project. This collective experience offers assurances to the Agency that we have the organizational experience and core competencies to complete this engagement work.

5.1.1 IV&V Services Provided for Medicaid; Section 2.1

In our work on several contracts in the last five years, we have supported MES, eligibility information systems (EIS) and other health IT projects in various stages of their system development life cycles (SDLC) and with different SDLC models. This work includes projects built on a modular implementation framework. We have provided IV&V, project management, and quality assurance services for Waterfall (Alaska ASP), Agile (Alaska EIS), and Agile-hybrid (Wyoming WINGS) development projects. We have provided oversight for projects during procurement, implementation, and maintenance and operations (M&O) project phases. In all cases, we have conducted our work in compliance with CMS requirements.

In addition to our organizational experience providing oversight for large-scale Medicaid and other health IT implementation projects, each of our proposed IV&V Team members possess the requisite experience and expertise providing support and oversight for large-scale implementation projects. Our IV&V staff experience is described in detail in this response Section 5.3.2 Key Personnel.

Within the last five years Comagine Health and members of the proposed team have been actively working on multiple contracts which demonstrate experience and skill in the required disciplines requested. The following provides a few examples of our work experience that demonstrate our qualifications for meeting or exceeding the minimum experience requirements in this RFP.

Performing Independent Verification and Validation activities for state agencies or other large organizations. Comagine Health has provided IV&V services since 2007. This includes IV&V services for the Alaska, Agency of Health and Social Services in support of their Medicaid Management Information System (MMIS) replacement project, which concluded in 2016 with

the CMS certification process. Comagine Health has also served as the IV&V Contractor for the Oklahoma Health Care Authority (OHCA) since 2013. In this role we have helped the agency to establish their IV&V methodology and oversee several MES and E&E initiatives. Starting in January this year, we began working with the State of New Jersey the service their EIS IV&V needs.

Reviewing System Requirement Specification Documents. Since 2014, we have provided IV&V and quality assurance oversight in support of the Automated Services Plan/Provider Portal project for the Alaska, Agency of Health and Social Services. In this role we have and continue to review and assess system requirement specification documents. We have worked closely with state staff and the solution vendor to ensure system requirements are comprehensive and specification documents are clear and accurate. Additionally, we validate through the review of test documentation and results that designs and requirements are reflected in implemented software solutions.

Reviewing System Design Specification Documents. Since 2012, we have provided project management, quality assurance, and verification services in support of the Eligibility Information System Replacement project for the Alaska, Agency of Health and Social Services. In this role we have and continue to review and assess system design specification documents. Our teams review system design documents and validate through the review requirements documents and test documentation that designs and requirements are reflected in implemented software solutions

Reviewing System Test Plans. Comagine Health, in New Jersey, Wyoming and Alaska, has been responsible for reviewing MES solution vendor test plans. We evaluate the quality of the test plans to validate inclusion of appropriate levels of test cases and effective test procedures, verify test cases adequately address requirements and designs, and ensure deployment of industry best practices.

Reviewing Operational Plans and Manuals. Successful completion of operation plans and manuals is a critical step toward the operational readiness for new information systems. Our teams have evaluated operational plans and manuals to ensure Medicaid and other staff are sufficiently trained on new operational procedures and process flows prior to go-live. An important responsibility of our team on the Alaska MMIS Replacement project was to conduct readiness checkpoint evaluations. During the final stages of the implementation project, our team evaluated fiscal agent and state documentation to determine the level of completion and quality of operational plans and manuals.

Reviewing other Technical Documents related to the design and implementation of software. Our IV&V, quality assurance, and health IT consultation services often involve the evaluation of technical design documents. In our work on the Alaska EIS our team evaluated solution vendor

processes and deliverables that included Joint Application Design (JAD) sessions, various system design documents, and system and technical documentation.

Demonstrating knowledge and understanding of software industry standards for development, data, security, and business process for government entities. Our approach to our work including IV&V services is based on industry standards including the IEEE standards. We have incorporated these and other standards such as Project Management Book of Knowledge (PMBOK), Health Insurance Portability and Accountability (HIPAA), and Medicaid Information Technology Architecture (MITA) into our methods and tools. For example, in our work as OHCA's IV&V Contractor we have provided oversight of the agency's security assessment work. We have conducted Information Security Risk Assessments (ISRA) and prepared Privacy Impact Analyses (PIA).

Working through a System Development Life Cycle (SDLC). In our work on several contracts in the last three years, we have supported MES, E&E and other health IT projects in various stages of their SDLC and with different SDLC models. We have provided IV&V, project management, and quality assurance services for Waterfall (Alaska ASP), Agile (Alaska EIS), and Agile-hybrid (Wyoming WINGS) development projects. This includes projects built on a modular implementation framework. We have provided oversight for projects during procurement, implementation, and M&O project phases. In all cases, we have conducted our work in compliance with CMS requirements.

5.1.2 IV&V Services Provided for SNAP; Section 2.1

As part of our services provided for the Alaska Integrated Eligibility System Replacement project, we worked to ensure that all the United States Agency of Agriculture Food and Nutrition Service (FNS) requirements were fully met in addition to the applicable CMS requirements. Leadership from the SNAP program attended working project meetings and we provided regular status to both the state agency and the FNS.

5.1.3 Other IV&V Services; Section 2.1

Comagine Health has experience in providing IV&V (as well as Quality Assurance) support to both Integrated Eligibility Systems and full Medicaid Enterprise Systems. Our portfolio of engagements required our staff to have extensive knowledge of both system and business functionality of various state programs including Modified Adjusted Gross Income (MAGI), Children's Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and other state and federal programs in order to accommodate data interfaces. Our IV&V staff members are familiar with all aspects of Medicaid development and support as they have many years of experience working in the vendor field for development, testing and implementation of MMIS and MES systems which include enrollment and eligibility functionality such as application data gathering, screening, eligibility determination, benefits management, case management,

redeterminations, and financial tracking, claims processing, fraud and abuse, and reporting and analytics.

5.1.4 Company Knowledge of Deloitte NextGen Solution IEBM; Section 2.1

Comagine Health (previously as Qualis Health) has experience supporting projects where Deloitte Consulting LLP (Deloitte) provided products and services. We understand that Deloitte, as the System Integrator (SI), will complete the development and implementation of IEBM with components of their NextGEN solution, provide operations and maintenance (O&M) support for IEBM components, and provide O&M support for the IBM Cúram solution until it is decommissioned.

In 2012, Alaska's Department of Health and Social Services, Division of Public Assistance (DPA) began a process of modernizing its legacy eligibility system to meet the statutes of the Affordable Care Act (ACA) and MITA requirements. DPA's objective was to implement a system that was flexible, configurable and expandable. At the time, DPA believed that deploying a minimally customized transfer/COTS solution was the best approach. DPA engaged Deloitte to implement Alaska's Resource for Integrated Eligibility Services (ARIES).

In 2013 Comagine Health was selected to provide Quality Assurance services for the state of Alaska project to replace their legacy Eligibility Integrated System (EIS) with a more flexible model. Deloitte was chosen as the DDI vendor and provided their NextGEN solution as the basis for what became known as ARIES system. The MAGI population was the first program to be implemented. We participated in all relevant project meetings from requirements gathering to implementation of ARIES for the MAGI population. We reviewed all deliverables and made recommendation to the state for improvements, etc. We participated in testing planning, use case development, review of test results and overall project management monitoring. Even though Alaska is now pursuing a more modular approach for its EIS replacement, our current contract duties still require us to work with ARIES as the system supporting MAGI. As a result, our team has extensive experience with the NextGen based solution and will apply that knowledge to the Arkansas IEBM project.

Deloitte concluded service by December 2016. Working with DPA, CMS and 18F, a federal technology consultancy housed within the GSA, we helped to reset the project by using a new approach which includes.

- Iterative software development, delivery and maintenance;
- Modular contracting;
- Use of open source software; and
- Integration of new software and legacy systems.

5.1.5 Prior Experience with Deloitte

As described above in Section 5.1.4, Comagine Health worked closely with Deloitte for nearly five years on Alaska DPA Eligibility Information System Replacement Project. We provided DPA with quality assurance, testing, technical, verification and validation services. In our role we regularly met with Deloitte leadership and technical staff, participated in design and requirements sessions, and reviewed Deloitte's work product. We continually evaluated Deloitte's performance and work product to assess quality and alignment with contract requirements. In 2016, our contract was amended to include project management oversight of the project.

We also worked with Deloitte on the Wyoming-Integrated-Next-Generation-System (WINGS) project. In support of that project, we provided quality assurance oversight services. Wyoming Medicaid selected Deloitte as the SI Contractor responsible for implementing the Enterprise Service Bus (ESB) as well as the Data Warehouse/Business Intelligence system Contractor. Our work with Deloitte included the review of Deloitte project management deliverables such as plans for Project Management, Communication, Risk Management, Change Management, Quality Management, and Resource and Staffing Management. We also reviewed Deloitte's system work products such as System Architecture Design for Data Warehouse, SI Concept of Operations, SI Test plan, use cases, and test results.

5.1.6 Project Examples; Section 2.3.D

Reference #1 – Eligibility Information System (EIS) Replacement Project			
Client Organization	State of Alaska, Department of Health and Social Services (DHSS), Division of Public Assistance (DPA)		
Projected Amount	\$7.3M		
Start Date	03/2013	End Date	Ongoing
Project Scope Summary	Comagine Health provides project management, consultation, and technical assistance services to assist the State in their implementation of a new EIS. Our project team monitors and evaluates the design, development, testing, and implementation phases of the EIS replacement. We conduct technical assistance, quality assurance, and IV&V services to ensure a successful EIS implementation.		
Reference Name	Reference Position	Reference Telephone Number	Reference Email
Tracy Mack	Business Manager	(907) 334-0861	tracy.mack@alaska.gov
Comagine Health Key Personnel		Comagine Health Key Personnel Project Position	
Lynda Bangham		Business Analyst	
Nick Faulkner		Program Director	

Reference #2 – Maintenance Management Information System (MMIS) Replacement Project			
Client Organization	State of Alaska, Department of Health and Social Services (DHSS)		
Projected Amount	\$12.5M		
Start Date	11/2007	End Date	03/2017
Project Scope Summary	Comagine Health provided consultation, IV&V, and technical assistance services related to the implementation and certification of the State's new MMIS. Our project team monitored and evaluated the design, development, testing, and implementation phases of the MMIS replacement.		
Reference Name	Reference Position	Reference Telephone Number	Reference Email
Tracy Mack	Business Manager	(907) 334-0861	tracy.mack@alaska.gov
Comagine Health Key Personnel		Comagine Health Key Personnel Project Position	
Everett Irving		Managing Consultant	
Lynda Bangham		Business Analyst	
Todd Priest		Consultant	

Reference #3 – Medicaid Systems IV&V Project			
Client Organization	Oklahoma Health Care Authority (OHCA)		
Projected Amount	\$900K		
Start Date	10/2013	End Date	Ongoing
Project Scope Summary	Comagine Health currently works on behalf of OHCA as its Medicaid systems IV&V partner. In this role, we provide analysis and consultation regarding whether the Medicaid-related systems and services are performing efficiently and according to specification.		
Reference Name	Reference Position	Reference Telephone Number	Reference Email
Kimberely Helton	Professional Services Contract Manager	(405) 522-7465	kimberely.helton@okhca.org
Comagine Health Key Personnel		Comagine Health Key Personnel Project Position	
Lynda Bangham		Senior Consultant	
Everett Irving		Managing Consultant	
Todd Priest		Consultant	

Reference #4 – Connecticut Information Sharing System (CISS) Implementation Project			
Client Organization	Connecticut Justice Information System (CJIS) Governing Board		
Projected Amount	\$550K		
Start Date	09/2014	End Date	Ongoing
Project Scope Summary	Comagine Health provides consultation and IV&V services in support of the CISS implementation. We monitor the progress and effectiveness of the project and through a series of interviews, participation in key meetings, and other interactions, we identify opportunities for improvement and develop formal, detailed, recommendations to meet project objectives.		
Reference Name	Reference Position	Reference Telephone Number	Reference Email
Mark Tezaris, PMP	CJIS Program Manager	(860) 622-2140	mark.tezaris@ct.gov
Comagine Health Key Personnel		Comagine Health Key Personnel Project Position	
Todd Priest		Project Lead	

Reference #5 – Integrated Eligibility System (IES) IV&V Project			
Client Organization	New Jersey Division of Medical Assistance and Health Services (DMAHS)		
Projected Amount	\$1.5M		
Start Date	04/2018	End Date	Ongoing
Project Scope Summary	Comagine Health's IV&V services support oversight of the day-to-day operations and management of the IES project. Our team participates in and observes project meetings, reviews deliverables and documentation, and conducts interviews. We evaluate and make recommendations about state artifacts for milestone reviews and produce IV&V Progress Reports objectively illustrating the strengths and weaknesses of the project while providing recommendations.		
Reference Name	Reference Position	Reference Telephone Number	Reference Email
Herminio S. Navia, Jr., RN (Bebet)	Program Director HITECH Program/Integrated Eligibility System	(609) 588-2808	bebetn@njhitec.org
Comagine Health Key Personnel		Comagine Health Key Personnel Project Position	
Lynda Bangham		Senior Analyst	
Todd Priest		Analyst	

Reference #5 – Integrated Eligibility System (IES) IV&V Project	
Nick Faulkner	Project Manager
Simon Hoare	Senior Technical Architect

Project examples and references for Donnetta Mathis can be found at the conclusion of her resume in Section 6.

5.2 Technical Solution and Scope of Work

Together with our partners, Comagine Health works to improve health and create a better health care system so people and communities flourish. We approach this mission by addressing key “industry levers” to achieve specific transformational outcomes. Through our care management services we engage with individuals, health care providers, and communities to better coordinate and integrate care to ensure the proper service and level of care is provided in the appropriate setting. We help ensure appropriate health service utilization and cost management while achieving improved clinical outcomes, patient satisfaction, self-management skills, and provider satisfaction.

Figure 1 - Comagine Health Mission and Vision



Comagine Health Levers, Outcomes & Vision

We share our clients’ commitment to ensuring individuals receive the care they need and add value while achieving defined service outcomes. In this way, we ensure our performance is consistent with the objectives of our clients and aligned with the needs of individuals and communities.

5.2.1 Knowledge of Arkansas Agency System Integrator RFP

Comagine Health understands that the Agency wishes to “transition from a program-centric approach to a person-center approach” for providing client services. This approach can provide improved patient care while also reducing complexity and cost and is in keeping with CMS’ recent launch of its “Patients Over Paperwork” initiative. The Agency’s strategy is to provide an enterprise approach leveraging shared technical components and services and to reuse components and services that are common across programs.

A recent assessment of its current Eligibility and Enrollment Framework (EEF) system resulted in the recommendation to contract with a single vendor to establish an Integrated Eligibility and Benefits Management Solution (IEBM). Accordingly, the Agency issued the SP-17-0012 RFP which resulted in award to Deloitte in 2017.

The IEBM RFP engagement has 3 major components:

1. M&O support for the current EEF solution

2. Implementation of the new IEBM solution
3. M&O support for the IEBM solution.

The Agency's strategy is to deliver multiple state services (such as Medicaid/CHIP, SNAP, E&T, LIHEAP, Child Care Assistance, TANF/TEA, WIC, and Veteran Services) handled by a single integrated system, thereby reducing operational complexity and cost, while maintaining a superior level of service to clients. Additional functionality may also be added as necessary to establish an enterprise platform and architecture and to retire the current legacy eligibility systems (ACES, FACTS, ANSWER, Access AR, etc.)

It is expected that Deloitte, in its role as System Integrator, will provide the cohesiveness necessary to ensure all system components work well together to deliver services. In the role of the IV&V vendor, Comagine Health will collaborate with the Agency to ensure its goals are understood by all component vendors and to assist in keeping the "big picture" objective in the forefront of the project.

5.2.2 MEELC and MEET Understanding; Section 2.4.B.1.d

Comagine Health is an experienced health IT firm, with specific experience assisting state Medicaid agencies address their MES and E&E system objectives. Our experience includes providing IV&V, QA, project management, and other implementation support services to assist Medicaid agencies achieve certification and secure their federal funding. We have worked closely with the latest versions of the MEELC and MEET to assist our clients. We have worked closely with CMS in our engagements to navigate the new guidelines and help to refine the processes and requirements. Our understanding and experience with these toolkits and the CMS guidance for IV&V has prepared us to meet the IV&V services requirements for the IEBM project using the latest processes and materials.

Comagine Health offers an IV&V Team with extensive Medicaid systems implementation experience. Our team members have considerable experience with MITA, the MEELC/MEET standards, and various SDLCs including Agile, Waterfall and Hybrid models. Our team members have firsthand experience with the CMS certification process and requirements, and expertise with the MEELC and MEET. This experience and expertise assure the Agency our IV&V Team will provide knowledgeable and effective guidance related to the certification checklists and supporting documentation.

The following provides a brief summary of our relevant experience that demonstrated our expertise and experience with MITA, the MEELC/MEET standards, and various SDLCs.

Alaska, Department of Health and Social Services, Division of Health Care Services (DHCS).

Comagine Health provided IV&V, QA, project management, and other technical services in support of the Alaska Medicaid agency's MES replacement project. During the final stages of the contract, our team participated in the certification efforts for the Alaska Health Enterprise (AHE) system. CMS certification occurred during the transition from the traditional certification

process to the MECT. Our team worked directly with the agency's certification team and the MES solution vendor to verify that certification preparation tasks were performed effectively and efficiently. We reviewed and evaluated supporting certification materials, documentation, artifacts, and presentations; assisted with certification coordination activities; and advised the agency in its efforts to demonstrate that all components of the AHE system met federal standards for certification.

Our efforts included guiding the agency in the use of the most current CMS checklists to ensure evidentiary documentation and other certification materials aligned with the most current MITA requirements and CMS certification requirements. Additionally, we participated in CMS onsite certification review sessions and assisted the agency to address CMS requests for additional information and clarification.

Alaska, Department of Health and Social Services, Division of Public Assistance (DPA). DPA has redesigned their procurement, contracting, development, and oversight procedures to fully embrace Agile principles. Comagine Health currently provides QA and project management support for this effort. In line with this process redesign we have worked with CMS, as well as the State to update their MEET documentation, as well as assisting CMS with providing effective oversight to an Agile project under the MEET framework. Comagine Health has been instrumental in leading DPA in this project and coordinating with CMS to help align MEET requirements with the realities of Agile procurement and implementation processes.

Oklahoma Health Care Authority. As the Oklahoma Medicaid agency's IV&V Contractor, Comagine Health is currently providing project oversight and IV&V services for the Care Management System procurement and the E&E system enhancement initiatives. In our role we facilitate open, transparent, and continual communication with CMS and MITRE regarding progress on MES and E&E related projects and help position the agency to achieve its MITA objectives and comply with MECT and MEET requirements. These services include evaluating processes to verify procurement best practices, and reviewing the agency's MITA SS-A, system requirements documentation, and procurement documents such as the RFP. As a result of our work, the agency is ensuring documented system requirements are aligned with the certification requirements as defined in the MECT checklists and the MITA maturity objectives documented in the agency's MITA SS-A.

Additionally, we provide IV&V oversight for the E&E system enhancements. The E&E system has been in the M&O phase of its SDLC for several years and is undergoing significant system enhancements. One key responsibility for our team has been to assist the agency in its coordination efforts with CMS to establish a “milestone review” process that is consistent with the MEET requirements and provides CMS with the appropriate information required for federal funding within the context of the agency’s unique project environment.

Vermont, Agency of Human Services (AHS). Comagine Health provided technical planning and consulting services to assist the Vermont Medicaid agency to administer a procurement for a replacement MES. These services included defining system functional and technical specifications aligned with CMS certification requirements and preparing all necessary procurement documents including an RFP. Our team conducted a current state analysis of the Medicaid Program including an analysis of operations, systems, and information; and led strategic visioning sessions defining a new Enterprise Architecture (EA) based on the MITA framework.

Our team reviewed all Medicaid Program operations and planning documentation and conducted interviews to assess the agency’s business and technology objectives. We facilitated the development of a future state EA vision and drafted a roadmap for achieving the vision. The new EA was built on the business, information, and technical components of the MITA Framework. This newly define EA addressed the information and technical components required to support the modified business processes necessary to modernize Vermont’s Medicaid Enterprise. It was designed to provide the foundation for all activities associated with building a new MES and associated business process and included plans to implement and expand the use of service-oriented architecture (SOA).

5.2.3 CMS Quarterly Reports; Section 2.4.M

Comagine Health will compile the Monthly IV&V Assessments into quarterly progress reports to correctly reflect the status of the project. The following CMS Quarterly Report sample is being supplied as requested to show examples of Comagine Health’s IV&V Support for the CMS MEELC and MEET.

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5.2.3.1 Redacted Quarterly Report Sample 1

MEET 1.1

General Information						
<i>Instructions: This section includes the general information for the progress report. IV&V contractor is to fill out all sections of this IV&V tab. Please ensure information provided here matches with the Project Partnership Understanding (PPU). For all dates, please use MM/DD/YYYY format.</i>						
State/Territory		State Primary POC		Submitter Email		PPU Completed & Sent to CMS?
Project Name	Integrated Eligibility System Project	State Primary POC Email		Submitter Phone	(888) 432-0261 x2062	Date PPU Sent to CMS
Program Name	E&E	Submitter Name		Submitter Company Name	Comagine Health	Date IV&V on Board
Progress Report Date	6/30/2019	Submitter Title / Role	IV&V project lead			Next Progress Report Date
Select Report Type	Quarterly Report					
Summary of Project Progress and Status						
<i>Instructions: Briefly summarize the state's status and its progress. The summary should cover entire project, not just the modules and/or phases which are planned to be reviewed during a milestone review.</i>						
<p>State XXX has made significant progress on many of the items on their IES priorities list. The items listed below represent significant progress during the reporting period.</p> <ul style="list-style-type: none"> -In process of developing RFP for Federally Facilitated Marketplace to State-based Exchange -XXX IAPD and OAPD being finalized -Initiating enhancements to Long Term Care and Family Planning -Presumptive Eligibility – Development Completed. Testing and User Training underway. Projected deployment date is planned for July 8 2019 -Medicaid Eligibility System Upload – Currently in User Acceptance Testing. Pilot testing planned for June. Small updates being made based on user feedback. -Paper Application to Online Application – Enhancement to "unlock" a submitted application for further updates is underway. Consideration of whether to add another county pilot test is being evaluated. -Federal Data Services Hub and Verification – Development has begun for income verification from Department of Labor provided data. -Online Redetermination – Development has begun with target deployment target date of December 2019. -Account Transfer – Completed enhancement to send Account Transfer information from county online application to the FFM. Pilot tests underway in two counties. Full court deployment in process. -ABD Paper to Online Application – Screen development in process. Target deployment date is October 2019. -Prior FFY Adjustments for Enhanced FFP for E&E – Appealed denial decision, but XXX indicate they did not have jurisdiction to hear the appeal so preparation for request for meeting with CMS is in process. -XX MARS-E security documents submitted June 2019 (privacy impact assessment, year 2 annual security and privacy attestation) 						
Budget & Schedule Metrics						
<i>Instructions: Provide budgetary and schedule measurements below.</i>						
<ul style="list-style-type: none"> - Earned Value metrics are the CMS-preferred metrics for budget and schedule. If the state uses Earned Value metrics, enter the information in row#23 for entire project. - However, if the state does not use Earned Value metrics, please enter the metrics the state does use (not every row needs to be filled), variance against the state's expected or target value for each, and the most recent measurement for each state metric (rows # 27 and below) - For each state metric listed, indicate whether that metric is for modules and/or phases or project as a whole. - States are encouraged to discuss with their E&E analysts which metrics they intend to track so that the IV&V contractor can report them here. - Example industry metrics are shown for reference. 						
Total Budget	\$28,483,360	Earned Value (EV)		Cost Variance (%)		Schedule Variance (%)
Example Metrics for Considerations	Name of State Metric	Value	Variance Against Expected or Target Value	Name of the Applicable Module and/or Phase / E&E Project		

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MEET 1.1

Planned value						
Actual cost						
Return on investment						
Cost performance index						
Cost of managing processes						
Planned hours of work vs actual						
Overdue project tasks						
Schedule performance index						
Percentage of missed milestones						
Percentage of tasks complete						

Comments	<p>-XX and the IV&V continue to determine the best way to measure and present financial metrics. The next status report will include the selected appropriate metric, as well as the previous period ending 6/30 as FFY18 expenditures are not finalized until 6/30/19.</p> <p>-XX IES continues to be green in project budget KPI's.</p> <p>-DDI IAPDU for FFY 19 – FFY 20 approved by CMS September 2018.</p> <p>-Amended APD is currently in development for submission.</p>
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Life Cycle Status and Schedule							
<p><i>Instructions: This section aids CMS in planning milestone reviews. Dates are understood to be approximate and should be updated in future quarterly reports as state schedules become more refined. Start by selecting a Life Cycle Status from the drop-down menu.</i></p> <p><i>-- If you select Life Cycle Status as "No plans for development," then the R1, R2, R3 date cells will become gray and you do not need to fill out any dates.</i></p> <p><i>-- If a state is transitioning into a late phase of the MEELC and its CMS E&E analyst has stated that a particular milestone will not be necessary, then select the status dropdown that indicates that milestone as completed and leave the date column for that milestone review and any reviews leading up to that review blank. For example, if the CMS analyst has said that R1 and R2 are not necessary, select "R2: Operational M.R. Completed" and leave the R1 and R2 date cells blank. The anticipated R3 date should be filled in.</i></p> <p><i>-- For all other cases, use the drop-down menu to indicate the current status of the module and/or phase. Enter the anticipated or actual dates for each milestone, including future milestone reviews. Do not enter a date range. For all dates, please use MM/DD/YYYY.</i></p> <p><i>-- After a milestone review has actually occurred, be sure to update the entry to reflect the last date of the milestone review (as it may have changed from the anticipated date) and update the Life Cycle Status drop-down selection.</i></p>							
	Life Cycle Status	Target or Actual IAPD Approval Date	Target or Actual Development Start Date	Target or Actual Date for R1	Target or Actual Date for R2	Target or Actual Go-Live Date	Target or Actual Date for R3
Eligibility & Enrollment	R3: Post- Op M.R. Completed	9/1/2018	4/1/2016				9/30/2019
Comments	<p>-XX has been preparing an updated APD for FFY 20 and FFY 21, currently under internal review and being prepared for signature and submission.</p> <p>-XX is targeting an R3 review on the implemented Aged, blind, disabled (ABD) module. IV&V and the XX IES team are currently reviewing applicable checklists and appropriate verification.</p> <p>-The next review (r1, r2, r3) will need to be planned with xx and CMS.</p>						

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MEET 1.1

5.2.3.2 Redacted Quarterly Report Sample 2

MEET L6

IV&V

General Information							
<i>Instructions: This section includes the general information for the progress report. IV&V Contractor to fill out all sections of this tab. Provide the state name, project name, program name (select from drop-down menu), and the progress report date. Also, include POC information for the state and the submitter of this report. Provide the dates for the initial consult, IV&V RFP, IV&V on-board, and next progress report. For all dates, please use MM/DD/YYYY format.</i>							
State		State Primary POC		Submitter Email		Target or Actual Date IV&V on Board	8/1/2016
Project Name	E&E	State Primary POC Email		Submitter Phone		Next Progress Report Date	10/31/2018
Program Name	E&E	Submitter Name		Activity 1 Consult Date	7/1/2018		
Progress Report Date	7/31/2018	Submitter Title / Role	IV&V	Target or Actual IV&V RFP Release Date	2/13/2013		
Executive Summary							
<i>Instruction: Summarize the state's status and its progress below.</i>							
The total budget noted in this progress report was corrected to reflect DDI activities only of \$2,208,000.00. The budget variance was calculated with Quarter II (March 2018) total budget expenditures of \$1,807,656.00. There is a three-month lag between the State's budget reporting and CMS's quarterly progress report. Since the implementation of the XXXX project, the State's focus has been implementing enhancements to the XX system. The enhancements are function specific identified through Customer Service Request (CSR). End of June 2018, there							
Project Management Office Status							
<i>Instruction: Provide budgetary and schedule measurements below (either earned value or some other industry-accepted metrics). Variances are calculated against the budget and schedule in approved IAPD. If the IAPD has not yet been approved, enter N/A.</i>							
Total Budget	\$2,208,000.0	Earned Value (EV)		Budget Variance (%)	18.00	Schedule Variance (%)	
Other (if not using EV)							
Life Cycle Status and Schedule							
<i>Instructions: For the Life Cycle Status column, use the drop-down menu to indicate what milestone review was last completed for each module that is, or will be developed.</i> - If a legacy module has been approved in the past and there are no plans to update it, choose R3 completed. - If a state is transitioning into the MEELC between R1 and R2 and its E&E analyst has stated that no R1 will be necessary, then mark R1 and complete and indicate N/A for the R1 date. - For the other columns, enter the anticipated dates for each milestone. Do not enter a date range. - After a milestone review has actually occurred, update the entry to show the last date of the milestone review meeting and be sure to update the Life Cycle Status column.							
	Life Cycle Status	Target or Actual IAPD Approval Date	Target or Actual Development Start Date	Target or Actual Date for R1	Target or Actual Date for R2	Target or Actual Go Live Date	Target or Actual Date for R3
Eligibility & Enrollment	R1: Proj. Initiation M.R. Completed	9/30/2018					
Comments	The State's project is made up of many Customer Service Requests (CSR). The level of effort through small, medium, large system t-shirt sizing determines each CSR schedule. As a result, CSR implementation schedule is not waterfall or Agile based as each CSR is a self-contained project that starts with design, development, testing and production. The State has multiple open CSR's, each with it's own unique implementation date. As a result, the State is challenged to adapt their CSR projects into						

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IV&V

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Programmatic

Programmatic Checklist						
Instructions: The IV&V Contractor to fill out all information for IV&V Columns for this Programmatic Checklist. Review the state's compliance with each criterion and complete the IV&V Columns. For all dates, please use MM/DD/YYYY format.						
Category	Ref #	Review Criteria	Review Date	Reviewer Name	Reviewer Assessment	Reviewer Comments
Governance	S&C.MS.15	The state uses an SDLC.	7/1/2018	Qualis Health	Met	No change since from last quarter
Governance	S&C.MC.1	State Medicaid Agency (SMA) develops it's MITA Roadmap and uses a completed MITA SSA for evaluation of its As-Is and identification of its To-Be capabilities for Business, Information, and Technical Architectures and the Standards and Conditions for Medicaid IT.	7/1/2018	Qualis Health	Met	No change from last quarter The SMA completed their MITA Roadmap July 9, 2014. Future goal is to integrate MITA requirements into all SMA projects
Governance	IA.DMS.1	The SMA demonstrates adoption of governance process and structure to promote trusted data governance, data stewards, data owners, data policy, and controls redundancy within intrastate.	7/1/2018	Qualis Health	Met	No change from last quarter Foundational data, e.g., name, date of birth, address may be duplicated in multiple agencies for internal screening purposes for services but deprecated.
Governance	IA.DS.3	The SMA documents information exchanges in trading partner agreements as specified in 45 CFR 162.915.	7/1/2018	Qualis Health	Met	No change from last quarter The SMA has signed trading partner agreements with all of its external data
Outreach & Support	S&C.BRC.2	The SMA communicates effectively with providers, members, and the public	7/1/2018	Qualis Health	Met	No change from last quarter The SMA maintains a robust website and pushes out communication as
Outreach & Support	S&C.BRC.9	The system of interest utilizes web-based person-centric system for outreach where providers, applicants, and members provide feedback and assessment of accessibility, ease of use, and appropriateness of decisions.	7/1/2018	Qualis Health	Met	No change from last quarter The XX system is web-based, person-centric and provides online feedback mechanisms
Outreach & Support	S&C.RC.3	The SMA demonstrates it provides timely information transaction processing, and ensures high availability and quick response to customer requests.	7/1/2018	Qualis Health	Met	No change from last quarter The SMA maintains online transaction processing which are timely through 24/7 accessibility to customers. For other
Outreach & Support	S&C.RC.4	The SMA provides system decision logic and coding used by eligibility to the public	7/1/2018	Qualis Health	Met	No change from last quarter The XX system provides online eligibility determination to the public and reason
Outreach & Support	TA.FR.5	The system of interest provides online assistance to users to support effective use of data query, data analysis, and report formatting capabilities.	7/1/2018	Qualis Health	Met	No change from last quarter
Outreach & Support	TA.LG.3	The system of interest provides services that manage the delivery of event messages to several business services and people / roles / contexts interested in a condition and change of behavior of interest.	7/1/2018	Qualis Health	Met	No change from last quarter The SMA website provides users options to sign-up for alerts and query areas of interest

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Programmatic

Process	S&C.RC.5	The SMA has a process for identifying errors and promptly correcting them. The SMA is capable of producing audit trails of decisions.	7/1/2018	Qualis Health	Met	No change from last quarter This is a requirement within the eligibility system. System errors are managed through vendor SLAs and operation
Process	TA.BPM.2	The SMA aligns business workflows for Medicaid and Exchange business operations and requirements using BPM standards (e.g. Business Process Execution Language (BPEL).	7/1/2018	Qualis Health	Met	No change from last quarter
Process	TA.CM.1	The SMA implements software configuration management practices and identifies intrastate configuration items and baselines.	7/1/2018	Qualis Health	Met	No change from last quarter The SMA has implemented software configuration management and has the capability to share with other states but
Process	TA.CM.3	The SMA uses build management, process management, and environment management through the SDLC.	7/1/2018	Qualis Health	Met	No change from last quarter The SMA and its contractor, XXX, use standard management techniques in
Process	TA.DAM.5.1	The SMA performs data management storage optimization and consolidation techniques.	7/1/2018	Qualis Health	Met	No change from last quarter The SMA and its contractor, XXX, utilize standard storage management
Process	TA.UT.1	The system of interest introduces versioning, mediation, and distributed systems.	7/1/2018	Qualis Health	Met	No change from last quarter The SMA vendor is responsible for managing all system updates and
Process	MES.PR.1	In preparation for a milestone review, SMA has provided all artifacts required for that review (see Required Artifact List in the MECT). If the names of the artifacts differ from what they are named in the Required Artifacts List, the SMA has provided a mapping between the Required Artifacts and what the state calls the artifacts.	7/1/2018	Qualis Health	Not Applicable	The state will need to coordinate with CMS on which artifacts are needed for the MEET/MECT reviews as not all of the artifacts identified are applicable to the State primarily because the system work is function specific enhancements
Reuse	S&C.LC.1	SMA participates in a multi-state effort and shares (or provides a method to share) its reusable components, to promote sharing, leverage, and reuse of Medicaid technology and systems.	7/1/2018	Qualis Health	Met	No change from last quarter The OE is capable of sharing its components and makes use of existing code whenever possible. However, the SMA is not a participant in any multi-
Reuse	S&C.LC.5	SMA identifies and evaluates commercial or open-source solutions and plans for cloud computing	7/1/2018	Qualis Health	Met	No change from last quarter The SMA is working with its contractor, XXX to implement cloud-based solutions
Reuse	S&C.LC.8	SMA minimizes need for ground-up or customization solutions.	7/1/2018	Qualis Health	Met	No change from last quarter
RFP/Contract/ Acquisition	IA.DS.4	As Per SMM Part 11: State documents and follows RFP development process, contract development process, and proposal evaluation plan.	7/1/2018	Qualis Health	Met	No change from last quarter The SMA follows the SMM guidelines for RFP development and contract development
RFP/Contract/ Acquisition	S&C.BRC.1 2	The SMA has service level agreements (SLAs) in place and evaluates system and contractor performance against those SLAs. When SLAs are not met, the SMA creates and executes plans of action with milestones (POAMs).	7/1/2018	Qualis Health	Met	No change from last quarter MMIS-wide SLAs are used for all systems to monitor system up/down time, disaster recovery, incident management, etc. The SMA actively
RFP/Contract/ Acquisition	S&C.MS.5	Modularity is adequately accounted for in the SMA acquisition process.	7/1/2018	Qualis Health	Met	No change from last quarter The SMA adheres to the MITA model for all of its systems. The OE is designed to
RFP/Contract/ Acquisition	S&C.MS.6	RFP does not impose technology specific solutions and will allow for evolving requirements.	7/1/2018	Qualis Health	Not Applicable	The state is implementing system enhancements to their existing Online Enrollment/OEI system working with the

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Programmatic

Security	TA.SP.64	The system of interest conducts user authentication using public key infrastructure in conformance with MITA Framework, industry standards, and other nationally recognized standards	7/1/2018	Qualis Health	Met	No change from last quarter
Security	TA.SP.65	For the system of interest's use of Public Key Infrastructure (PKI), the solution follows standard practices such as the use of accepted certification authorities, documented Certificate Policy (CP), and Certification Practice Statement (CPS), which includes key escrow strategy. The System of Interest's PKI implementation uses foundational technical standards such as X.509 Certificate format and Public Key Cryptography Standard (PKCS).	7/1/2018	Qualis Health	Met	No change from last quarter The SMA uses and maintains current technical standards, certificate updates
Security	TA.SP.75	The system of interest employs malicious code protection mechanisms at IT system information system entry and exit points and at workstations, servers, or mobile computing devices on the network to detect and eradicate malicious code. The system of interest utilizes network scanning tools, intrusion detection and prevention systems, and end-point protections such as firewalls and host-based intrusion detection systems to identify and prevent the use of prohibited functions, ports, protocols, and services.	7/1/2018	Qualis Health	Met	No change from last quarter XXX conducts regularly scheduled penetration testing and intrusion detection monitoring
Security	TA.SP.78	The system allows only authorized staff members to do manual deletes and overrides of alerts/edits.	7/1/2018	Qualis Health	Met	No change from last quarter Authorized staff roles and responsibilities are actively updated and managed

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CMS Response

General Information					
<i>Instructions: CMS team member to provide CMS response for the state progress report submitted by the IV&V Contractor. In this section, select an appropriate choice from the drop-down menu for the reason for response, and enter the date of the response. For all dates, please use MM/DD/YYYY format.</i>					
Response to a quarterly progress report or to a milestone review?			Date		
Milestone Review Team					
<i>Instructions: Leave blank if this is not given in response to a milestone review. Use dropdown menu to select/update Milestone Review Team.</i>					
	Name	Organization		Name	Organization
Review Team Lead					
Overall RFP / Procurement / Funding					
Overall MITA					
Access / Security					
If "Other," please provide additional info.:			<Insert additional information here.>		
CMS Comments					
<i>Instructions: This section can be used for both quarterly report responses and milestone review summaries. Provide executive summary or high level comments in the free form text below.</i>					
Executive Summary / General Comments					
<Include executive summary / general comments here>					
<i>Instructions: The sections below are for milestone review responses regarding specific checklists. For each, first select a header for each YELLOW box from its drop down menu. These correspond to checklist names. Then, enter CMS comments for the checklist you selected.</i>					
Eligibility & Enrollment					
Observations	< Enter CMS comments here for the item selected above, in yellow>				
Findings	< Enter CMS comments here for the item selected above, in yellow>				
Corrective Actions	< Enter CMS comments here for the item selected above, in yellow>				
Recommendations	< Enter CMS comments here for the item selected above, in yellow>				

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CMS Response

Observations	< Enter CMS comments here for the item selected above, in yellow>
Findings	< Enter CMS comments here for the item selected above, in yellow>
Corrective Actions	< Enter CMS comments here for the item selected above, in yellow>
Recommendations	< Enter CMS comments here for the item selected above, in yellow>
Observations	< Enter CMS comments here for the item selected above, in yellow>
Findings	< Enter CMS comments here for the item selected above, in yellow>
Corrective Actions	< Enter CMS comments here for the item selected above, in yellow>
Recommendations	< Enter CMS comments here for the item selected above, in yellow>
Observations	< Enter CMS comments here for the item selected above, in yellow>
Findings	< Enter CMS comments here for the item selected above, in yellow>
Corrective Actions	< Enter CMS comments here for the item selected above, in yellow>
Recommendations	< Enter CMS comments here for the item selected above, in yellow>

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MEET 1.0

CMS Response

Observations	< Enter CMS comments here for the item selected above, in yellow>
Findings	< Enter CMS comments here for the item selected above, in yellow>
Corrective Actions	< Enter CMS comments here for the item selected above, in yellow>
Recommendations	< Enter CMS comments here for the item selected above, in yellow>
Observations	< Enter CMS comments here for the item selected above, in yellow>
Findings	< Enter CMS comments here for the item selected above, in yellow>
Corrective Actions	< Enter CMS comments here for the item selected above, in yellow>
Recommendations	< Enter CMS comments here for the item selected above, in yellow>
Observations	< Enter CMS comments here for the item selected above, in yellow>
Findings	< Enter CMS comments here for the item selected above, in yellow>
Corrective Actions	< Enter CMS comments here for the item selected above, in yellow>
Recommendations	< Enter CMS comments here for the item selected above, in yellow>

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MEET 10

CMS Response

Observations	< Enter CMS comments here for the item selected above, in yellow>
Findings	< Enter CMS comments here for the item selected above, in yellow>
Corrective Actions	< Enter CMS comments here for the item selected above, in yellow>
Recommendations	< Enter CMS comments here for the item selected above, in yellow>
Observations	< Enter CMS comments here for the item selected above, in yellow>
Findings	< Enter CMS comments here for the item selected above, in yellow>
Corrective Actions	< Enter CMS comments here for the item selected above, in yellow>
Recommendations	< Enter CMS comments here for the item selected above, in yellow>
Observations	< Enter CMS comments here for the item selected above, in yellow>
Findings	< Enter CMS comments here for the item selected above, in yellow>
Corrective Actions	< Enter CMS comments here for the item selected above, in yellow>
Recommendations	< Enter CMS comments here for the item selected above, in yellow>

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MEET 1.0

CMS Response

Observations	< Enter CMS comments here for the item selected above, in yellow>
Findings	< Enter CMS comments here for the item selected above, in yellow>
Corrective Actions	< Enter CMS comments here for the item selected above, in yellow>
Recommendations	< Enter CMS comments here for the item selected above, in yellow>
Standards & Conditions for Medicaid IT	
Observations	< Enter CMS comments here for the item selected above, in yellow>
Findings	< Enter CMS comments here for the item selected above, in yellow>
Corrective Actions	< Enter CMS comments here for the item selected above, in yellow>
Recommendations	< Enter CMS comments here for the item selected above, in yellow>
Observations	< Enter CMS comments here for the item selected above, in yellow>
Findings	< Enter CMS comments here for the item selected above, in yellow>
Corrective Actions	< Enter CMS comments here for the item selected above, in yellow>
Recommendations	< Enter CMS comments here for the item selected above, in yellow>

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CMS Response

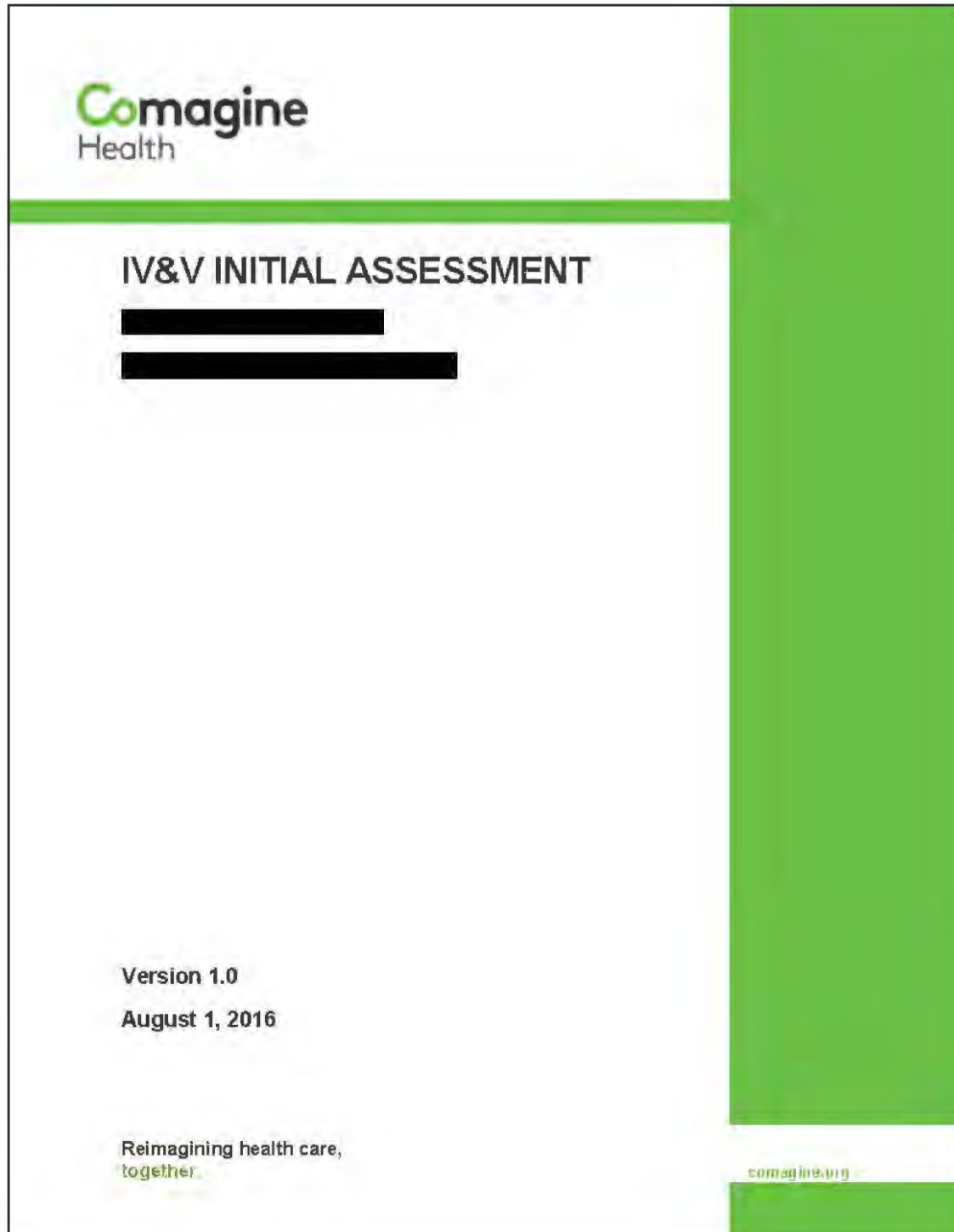
Observations	< Enter CMS comments here for the item selected above, in yellow>
Findings	< Enter CMS comments here for the item selected above, in yellow>
Corrective Actions	< Enter CMS comments here for the item selected above, in yellow>
Recommendations	< Enter CMS comments here for the item selected above, in yellow>
Observations	< Enter CMS comments here for the item selected above, in yellow>
Findings	< Enter CMS comments here for the item selected above, in yellow>
Corrective Actions	< Enter CMS comments here for the item selected above, in yellow>
Recommendations	< Enter CMS comments here for the item selected above, in yellow>

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5.2.4 IV&V Sample Assessment Reports

As requested, we are supplying samples of both an initial assessment and a follow-on reporting assessment.

5.2.4.1 Initial Assessment Report



	IV&V Initial Assessment
<div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 10px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>1 Overview</p> <p>Comagine Health as the Independent Verification and Validation (IV&V) Contractor for [REDACTED] was requested to provide an initial assessment of the [REDACTED] Project - Release 4 & 5. This assessment will address the Release 4 and 5 project performance between October 1, 2015 and July 31, 2016 and document the following as relevant:</p> <ul style="list-style-type: none"> • Project Management Review. Evaluation of the system project management approach including performance by [REDACTED], [REDACTED], and State agencies, as appropriate, engaged in the project, and established project management plans, and defined project objectives (e.g., goals and critical success factors). • Project Schedule Review. Evaluation of the project schedule and detailed work plan. • Budget Review. Evaluation of the project budget. • [REDACTED] Performance Review. Evaluation of [REDACTED] performance against contract requirements, project plans, and [REDACTED]'s performance expectations. • Risk Assessment. Evaluation of system project risks as they relate to project management, schedule, and compliance-related project dimensions. <p>IV&V reviewed the following project artifacts and met with the [REDACTED] and [REDACTED] Project Directors to complete this assessment:</p> <ul style="list-style-type: none"> • [REDACTED] R4 Status Reports: 10/30/15, 11/27/15, 12/31/15, 1/29/16, 2/26/16, 3/25/16, 4/29/16, 5/27/16, 6/24/16, 7/29/16 • [REDACTED] Status Reports: 10/15, 11/15, 12/15, 1/16, 2/16, 3/16, 4/16, 5/16, 6/16, 7/16 • Framework Status Reports: 10/15, 11/15, 12/15, 1/16, 2/16, 3/16, 4/16, 5/15, 6/16 • Support Services/Data Exchange Status Reports: 10/15, 11/15, 12/15, 1/16, 2/16, 3/16, 4/16, 5/16, 6/16, 7/16 • Premium Assistance Status Report: 4/16, 5/16, 6/16, 7/16 • R4 Schedule 7/29/16 • R5 Schedule 9/2/16 • IAPD-U for [REDACTED] Updated Final 9/9/15 <p>This assessment for the [REDACTED] Project focuses on the following four functional projects that comprise Release 4 and 5:</p> <ul style="list-style-type: none"> • [REDACTED] – [REDACTED] [REDACTED] Determination, Authorization, Policy Management, and Reference and Control. <ul style="list-style-type: none"> ◦ [REDACTED] Project Manager: [REDACTED] ◦ [REDACTED] Project Manager: [REDACTED] </div> <div style="width: 65%;"></div> </div>	
<p>Comagine Health • August 2016September 2019</p>	

	IV&V Initial Assessment
<p> <ul style="list-style-type: none"> Framework Services – ESB/SOA, Application Services Framework, Clearance and Business Process Management. <ul style="list-style-type: none"> Project Manager: Project Manager: Support Services and Data Exchange – Security (Roles based, Integration with SICAM or HCP), Periodic/Mass Processing, Fraud and Abuse, CRM, Quality Assurance and Quality Control, Reporting, Business Intelligence, Fair Hearings and Grievance, and History Maintenance. <ul style="list-style-type: none"> Project Manager: Project Manager: Premium Assistance – Applicant Registration, Case Maintenance, Caseload/Task Management, Correspondence, Data Collection, and Self Assessment. <ul style="list-style-type: none"> Project Manager: Project Manager: </p>	
<p>1.1 Project Strengths</p> <ul style="list-style-type: none"> Both and have assigned qualified and skilled staff to the functional projects. and project teams have established a collaborative working relationship. The project has not incurred any problems that have impacted the project progress. Two risks were identified and resolved. No issues were identified, or any outstanding actions remain during this assessment timeframe. Very few defects were identified during this assessment timeframe. All four functional projects (, , , Support Services and Data Exchange, and Premium Assistance) appear to have had very few problems and reported “Green” status on all status reports from October 2015 to July 2016. 	
<p>1.2 Project Challenges</p> <p>IV&V did not identify any unresolved challenges with the Project. The and Project Directors monitor and manage the mitigation of any overall project problems in their bi-weekly meeting, e.g., policy issues, resource management, etc. Additionally, the four functional project teams did not report any challenges in their status reports from October 1, 2015 through July 31, 2016.</p>	
<p>1.3 Background</p> <p>'s current system was implemented in 2010 and provides over 500,000 members the ability to . The Project automates the and removes many traditional obstacles to . It also moves 's system in compliance with the Centers for Medicare and Medicaid (CMS) Seven Standards and Conditions and MITA 3.0 principles of interoperability and reuse. The project goals are to:</p>	
<p>Comagine Health • August 2016September 2019</p>	

	IV&V Initial Assessment
	<p> <ul style="list-style-type: none"> • Comply with the Patient Protection and Affordable Care Act (PPACA) timeline; • Leverage IT investments in the [REDACTED] system; • Redesign the application and system architecture for greater flexibility; and • Address the requirement to interface with a Health Insurance Exchange (HIE). </p> <p>The overall project is comprised of five releases. [REDACTED] requested this initial assessment for Release 4 and 5. The following outlines the Release 4 and 5 scopes:</p> <ul style="list-style-type: none"> • Add [REDACTED] application and determination functionality within [REDACTED] previously not included: <ul style="list-style-type: none"> ▫ Individuals eligible for [REDACTED] program ▫ Insure [REDACTED] ▫ The Aged, Blind and Disabled population (ABD) ▫ Children eligible for Medicaid based on TEFRA (Tax Equity and Fiscal Responsibility Act of 1982) ▫ Individuals eligible for Medicaid under the Breast and Cervical Cancer (BCC) program • Modifications to the following: <ul style="list-style-type: none"> ▫ Rule modularization group ▫ Identify management ▫ Real-time verification of data and improved document validation and credentialing through data exchange with other organizations including college degrees, provider licenses, driver licenses, NPI, FEIN, SSNs, and new hire data ▫ Member portal <p>IV&V's initial assessment of the [REDACTED] Project is after events have occurred. Our review and findings are based on static project documents provided by [REDACTED] and discussion with the [REDACTED] and [REDACTED] Project Directors but do not include attendance and participation in meetings as these have already occurred. Based on the project artifacts provided to us, this initial assessment covers initial impressions of the project status, schedule and project management. Although there is not enough evidence to provide any active observations on project governance, communications and any environment conditions for this assessment, Comagine Health will have more direct opportunities to engage in the projects for the ongoing monthly IV&V reports that [REDACTED] has requested.</p> <p>This initial assessment is divided into three sections:</p> <ol style="list-style-type: none"> 1. Findings: General impressions of the project based on status reports and project plans 2. Analysis: A list of the project's strengths, challenges, and opportunities 3. Conclusion/Recommendations: An overall summary of the project status based on the review of the project artifacts and high-level mitigation strategies going forward with the project <p>Comagine Health • August 2016/September 2019</p>

<p>■■■ ■■■</p> <h2>2 Findings</h2> <p>The ■■■ Project is broken into four functional projects that make up Release 4 and 5: 1) ■■■ ■■■■■■■■; 2) Framework; 3) Support Services/Data Exchange; and 4) Premium Assistance. Each functional project is comprised of Customer Service Requests (CSR) that defines the associated tasks to the function. The ■■■ Project partners ■■■ with their system vendor ■■■■■■■■ (■■■). The four functional projects are running concurrently. ■■■ and ■■■ have assigned Project Directors responsible for the coordination of their respective functional project team. Each functional project has an assigned ■■■ and ■■■ Project Manager. ■■■ and ■■■ conduct bi-weekly project status meetings where all the functional project teams report their status.</p> <h3>2.1 Project Structure</h3> <p>The overall ■■■ Project is managed by ■■■ and ■■■ Project Directors, ■■■■■■■■, respectively. Bi-weekly project status meetings are held where each functional project team, e.g., ■■■■■■■■, Framework, etc., provide status updates for each of their project. The ■■■ and ■■■ Project Directors meet every other week in between the project status meetings and review project schedules, hours, performance issues, etc., and make necessary changes and assignments in preparation for the bi-weekly project status meetings. They also identify any environmental parameters that may impact the project such as policy or CMS requests and identify mitigation strategies and actions to address these. Both ■■■ and ■■■ have centralized project management offices (PMO) that provide project management and administrative support.</p> <p>The project management structure in place for the ■■■ Project is more technically focused and aligns with the Software Development Life Cycle (SDLC), e.g., design, development, testing, and implementation focus and not as much on the traditional PMBOK® standards. However, this structure is working very well for the ■■■ Project.</p> <p>The functional project status reports reviewed from the October 1, 2015 through July 31, 2016 timeframe contained two identified risks which were resolved, no issues or any outstanding action items. The condition of the project status reports suggests a collaborative process for managing the project work. No other problems were identified in the project status reports.</p> <h3>2.2 Project Schedule Management</h3> <p>The ■■■ and ■■■ Project Directors review the project schedule in their bi-weekly meeting. Any identified changes are submitted through the change order (CO) process with an explanation for the change. The project schedule is updated accordingly, and the CSR tasks adjusted.</p> <p>Every project status report for the October 1, 2015 through July 31, 2016 timeframe reported an overall Green status which indicates that the project work is on track with the project schedule. In discussion with the ■■■ and ■■■ Project Directors, this status reflects the direct progress of the CSR work within each functional area and does not necessarily include overall impacts related to project budget, hours or</p>	<p>IV&V Initial Assessment</p> <p>■■■</p>
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schedule changes. If they did, some of the status may have been reported Amber. Going forward, IV&V will work with the Project Directors to identify when these areas need to be incorporated into the project status reports.

2.3 Mitigation Recommendations

Overall the functional projects appear to be progressing well. Going forward, the Project Directors have indicated they work with their respective PMO to identify and introduce any additional project controls into the Project. This will position the project to improve the alignment and adherence to PMBOK® standards.

Using the central PMO will ensure consistent project management, controls and report structure are in place and each project develops and maintains an audit trail of project artifacts and information.

This may be useful for any issues or decisions that may require review of the project management structure and evidence.

3 Analysis

Each functional project is comprised of CSRs that identify the project tasks and timeline associated to each functional project scope. Each CSR is assigned a number and represent the high-level tasks in the project plan. The following table represents the CSRs associated with Release 4 and 5 and their status as reported in the July 29, 2016 R4 & R5 Schedules:

Table 3.1 - Release 4 CSR Status

CSR #	CSR Title	Start Date	Finish Date	CSR Status
723	Wage processing and data fix	7/17/14	9/5/16	98%
1024	Insure - Member	1/12/15	10/21/16	99%
1046	Enrollment Provider Selection Module	2/25/15	8/24/16	99%
1005	Insure - Invoice/Payment Module	1/4/15	4/13/16	100%
1064	Agency Electronic App/PS2 Edits	4/13/15	2/24/16	100%
1075	Move Enrollment from OE to Recipient	9/2/15	3/22/16	100%

Table 3.2 - Release 5 CSR Status

CSR #	CSR Title	Start Date	Finish Date	CSR Status
1237	Account Transfer Upgrade from 2.3 to 2.4	5/4/16	8/31/16	91%
1162	Remove Absent Parent from OE	12/15/15	12/15/16	82%
1163	Correct PERM Deficiencies	12/4/15	12/30/16	72%

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CSR #	CSR Title		Start Date	Finish Date	CSR Status
1190	Member Portal Correspondence Module- All Letters		3/3/16	3/14/17	24%
1193	IO Wait List		3/8/16	1/5/17	90%
1224	SOL IO Testing		5/5/16	9/16/16	99%
1226	VLP Testing		5/4/16	8/31/16	67%
1198	Annual FPL & Tax Threshold Updates		2/11/16	4/14/16	100%
1225	Marketplace CS 2016 Regression Testing		5/5/16	9/14/16	99%
1235	CMS TLS1.2 Security Changes		5/4/16	8/11/16	100%
1258	VPN Circuit for		7/19/16	8/9/16	100%

3.1 Detailed Analysis

The following table summarizes the findings of this assessment by identifying the strengths, challenges, and opportunities to the project.

Table 3.3 - Strengths, Challenges, and Opportunities

STRENGTHS
<ul style="list-style-type: none"> Both and have assigned qualified and skilled staff to the functional projects. and project teams have established a collaborative working relationship. The project has not incurred any problems that have impacted the project progress. Two risks were identified and resolved. No issues were identified, or any outstanding actions remain during this assessment timeframe. Very few defects were identified during this assessment timeframe. All four functional projects (, Framework Services, Support Services and Data Exchange, and Premium Assistance) appear to have had very few problems and reported "Green" status on all status reports from October 2015 to July 2016.
CHALLENGES
<ul style="list-style-type: none"> There are no challenges identified with the E&E Project for the timeframe assessed from October 1, 2015 through July 31, 2016.
OPPORTUNITIES
<ul style="list-style-type: none"> Introduce some formal project management structure that aligns/adheres to PMBOK® standards.

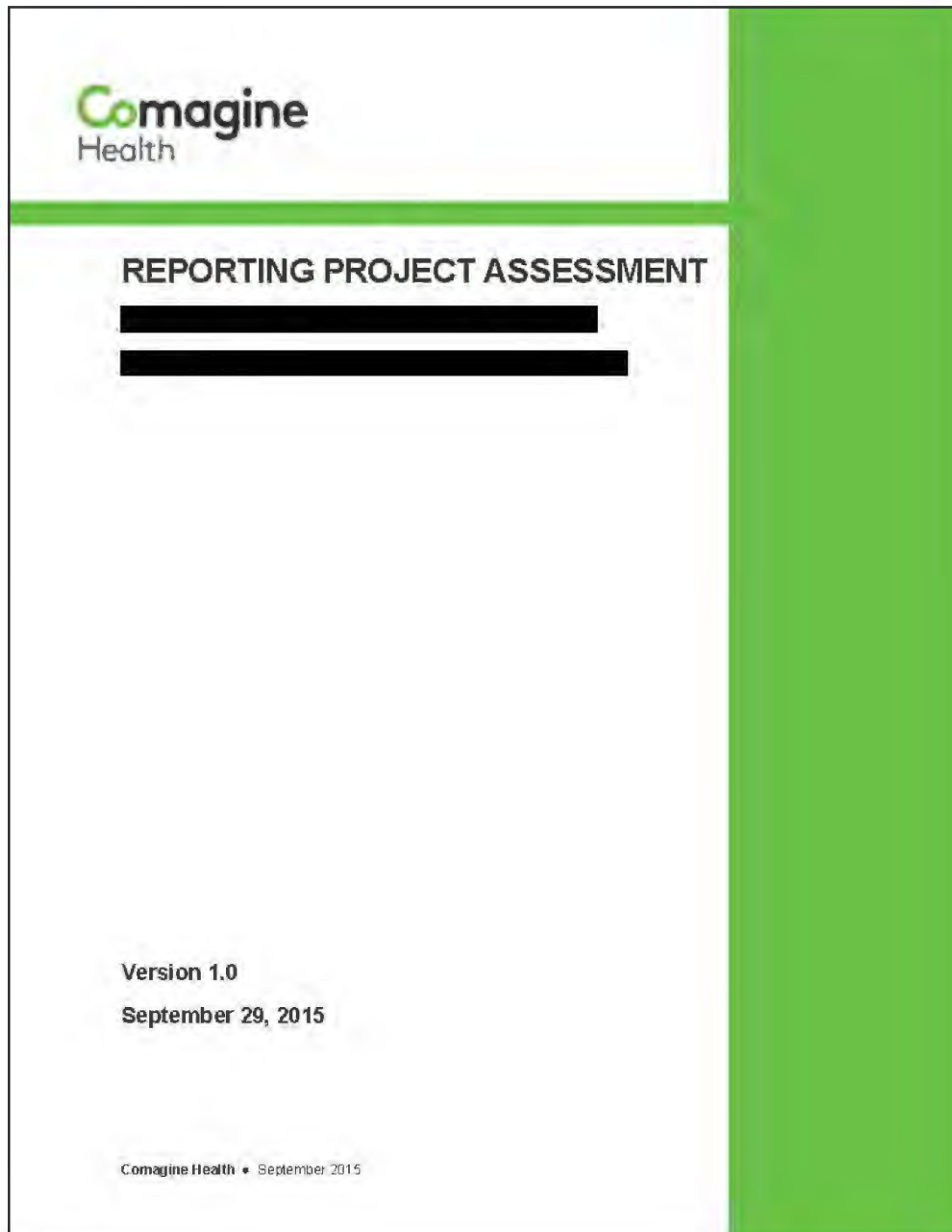
4 Conclusion and Recommendations

Overall, Release 4 and 5 projects appear to be on track to meet their target dates for completion and managed well. There are no reported issues, or any unresolved risks or action items identified from October 1, 2015 through July 31, 2016. There are no reported performance issues from either or

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<p>the [REDACTED] project teams and the project teams understand the project work and are able to execute the tasks as assigned and no identified risks to the Release 4 and 5 implementation dates.</p> <p>There are no immediate recommendations identified in the assessment that requires [REDACTED] and [REDACTED] to address. However, [REDACTED] and [REDACTED] did indicate they are exploring bringing more formal project management structure that aligns to PMBOK® standards going forward. If requested by [REDACTED], IV&V is prepared to assist in this endeavor.</p> <p>IV&V will actively participate in any [REDACTED] project meetings as requested by [REDACTED] and will continue to monitor and develop monthly IV&V reports.</p>	

5.2.4.2 Reporting Project Assessment



<div data-bbox="324 378 503 409" data-label="Text"> <p>██████ ██████</p> </div> <div data-bbox="324 420 560 472" data-label="Section-Header"> <h2>1 Background</h2> </div> <div data-bbox="324 472 1185 693" data-label="Text"> <p>The development process for the reports component of the ██████████ project has been long with very limited results. The requirements definition process for reports began in November 2014 for Phase 1 reports, and Phase 2.1 reports requirements definition has not begun. As of August 2015, only two reports had been implemented from Phase 1 and six of the 160 reports were in a stage of development or testing. ██████████ has identified additional resources that appear to have increased productivity with an additional two reports implemented in September. The purpose of this assessment report is to identify findings that we believe impede the report definition process and recommend process improvements that can expedite the reporting process with increased accuracy.</p> </div> <div data-bbox="324 745 511 798" data-label="Section-Header"> <h2>2 Findings</h2> </div> <div data-bbox="324 798 1185 987" data-label="Text"> <p>Participating in Phase 1 report development has allowed Comagine Health insight into the current process and to identify opportunities for process improvement. Based on our observations, the reporting project lacks organized structure and sound project management practices that would encourage predictable and repeatable outcomes. Meetings are not routinely held and there is not a sufficient report tracking process in place. Due to the lack of structured project management, it is difficult to determine the amount of work remaining for each report; therefore, it is not possible to confidently predict a reasonable completion date.</p> </div> <div data-bbox="324 997 1185 1060" data-label="Text"> <p>Resulting from an assessment of the reporting project the IV&V team has identified 27 recommendations which have been broken down into 6 topics for presentation.</p> </div> <div data-bbox="357 1060 649 1228" data-label="List-Group"> <ol style="list-style-type: none"> 1. Project Management 2. Project Staffing 3. Report Requirements 4. Report Development Meetings 5. Testing 6. Defect Management </div> <div data-bbox="324 1281 641 1323" data-label="Section-Header"> <h3>2.1 Project Management</h3> </div> <div data-bbox="324 1323 1185 1575" data-label="Text"> <p>Sound project management practices have been lacking from the report development process since reporting activities began. Project work plan tasks related to report development are very limited. A log of all identified reports is maintained, but it does not contain enough meaningful information to effectively manage and schedule report development progress. Report development for Phase 1 related reports has progressed very slowly with very few reports implemented into production after many months of development. Proper project management could have helped recognize project difficulties early during Phase 1 report development and allowed the project management team to take measures to resolve issues that were preventing progress. Improved management can help assure that the remaining reporting is developed in a more controlled environment.</p> </div> <div data-bbox="324 1638 617 1669" data-label="Page-Footer"> <p>Comagine Health • September 2015</p> </div>	<div data-bbox="933 378 1185 409" data-label="Section-Header"> <h2>Reporting Project Assessment</h2> </div>
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<p>██████████: ██████████</p>	<p>Reporting Project Assessment</p>
<p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • The log of reports for all project phases is helpful for identification of each report and tracking development progress. The log needs to be heavily expanded to include planned and actual dates for each stage of development for each report. This will permit expanded project status analysis and reporting to assist with overall report management. The expanded log needs to be updated by ██████████ each week and provided to the project team for review. This is one of the most important project management measures that can be taken to encourage efficient and timely completion of the large number of identified reports. • In addition to expanding the report tracking log, the project work plan needs to be expanded to identify high level tasks for reports produced for each project phase. The work plan tasks will align with the dates included in the report tracking log, but at a higher level. This will help ensure that the project work plan represents the complete project view, rather than a fragmented view. It will also allow for aligning with task dependencies on other activities, such as converted data or reports needed prior to implementation of other functionality. • An action item log needs to be created with ongoing updates to identify action required, the report that needs attention, the resource responsible for addressing the action item, the date the action item is needed to be resolved, and any other information necessary for action item management. • Follow up work identified in report development meetings should produce action items that are assigned to individuals. Updates on the action items should be reviewed in subsequent meetings, until closed by State and ██████████ consensus. • The ██████████ report development team should prepare and present on a weekly basis, in written form, a status report that clearly marks measurable progress of report development activities. Reporting should include at minimum total, completed and outstanding counts of report specifications, reports in ██████████ development, reports in UAT, including those with defined issues and defined defects, and completed in production reports. The report should also provide the percentage completion as compared to the project schedule for report development. Schedule slippage needs to be addressed and remediated in the meeting. • Reconsider the use of Google Docs for the reporting central repository for reporting instead of ██████████ SharePoint site. This is inconsistent with all other areas of the project and the ██████████ Project Management Plan. Also, not everyone has access to Google Docs and it has presented access challenges to those who currently have access. In addition, a concern arises regarding the level of confidentiality of this site, since on occasion a report may be tested using production data. <p>2.2 Project Staffing</p> <p>The reporting project is staffed by three primary groups: ██████████, ██████████ team and ██████████ subject matter experts (SMEs). Project staffing has the appearance of being insufficient to address all reporting needs in a timely manner. We are aware of the one ██████████ reporting lead, but do not have visibility into other ██████████ staff working on reporting. It has been known for several months that the ██████████ team is not staffed to a level to produce all assigned reports and continue to provide other reporting services</p> <p>Comagine Health • September 2015</p>	

<p>██████: ██████</p> <p>to the department. SME availability has at times been a challenge due to conflicting schedules with other work assignments. There is likely a limit to the number of staff that can be assigned to the reporting project; however, the utilization of assigned staff can be applied as efficiently as possible to ensure effective results.</p> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • ██████ needs to provide report analytical and development staff at the level necessary to gather report requirements and develop and test reports in a timely manner. Staff utilization metrics need to be made available as part of the reporting status report. • Determine the amount of report development that can be undertaken by the ██████ team and schedule accordingly. Ensure highest priority reports are addressed first. • Coordinate SME schedules to concentrate on reports related to specific SMEs reducing SME involvement in discussion of reports unrelated to their focus area. <p>2.3 Report Requirements</p> <p>The Phase 1 report requirement gathering process is extremely long and cumbersome and appears to be a single threaded approach. Discussion takes place and report mockups are produced from these discussions; however, the mockups do not reflect specific data element population or report field calculations. The report requirement gathering lacks a deliberate, clear approach that is expressed to all parties involved. Requirement gathering sessions are conducted remotely, which may be a contributor to the extended amount of time required. The final product of the populated report specification template is not as comprehensive as desired since it did not include calculations nor a user-friendly data element source crosswalk.</p> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • The ██████ Report Development Team should consider scheduling sufficient on-site sessions to conduct report requirements gathering with State SMEs. • Ensure proper SME representation is available and in attendance during requirement gathering exercises. A Comagine Health representative should also attend. • All attendees should have the materials available for review at least one week prior to meeting to allow proper preparedness. • The report specification document should include both report field data element source and calculation criteria for any calculated field. • The report specification document should contain all the information needed to compile a user-friendly crosswalk (i.e. report field labels should include its associated source database element names). • A formal report specification approval process should be instituted to ensure a consensus is reached prior to actual report development. In addition, an approval process needs to be instituted before reports are introduced into production. <p>Comagine Health • September 2015</p>	<p>Reporting Project Assessment</p>
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2.4 Report Development Meetings

The report development meetings are not always effective due to lack of preparedness of attendees or the necessary subject matter experts. The meetings often lack a published agenda and do not follow a routine, predictable order of discussion. The primary purpose of the meetings is to function as technical working sessions, however many of the participants attend for status updates only. Consequently, the topics discussed are at times at a level of detail that is beyond the interest and understanding of some attendees.

Recommendations:

- There should be a at least one, and possibly two, weekly scheduled report development meetings that consists of the following objectives:
 - a review of newly developed or revised reports that are ready for user testing
 - a review of newly developed or revised report specifications and mockups
 - requirements gathering for reports scheduled for report spec/mockup for that week
- An agenda should be published the day before the meeting listing which reports will be reviewed, and which reports will be discussed for requirements gathering. Due to the quantity of material, this may need to be split into two meetings.
- When applicable, concurrent meetings could be scheduled if the meetings are organized around functional content. This would also prevent the need for all SMEs to attend the report meetings simultaneously. For example, the provider SME could be meeting on reports 1-3 while the consumer SME could be meeting on reports 4-8. This would limit the time commitment needed by the SMEs. [REDACTED] will need to ensure an adequate number of report analysts are available to conduct concurrent meetings.
- The report log should be utilized to determine the reports and development stage discussed in the meetings. The report log needs to be updated to reflect the current progress of the meetings.
- Questions or issues that cannot be resolved during the meeting should be documented in the action item log and distributed with meeting notes.
- Report requirement and development status reporting should be included in at least one of the weekly Joint Project Team Status Meetings. This allows the report development meeting to have a clear focus with proper attendees.
- The report development meeting should focus on report requirement definition for those reports scheduled for that week and refinements and resolution of issues and defects associated with those reports being delivered for testing that week.
- Regular attendees should be defined in advance with "guest" attendees invited as specialist for discussion when necessary.

2.5 Testing

Development test results are presented utilizing mocked up test data. At this point the reports are available for UAT. There isn't any structured UAT process with documented results. If UAT identifies any issues, they are discussed ad hoc subsequent to report meetings or are reported via email.

<div data-bbox="324 378 503 409" data-label="Text"> <p>██████: ██████</p> </div> <div data-bbox="321 468 493 493" data-label="Section-Header"> <p><u>Recommendations:</u></p> </div> <div data-bbox="321 508 1185 615" data-label="List-Group"> <ul style="list-style-type: none"> • Testing activities and progress should be tracked. • Converted or production data, if available, should be used for UAT. While converted data validation should a separate testing exercise, report testing may uncover conversion issues that would not otherwise be visible to the user. </div> <div data-bbox="321 669 626 703" data-label="Section-Header"> <p>2.6 Defect Management</p> </div> <div data-bbox="321 714 1185 795" data-label="Text"> <p>There are no clear, documented policies for opening, logging, tracking, and closing issues and defects as they relate to report testing. Status reports for defects are not always clear and lacked detail. It is unclear which report modifications are applied and available for retesting.</p> </div> <div data-bbox="321 810 493 835" data-label="Section-Header"> <p><u>Recommendations:</u></p> </div> <div data-bbox="321 850 1185 959" data-label="List-Group"> <ul style="list-style-type: none"> • As part of the Test Plan, the process for logging, tracking, and closing defects should be documented. The plan should also include an example of a defect status report. • Each iteration of the report specification/mockup should have a revision log of the changes being implemented. </div> <div data-bbox="321 1022 686 1060" data-label="Section-Header"> <p>3 Recommendations</p> </div> <div data-bbox="321 1068 1185 1121" data-label="Text"> <p>It is apparent from the above findings that the major contributor of the difficulties experienced with report definition and development is the lack of sufficient project management practices.</p> </div> <div data-bbox="321 1138 1185 1350" data-label="Text"> <p>It is Comagine Health's opinion that implementation of the above recommendations will provide more structure to the process and minimize the risks for future report development efforts. In summary, there is a global need for a procedure document that identifies the methodology that will be followed for defining, designing, developing, testing and deploying all reports with ██████ approval milestones for each phase of the project. The project schedule will need to accommodate the various activities in the proper order to help ensure that issues such as those historically experienced are not repeated. We should consider scheduling a meeting with the Project Team and report development teams to discuss these recommendations.</p> </div> <div data-bbox="321 1638 612 1663" data-label="Page-Footer"> <p>Comagine Health • September 2015</p> </div>	<div data-bbox="932 378 1185 403" data-label="Section-Header"> <p>Reporting Project Assessment</p> </div>
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Table 3.1 - Recommendation Summary

Topic	Recommendations
Project Management	<ul style="list-style-type: none"> The log of reports needs to be heavily expanded to include planned and actual dates for each stage of development for each report. The expanded log needs to be updated by [REDACTED] each week and provided to the project team for review. This is one of the most important project management measures that can be taken to encourage efficient and timely completion of the large number of identified reports. The project work plan needs to be expanded to identify high level tasks for reports produced for each project phase. The work plan tasks will align with the dates included in the report tracking log, but at a higher level. An action item log needs to be created with ongoing updates to identify action required, the report that needs attention, the resource responsible for addressing the action item, the date the action item is needed to be resolved, and any other information necessary for action item management. Follow up work identified in report development meetings should produce action items that are assigned to individuals. Updates on the action items should be reviewed in subsequent meetings, until closed by State and [REDACTED] consensus. The [REDACTED] report development team should prepare and present on a weekly basis, in written form, a status report that clearly marks measurable progress of report development activities. Reporting should include at minimum total, completed and outstanding counts of report specifications. Reconsider the use of Google Docs for the reporting central repository for reporting instead of [REDACTED] SharePoint site.
Project Staffing	<ul style="list-style-type: none"> [REDACTED] needs to provide report analytical and development staff at the level necessary to gather report requirements and develop and test reports in a timely manner. Staff utilization metrics need to be made available as part of the reporting status report. Determine the amount of report development that can be undertaken by the [REDACTED] team and schedule accordingly. Ensure highest priority reports are addressed first. Coordinate SME schedules to concentrate on reports related to their specific expertise reducing SME involvement in discussion of reports unrelated to their focus area.

Reporting Project Assessment	
Topic	Recommendations
Report Requirements	<ul style="list-style-type: none"> The [REDACTED] Report Development Team should consider scheduling sufficient on-site sessions to conduct report requirements gathering with State SMEs. Ensure proper SME representation is available and in attendance during requirement gathering exercises. A Comagine Health representative should also attend. All attendees should have the materials available for review at least one week prior to meeting to allow proper preparedness. The report specification document should include both report field data element source and calculation criteria for any calculated field. The report specification document should contain all the information needed to compile a user-friendly crosswalk (i.e. report field labels should include its associated source database element names). A formal report specification approval process should be instituted to ensure a consensus is reached prior to actual report development. In addition, an approval process needs to be instituted before reports are introduced into production.
Report Development Meetings	<ul style="list-style-type: none"> There should be a at least one, and possibly two, weekly scheduled report development meetings that consists of the following objectives: <ul style="list-style-type: none"> a review of newly developed or revised reports that are ready for user testing a review of newly developed or revised report specifications and mockups requirements gathering for reports scheduled for report spec/mockup for that week An agenda should be published the day before each report development meeting listing which reports will be reviewed, and which reports will be discussed for requirements gathering. Due to the quantity of material, this may need to be split into two meetings. When applicable, concurrent meetings could be scheduled if the meetings are organized around functional content. The report log should be utilized to determine the reports and development stage discussed in the meetings. The report log needs to be updated to reflect the current progress of the meetings. Questions or issues that cannot be resolved during the meeting should be documented in the action item log and distributed with meeting notes.

Reporting Project Assessment	
Topic	Recommendations
	<ul style="list-style-type: none"> Report requirement and development status reporting should be included in at least one of the weekly Joint Project Team Status Meetings. The report development meeting should focus on report requirement definition for those reports scheduled for that week and refinements and resolution of issues and defects associated with those reports being delivered for testing that week. Regular attendees should be defined in advance with "guest" attendees invited as specialist for discussion when necessary.
Testing	<ul style="list-style-type: none"> Testing activities and progress should be tracked. Converted or production data, if available, should be used for UAT.
Defect Management	<ul style="list-style-type: none"> As part of the Test Plan, the process for logging, tracking, and closing defects should be documented. The plan should also include an example of a defect status report. Each iteration of the report specification/mockup should have a revision log of the changes being implemented.

5.2.5 Sample Risk Report and Issue Log

As requested in the Information for Evaluation section of the Technical Proposal Packet supplied with the RFP, we are supplying copies of Comagine Health's Risk Report and Issues Log.

5.2.5.1 Sample IV&V Risk Report; Section 2.4.G

The continual monitoring and observation by the Comagine Health IV&V team provides the opportunity to assess the project management environment, practices, progress, and products. This level of insight supports recognizing conditions and events that may create risks that impact the success of the project. When a risk situation is encountered Comagine Health will post the risk and associated details into the IV&V Risk Register and will submit the risk to the State's Project Manager for evaluation. The State's Project Manager posts the risk to the overall project Risk Register when it is determined that the reported risk is a threat to the project. The project Risk Register will be monitored periodically by the project management team. On a continual basis Comagine Health will be monitoring to identify any defined trigger

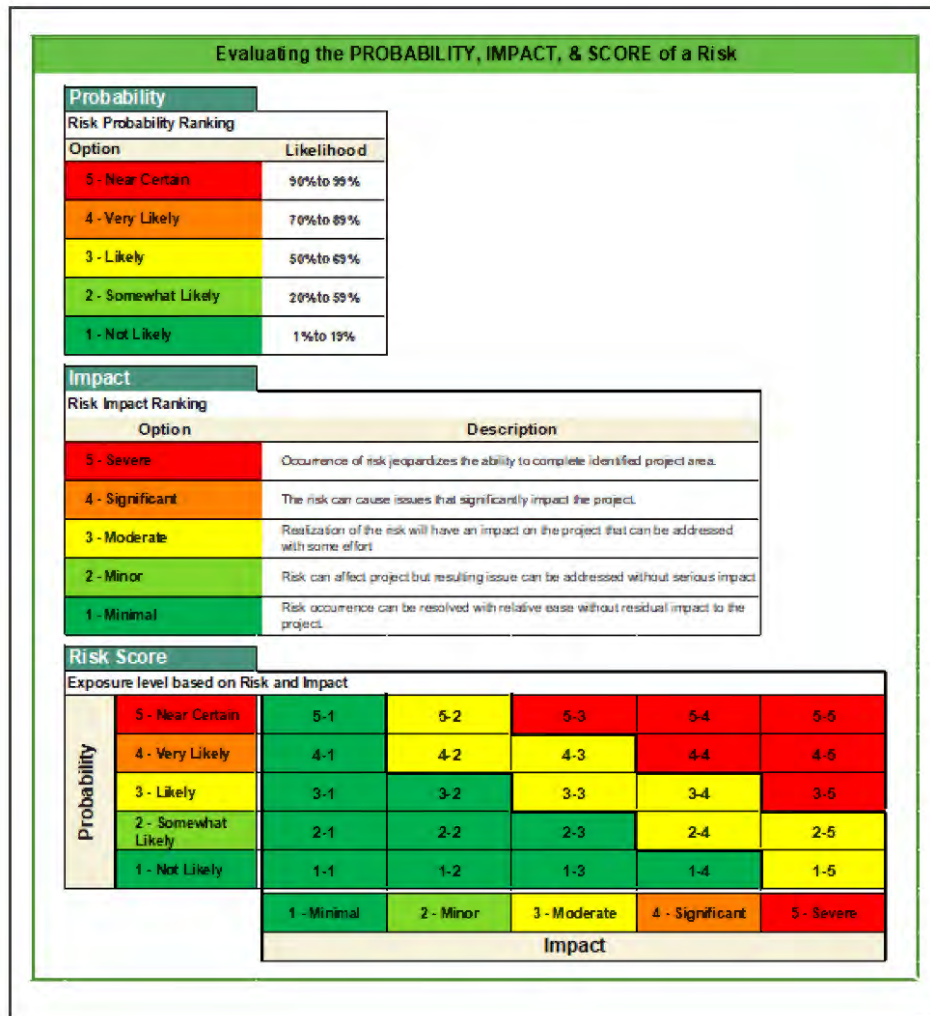
of an established risk that occurs. The risk trigger occurrence will be reported to the State' PMO for consideration to create a Project Issue that requires remediation.

The Risk Register maintained by Comagine Health is not the official project Risk Register but is rather an additional means of tracking IV&V identified risks. In addition to providing details that can be included in the official project Risk Register, the list also serves as the source of information to be included in the risk reporting section of the monthly and quarterly status reporting, including the quarterly IV&V status report submitted to CMS.

A sample of a Risk Register maintained by Comagine Health in a past project is included for reference. The sample has been sanitized to not identify the client or project. In addition, this sample is an abbreviated version of the full report. A copy of the full report (in Excel format) was included on the electronic copies submitted.

RISK IDENTIFICATION										RISK ANALYSIS			
ID (*)	Risk Title (*)	Risk Description (*)	Identified By	Project Stage	Risk Category	Risk Status	Risk Type	Date Identified	Impact Area	Probability (*)	Impact (*)	Risk Score (*)	Proximity
1	Level of resources availability	If the needed level of Agency resources are not available, then the project progress may be delayed.	Comagine Health	Entire Project	Staffing	Identified	Threat	12/1/2017	Resources	5-Near Certain	4-Significant	5-4	Within Phase
2	Organizational commitment	If organizational commitment is lacking from management in ITS, then critical IT work may lag.	Comagine Health	Development	Internal / Environmental	Triggered	Threat	12/1/2017	Time	5-Near Certain	4-Significant	6-4	Within Phase
3	System interface delay	If system interfaces are delayed due to external factors, such as inability of other systems to participate in data exchange, then Enhancement goals could be delayed due to uncontrollable external factors.	Comagine Health	Implementation	System Interfaces	Identified	Threat	12/1/2017	Time	5-Near Certain	3-Moderate	5-3	Within Phase
4	State Medicaid or Vendor management commitment to the Enhancement schedule	If State Medicaid or Vendor management do not commit to the Enhancement schedule, then the EDI 270/271 Eligibility interface with the MMIS may not be completed during the contract period.	Comagine Health	Design	External / Environmental	Identified	Threat	12/1/2017	Time	1-Not Likely	3-Moderate	3-3	Within Project
5	Acceptance of enhancement changes by Agency staff	If Agency staff is reluctant to accept enhancement changes, then the success of the project may be minimized.	Comagine Health	Entire Project	Organizational Change	Identified	Threat	12/1/2017	Satisfaction	1-Not Likely	2-Minor	1-2	Within Project
6	Key decision communication	If key decisions are not communicated to the project team in a clear, concise, and timely manner, then work efforts and the project schedule may be negatively impacted.	Comagine Health	Entire Project	Communications	Identified	Threat	12/1/2017	Time	2-Somewhat Likely	4-Significant	2-4	Within Project
7	Adequate number of trainers	If the number of trainers available is not adequate to train all impacted staff and providers in the time available, then the level of training will be insufficient or the schedule will need to be extended.	Comagine Health	Training	Training	Identified	Threat	12/1/2017	Time	3-Likely	4-Significant	3-4	Within Phase
8	Effective user training	If user training is not delivered effectively, then user buy in and effective use of the enhancement functionality may be inadequate.	Comagine Health	Entire Project	Training	Identified	Threat	12/1/2017	Satisfaction	3-Somewhat Likely	4-Significant	2-4	Within Phase
9	Communications with third party interface vendors	If communications with third party vendors of interface partner systems is not effective/responsive, then system interface work may be delayed.	Comagine Health	Entire Project	System Interfaces	Identified	Threat	12/1/2017	Time	4-Very Likely	4-Significant	6-4	Within Project
10	Project leadership changes	If there is a change in key project leaders from Agency, Vendor or Comagine Health, then the momentum of the project may slow down.	Comagine Health	Entire Project	Staffing	Identified	Threat	12/1/2017	Resources	2-Somewhat Likely	3-Moderate	2-3	Within Phase

Figure X – Legend to the Risk Report



5.2.5.2 Sample IV&V Issues Log; Section 2.4.H

With the following sample IV&V Issue Log, Comagine Health demonstrates our ability to develop and maintain a comprehensive log of all IEBM project issues identified by the IV&V team in a format approved in advance by the Agency.

ISSUE IDENTIFICATION				ANALYSIS				ISSUE RESOLUTION						
ID	Issue Title	Issue Description	Identified By	Date Identified	Issue Status	Issue Type	Priority	Impact	Issue Owner	Responsible Resource	Issue Resolution Plan	Triggering Risk ID	Target/Actual Resolution Date	Review Comments
1	ITS Project Commitment	ITS is unable to commit resources to support project needs. This is causing significant delays in progress for all project phases which require ITS involvement. The project deadline will be missed if this issue is not resolved.	Comagine Health	12/1/2017	Active	Time	3-High	4-Significant	Name	Name	<ul style="list-style-type: none">Escalate the issue to project sponsor to prompt management engagement.More focused meetings with IT on IT requirements in the RFP and SOV.Seek greater ownership of IT requirements by IT.Assess the impact of missing data updates.Prepare a detailed plan for how to process multiple updates once data is available.Determine if claims need to be adjusted when data updates are restored.Determine if data delays need	2	12/22/2017	12/21/17 - ITS has committed minimal additional support. The issue remains. 12/12/17 - The scheduled meeting has been postponed to 12/21/17. 12/8/17 - The Agency Director has scheduled a meeting for 12/14/17 with the CIO to identify ways to increase the priority of the project within the ITS workload. 12/21/18 - The [outside agency] cannot provide an expedited target date for resolving the interface issue. 1/17/18 - [Name] contacted [outside agency] and learned of their production processing issues that are preventing producing the interface. 1/16/18 - [Name] from [sp admin] informed project team that [interface] has
2	Data Interface Not Received	The interface normally received from [outside agency] on a weekly basis has not been received in two weeks. Contact with [outside agency] has revealed that the implementation of a new system release has affected their ability to produce the data interface. They could	Agency	1/16/2018	Active	Production	3-High	4-Significant	Name	Name	<ul style="list-style-type: none">Evaluate extent of schedule slippage and confirm that implementation date will be missed.Communicate schedule slippage to project sponsor identifying funding challenges.Project sponsor communicates with appropriate state resources regarding budget needs.Prepare and submit WPD-U to CMS for additional funding.	NA	TBD	1/22/18 - The [outside agency] cannot provide an expedited target date for resolving the interface issue. 1/17/18 - [Name] contacted [outside agency] and learned of their production processing issues that are preventing producing the interface. 1/16/18 - [Name] from [sp admin] informed project team that [interface] has
3	Project Funding Shortage	Project delays have caused the scheduled Phase 3 implementation date to be missed. The time extension needed to complete the implementation requires the Agency to request additional CMS funds and matching state funds that were not previously planned.	Vendor	4/2/2018	Closed	Cost	3-High	5-Severe	Name	Name	<ul style="list-style-type: none">Evaluate extent of schedule slippage and confirm that implementation date will be missed.Communicate schedule slippage to project sponsor identifying funding challenges.Project sponsor communicates with appropriate state resources regarding budget needs.Prepare and submit WPD-U to CMS for additional funding.	22	6/30/2018	6/30/18 - CMS and state funds have been obtained. The issue is now closed. 6/28/18 - CMS approved the WPD-U. 5/7/18 - The WPD-U has been submitted to CMS. CMS indicated they will review as quickly as possible to support project continuation. 5/4/18 - The WPD-U has been approved at all appropriate levels within the state. 4/27/18 - Changes are being applied to the WPD-U based on internal review feedback. 4/12/18 - An WPD Update is in the first stages of preparation. 4/9/18 - The Agency has approved the revised project work plan changing the scheduled deliverable due date. 4/4/18 - The Vendor is updating the project work plan to adjust the schedule for deliverable submission.

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5.2.6 Scope of Work; Section 2.4

At Comagine Health, we believe that it is critical to tailor the delivery of IV&V services to the Agency's specific business process. It is essential that our IV&V Team establish a strong partnership with Agency project leadership and other staff. This partnership will enhance the Agency's capability and capacity to maintain effective project management controls, ensure effective performance for each solution vendor engaged in the project, and address changes that could adversely impact project schedules and expected outcomes.

As the IV&V Contractor, Comagine Health commits to performing its services and producing the required IV&V deliverables by the due dates presented in the Agency-approved IV&V project plan. In accordance with federal guidelines, each monthly IV&V report shall be submitted simultaneously to CMS and Agency. The report shall be submitted no later than 5:00 p.m. CT on the Friday of the first full week of the month following the reporting period. Also, the report will follow the CMS template and guidance and be in a format approved by Agency. The content of the report will support all MEELC reviews. This report shall also provide an independent assessment of the IEBM system integration contractor's performance that evaluates how well that contractor applies best practices in project management and the System Development Life Cycle (SDLC) processes and work products. Comagine Health understands that the format of each IV&V deliverable must be approved by the Agency before delivery, and the quality of each IV&V deliverable must be approved by the Agency before being considered complete.

We will also ensure an ongoing, high level of engagement through consistent remote and in-person participation in project meetings, weekly IV&V update calls with Agency leadership, and frequent, regularly scheduled in-person IV&V team meetings.

5.2.6.1 Develop an Initial IV&V Project Plan; Section 2.4.A

Comagine Health agrees to provide an IV&V project plan for Agency approval in a format acceptable to the Agency. The initial IV&V project plan will identify the staffing resources Comagine Health will assign to each service item listed in the bid's section 2.4 "Scope of Work", B through P, the estimated completion date for each item, and indicate any dependencies (predecessor or successor tasks) associated with each item. The initial IV&V project plan will be delivered within thirty (30) calendar days of the contract's actual start date to allow the outgoing IV&V vendor enough time to review and provide feedback.

Our IV&V Team will deploy our project management methods and tools to direct our IV&V activities and guide our team toward achieving IV&V objectives and meeting our contractual requirements. We will maintain effective project plans and project communication strategy to ensure all IV&V is performed as required.

Through our project management methodology, we intend to deliver our IV&V services and deliverables with a high-level of quality, on time, and on budget. To meet this goal, our IV&V Team will work to maintain a balance between scope, budget, and schedule, while consistently

maintaining a high quality of services and deliverables. The key to this balance will be to effectively set and maintain expectations through continuous, formal, and informal communications with the Agency.

Our IV&V leadership will ensure conformance with industry standards and best practices and will be accountable to IEBM project leadership. This accountability will include frequent, consistent, and transparent communication of project status, issues, risks, and mitigation strategies through reports, dashboards, and meetings.

We will utilize our proven project management approach founded on industry standards and best practices as established by PMBOK® and IEEE. We will utilize our standard project management tools to plan and monitor IV&V activities, resource utilization, and conformance to planned schedules including:

- **Microsoft® Project.** IV&V project schedules will be established and maintained using Microsoft® Project.
- **Project Performance Dashboards.** Our Project Manager will monitor completion of activities and deliverables, staff utilization, and financial performance against plans, budgets and forecasts in the Comagine Health performance dashboard.
- **Time Keeping.** Our IV&V Team will log hours, document activities, and record expenses in the Deltek system. Deltek is linked to other tools to ensure flow of information into our financial system, performance dashboard, labor utilization report, and other tools and reports.
- **Project Library.** We have an established electronic repository for all project related documentation including project plans, project deliverables, IV&V tools/templates, correspondence, research materials, contracts, etc. We will coordinate with the Agency to determine how best to establish a system project library (via Microsoft® SharePoint or another tool).

We will also work to minimize the complexity and maximize the efficiency of our project management process in order to best utilize staff time and resources. To meet this goal, we will assure the project methodology and process is clear, concise, and flexible to effectively address the different issues and risks that may be encountered.

Our IV&V Team will coordinate with IEBM project leadership to develop and maintain an IV&V Management Plan. We will continually evaluate and monitor IEBM project management plans to align our IV&V activities with IEBM development and implementation strategies and plans.

In order to develop and update our plans, we will review any available IAPDs and any associated updates that have been submitted to CMS, to gain sufficient understanding of the project assumptions and timelines. Understanding overall implementation assumptions such as

vendor implementation plans, and the Agency project goals, constraints, plans, and expectations will be critical inputs into the preparation and maintenance of our plans. The following project documentation will be reviewed throughout the project.

- Charters and IAPD specifications
- IEBM project work plans and staffing plans
- IV&V contract requirements
- Project management artifacts

Our plan will be developed and updated in a manner to ensure it is an effective management tool. We will:

- Work with the Agency to confirm and document the specific goals, outcomes, risks, constraints, and performance standards that will apply to each project;
- Document the methodology, including the expected approach and tools (e.g., requirements traceability matrix, checklists, assessment templates) to be used in various IV&V assessment and review activities;
- Confirm the activities, tasks, dependencies, durations, work effort, and resource requirements needed to perform IV&V reviews;
- Review existing IEBM project management, communication, and risk management plans in order to align IV&V plans;
- Prepare drafts of the plans, review these drafts with the Agency, modify the drafts as necessary, and submit the final plans; and
- Frequently review progress against all project work plans and update our plans as necessary.

Our plan will be an active document flexible enough to accommodate required scheduling changes resulting from changes in project constraints or needs. Potential project delays will be addressed directly with the Agency. We will discuss reasons for the delays and recommend mitigation strategies. Our Project Manager will work with the Agency to minimize the impact of delays. We will review and update our plans to address any changes impacting our work. We will ensure that our plans consistently align with IEBM project implementation plans and schedules.

Our communication strategy will ensure proper collaboration with all project stakeholders for planning and coordination of work activities. A key component of our communication plan will describe methods and criteria for distributing our IV&V documents, reports, various artifacts and deliverables to the appropriate project stakeholders. Our IV&V communications will help to maintain alignment of stakeholder objectives and expectations, promote understanding of

project conditions and risks, and inform appropriate the Agency stakeholders on performance information required to manage the project.

The Microsoft Project work plan provided demonstrates the Comagine Health vision of the activities and task dependencies that are necessary to perform IV&V services for the E&E project. The schedule addresses Release 1 and Release 2 as represented in the ARIES Timeline. Actual tasks, dates, and dependencies will be adjusted to correspond to actual project activities when IV&V is engaged and will be updated on an ongoing basis. Many tasks in the work plan are scheduled concurrently to allow for listing the numerous ongoing monitoring and reviews that will be performed.

ID	Task Name	Duration	Start
1	Arkansas DHS Integrated Eligibility and Benefit Management Solution (IEBM)	595 days	Mon 1/6/20
	IV&V Preliminary Work Plan		
2	IV&V Contract Start	0 days	Mon 1/6/20
3	IV&V Start-up and Planning	39 days	Mon 1/6/20
4	Conduct onboarding and coordination with Agency	5 days	Mon 1/6/20
5	IV&V Activity Kick Off & Planning Meeting	9 days	Mon 1/6/20
6	Meet with Agency to address logistics (participants, dates, materials, etc.)	5 days	Mon 1/6/20
7	Prepare materials for kickoff meeting and gain approvals	5 days	Mon 1/6/20
8	Lead IV&V Kick Off & Planning Meeting	1 day	Mon 1/13/20
9	Document meeting notes and submit	3 days	Tue 1/14/20
10	IV&V Document Repository Setup	10 days	Mon 1/6/20
11	Coordinate with Agency to establish repository structure and processes	5 days	Mon 1/6/20
12	Create IV&V document repository	5 days	Mon 1/13/20
13	Develop & Approve IV&V Project Management Plans	15 days	Fri 1/10/20
14	IV&V Project Management Plan	15 days	Fri 1/10/20
15	Confirm initial project goals, expected outcomes, known risks, constraints, performance standards	10 days	Fri 1/10/20
16	Confirm IV&V activities, tasks, dependencies, resource needs for schedule	10 days	Fri 1/10/20
17	Review existing Agency management plans	10 days	Fri 1/10/20
18	Define project management and control methods	10 days	Fri 1/10/20
19	Define IV&V progress reporting and meeting methods	10 days	Fri 1/10/20
20	Define IV&V service/deliverable quality control methods	10 days	Fri 1/10/20
21	Define risk management approach	10 days	Fri 1/10/20
22	Define communication strategy	10 days	Fri 1/10/20
23	Define IV&V approach, methods and tools	10 days	Fri 1/10/20
24	Confirm staffing requirements	10 days	Fri 1/10/20
25	Confirm Agency acceptance of IV&V Team members	10 days	Fri 1/10/20
26	Establish Project Executive meeting schedule	10 days	Fri 1/10/20
27	Confirm IV&V team structure, roles and responsibilities	10 days	Fri 1/10/20
28	Confirm IV&V team participation expectations and requirements	10 days	Fri 1/10/20
29	Confirm stakeholder interaction "rules of engagement"	10 days	Fri 1/10/20
30	Establish formal process for replacing key personnel	10 days	Fri 1/10/20
31	Establish process for coordinating IV&V working arrangements and onsite schedules	10 days	Fri 1/10/20
32	Identify additional SME needs	10 days	Fri 1/10/20
33	Define meeting participation requirements	10 days	Fri 1/10/20
34	Prepare and submit draft IV&V Project Management Plan	10 days	Fri 1/10/20
35	Review plan with Agency	2 days	Wed 1/22/20
36	Collect feedback based on Agency review	5 days	Fri 1/24/20
37	Modify based on Agency input and resubmit	3 days	Tue 1/28/20
38	D: IV&V Project Management Plan	0 days	Thu 1/30/20
39	Knowledge of DHS Functional Requirements Presentation	26 days	Fri 1/10/20
40	Research and review DHS Functional Requirements	15 days	Fri 1/10/20
41	Prepare Functional Requirements Presentation	20 days	Fri 1/17/20
42	Notify Agency of readiness to schedule presentation	1 day	Wed 2/12/20
43	Schedule Presentation	1 day	Thu 2/13/20
44	Conduct Presentation to Agency Team	1 day	Fri 2/14/20
45	Knowledge of Arkansas IEBM Presentation	35 days	Fri 1/10/20
46	Research and review IEBM	20 days	Fri 1/10/20
47	Prepare IEBM Presentation	24 days	Fri 1/17/20
48	Notify Agency of readiness to schedule presentation	1 day	Tue 2/18/20

ID	Task Name	Duration	Start
49	Schedule Presentation	1 day	Wed 2/19/20
50	Conduct Presentation to Agency Team	1 day	Thu 2/27/20
51	Ongoing IV&V Reporting	571 days	Fri 2/7/20
52	D: Monthly IV&V Assessments Reports	566 days	Fri 2/7/20
53	D: Monthly IV&V Assessments Reports 1	1 day	Fri 2/7/20
54	D: Monthly IV&V Assessments Reports 2	1 day	Fri 3/6/20
55	D: Monthly IV&V Assessments Reports 3	1 day	Fri 4/10/20
56	D: Monthly IV&V Assessments Reports 4	1 day	Fri 5/8/20
57	D: Monthly IV&V Assessments Reports 5	1 day	Fri 6/5/20
58	D: Monthly IV&V Assessments Reports 6	1 day	Fri 7/10/20
59	D: Monthly IV&V Assessments Reports 7	1 day	Fri 8/7/20
60	D: Monthly IV&V Assessments Reports 8	1 day	Fri 9/11/20
61	D: Monthly IV&V Assessments Reports 9	1 day	Fri 10/9/20
62	D: Monthly IV&V Assessments Reports 10	1 day	Fri 11/6/20
63	D: Monthly IV&V Assessments Reports 11	1 day	Fri 12/11/20
64	D: Monthly IV&V Assessments Reports 12	1 day	Fri 1/8/21
65	D: Monthly IV&V Assessments Reports 13	1 day	Fri 2/5/21
66	D: Monthly IV&V Assessments Reports 14	1 day	Fri 3/5/21
67	D: Monthly IV&V Assessments Reports 15	1 day	Fri 4/9/21
68	D: Monthly IV&V Assessments Reports 16	1 day	Fri 5/7/21
69	D: Monthly IV&V Assessments Reports 17	1 day	Fri 6/11/21
70	D: Monthly IV&V Assessments Reports 18	1 day	Fri 7/9/21
71	D: Monthly IV&V Assessments Reports 19	1 day	Fri 8/6/21
72	D: Monthly IV&V Assessments Reports 20	1 day	Fri 9/10/21
73	D: Monthly IV&V Assessments Reports 21	1 day	Fri 10/8/21
74	D: Monthly IV&V Assessments Reports 22	1 day	Fri 11/5/21
75	D: Monthly IV&V Assessments Reports 23	1 day	Fri 12/10/21
76	D: Monthly IV&V Assessments Reports 24	1 day	Fri 1/7/22
77	D: Monthly IV&V Assessments Reports 25	1 day	Fri 2/11/22
78	D: Monthly IV&V Assessments Reports 26	1 day	Fri 3/11/22
79	D: Monthly IV&V Assessments Reports 27	1 day	Fri 4/8/22
80	D: Monthly IV&V Risk Assessment and Reports	566 days	Fri 2/7/20
81	D: Monthly IV&V Risk Assessment and Reports 1	1 day	Fri 2/7/20
82	D: Monthly IV&V Risk Assessment and Reports 2	1 day	Fri 3/6/20
83	D: Monthly IV&V Risk Assessment and Reports 3	1 day	Fri 4/10/20
84	D: Monthly IV&V Risk Assessment and Reports 4	1 day	Fri 5/8/20
85	D: Monthly IV&V Risk Assessment and Reports 5	1 day	Fri 6/5/20
86	D: Monthly IV&V Risk Assessment and Reports 6	1 day	Fri 7/10/20
87	D: Monthly IV&V Risk Assessment and Reports 7	1 day	Fri 8/7/20
88	D: Monthly IV&V Risk Assessment and Reports 8	1 day	Fri 9/11/20
89	D: Monthly IV&V Risk Assessment and Reports 9	1 day	Fri 10/9/20
90	D: Monthly IV&V Risk Assessment and Reports 10	1 day	Fri 11/6/20
91	D: Monthly IV&V Risk Assessment and Reports 11	1 day	Fri 12/11/20
92	D: Monthly IV&V Risk Assessment and Reports 12	1 day	Fri 1/8/21
93	D: Monthly IV&V Risk Assessment and Reports 13	1 day	Fri 2/5/21
94	D: Monthly IV&V Risk Assessment and Reports 14	1 day	Fri 3/5/21
95	D: Monthly IV&V Risk Assessment and Reports 15	1 day	Fri 4/9/21
96	D: Monthly IV&V Risk Assessment and Reports 16	1 day	Fri 5/7/21
97	D: Monthly IV&V Risk Assessment and Reports 17	1 day	Fri 6/11/21
98	D: Monthly IV&V Risk Assessment and Reports 18	1 day	Fri 7/9/21

ID	Task Name	Duration	Start
99	D: Monthly IV&V Risk Assessment and Reports 19	1 day	Fri 8/6/21
100	D: Monthly IV&V Risk Assessment and Reports 20	1 day	Fri 9/10/21
101	D: Monthly IV&V Risk Assessment and Reports 21	1 day	Fri 10/8/21
102	D: Monthly IV&V Risk Assessment and Reports 22	1 day	Fri 11/5/21
103	D: Monthly IV&V Risk Assessment and Reports 23	1 day	Fri 12/10/21
104	D: Monthly IV&V Risk Assessment and Reports 24	1 day	Fri 1/7/22
105	D: Monthly IV&V Risk Assessment and Reports 25	1 day	Fri 2/11/22
106	D: Monthly IV&V Risk Assessment and Reports 26	1 day	Fri 3/11/22
107	D: Monthly IV&V Risk Assessment and Reports 27	1 day	Fri 4/8/22
108	D: Monthly IV&V Issues Log	566 days	Fri 2/7/20
109	D: Monthly IV&V Issues Log 1	1 day	Fri 2/7/20
110	D: Monthly IV&V Issues Log 2	1 day	Fri 3/6/20
111	D: Monthly IV&V Issues Log 3	1 day	Fri 4/10/20
112	D: Monthly IV&V Issues Log 4	1 day	Fri 5/8/20
113	D: Monthly IV&V Issues Log 5	1 day	Fri 6/5/20
114	D: Monthly IV&V Issues Log 6	1 day	Fri 7/10/20
115	D: Monthly IV&V Issues Log 7	1 day	Fri 8/7/20
116	D: Monthly IV&V Issues Log 8	1 day	Fri 9/11/20
117	D: Monthly IV&V Issues Log 9	1 day	Fri 10/9/20
118	D: Monthly IV&V Issues Log 10	1 day	Fri 11/6/20
119	D: Monthly IV&V Issues Log 11	1 day	Fri 12/11/20
120	D: Monthly IV&V Issues Log 12	1 day	Fri 1/8/21
121	D: Monthly IV&V Issues Log 13	1 day	Fri 2/5/21
122	D: Monthly IV&V Issues Log 14	1 day	Fri 3/5/21
123	D: Monthly IV&V Issues Log 15	1 day	Fri 4/9/21
124	D: Monthly IV&V Issues Log 16	1 day	Fri 5/7/21
125	D: Monthly IV&V Issues Log 17	1 day	Fri 6/11/21
126	D: Monthly IV&V Issues Log 18	1 day	Fri 7/9/21
127	D: Monthly IV&V Issues Log 19	1 day	Fri 8/6/21
128	D: Monthly IV&V Issues Log 20	1 day	Fri 9/10/21
129	D: Monthly IV&V Issues Log 21	1 day	Fri 10/8/21
130	D: Monthly IV&V Issues Log 22	1 day	Fri 11/5/21
131	D: Monthly IV&V Issues Log 23	1 day	Fri 12/10/21
132	D: Monthly IV&V Issues Log 24	1 day	Fri 1/7/22
133	D: Monthly IV&V Issues Log 25	1 day	Fri 2/11/22
134	D: Monthly IV&V Issues Log 26	1 day	Fri 3/11/22
135	D: Monthly IV&V Issues Log 27	1 day	Fri 4/8/22
136	D: Monthly IV&V Reports for ITGC	566 days	Fri 2/14/20
137	D: Monthly IV&V Reports for ITGC 1	1 day	Fri 2/14/20
138	D: Monthly IV&V Reports for ITGC 2	1 day	Fri 3/13/20
139	D: Monthly IV&V Reports for ITGC 3	1 day	Fri 4/17/20
140	D: Monthly IV&V Reports for ITGC 4	1 day	Fri 5/15/20
141	D: Monthly IV&V Reports for ITGC 5	1 day	Fri 6/12/20
142	D: Monthly IV&V Reports for ITGC 6	1 day	Fri 7/17/20
143	D: Monthly IV&V Reports for ITGC 7	1 day	Fri 8/14/20
144	D: Monthly IV&V Reports for ITGC 8	1 day	Fri 9/18/20
145	D: Monthly IV&V Reports for ITGC 9	1 day	Fri 10/16/20
146	D: Monthly IV&V Reports for ITGC 10	1 day	Fri 11/13/20
147	D: Monthly IV&V Reports for ITGC 11	1 day	Fri 12/18/20
148	D: Monthly IV&V Reports for ITGC 12	1 day	Fri 1/15/21

ID	Task Name	Duration	Start
149	D: Monthly IV&V Reports for ITGC 13	1 day	Fri 2/12/21
150	D: Monthly IV&V Reports for ITGC 14	1 day	Fri 3/12/21
151	D: Monthly IV&V Reports for ITGC 15	1 day	Fri 4/16/21
152	D: Monthly IV&V Reports for ITGC 16	1 day	Fri 5/14/21
153	D: Monthly IV&V Reports for ITGC 17	1 day	Fri 6/18/21
154	D: Monthly IV&V Reports for ITGC 18	1 day	Fri 7/16/21
155	D: Monthly IV&V Reports for ITGC 19	1 day	Fri 8/13/21
156	D: Monthly IV&V Reports for ITGC 20	1 day	Fri 9/17/21
157	D: Monthly IV&V Reports for ITGC 21	1 day	Fri 10/15/21
158	D: Monthly IV&V Reports for ITGC 22	1 day	Fri 11/12/21
159	D: Monthly IV&V Reports for ITGC 23	1 day	Fri 12/17/21
160	D: Monthly IV&V Reports for ITGC 24	1 day	Fri 1/14/22
161	D: Monthly IV&V Reports for ITGC 25	1 day	Fri 2/11/22
162	D: Monthly IV&V Reports for ITGC 26	1 day	Fri 3/11/22
163	D: Monthly IV&V Reports for ITGC 27	1 day	Fri 4/15/22
164	D: Quarterly IV&V Progress Reports	523 days	Wed 4/15/20
165	D: Quarterly IV&V Progress Reports 1	1 day	Wed 4/15/20
166	D: Quarterly IV&V Progress Reports 2	1 day	Wed 7/15/20
167	D: Quarterly IV&V Progress Reports 3	1 day	Thu 10/15/20
168	D: Quarterly IV&V Progress Reports 4	1 day	Fri 1/15/21
169	D: Quarterly IV&V Progress Reports 5	1 day	Thu 4/15/21
170	D: Quarterly IV&V Progress Reports 6	1 day	Thu 7/15/21
171	D: Quarterly IV&V Progress Reports 7	1 day	Fri 10/15/21
172	D: Quarterly IV&V Progress Reports 8	1 day	Fri 1/14/22
173	D: Quarterly IV&V Progress Reports 9	1 day	Fri 4/15/22
174	D: Annual IV&V Project Plan Update - Year 1	10 days	Mon 5/4/20
175	Review IV&V Project Plan identifying needed updates	3 days	Mon 5/4/20
176	Apply updates to IV&V Project Plan	5 days	Mon 5/4/20
177	Review updated IV&V Project Plan with Agency	2 days	Mon 5/11/20
178	Update IV&V Project Plan with items identified during review	2 days	Wed 5/13/20
179	D: Deliver updated IV&V Project Plan	1 day	Fri 5/15/20
180	D: Annual IV&V Project Plan Update - Year 2	10 days	Mon 5/3/21
181	Review IV&V Project Plan identifying needed updates	3 days	Mon 5/3/21
182	Apply updates to IV&V Project Plan	5 days	Mon 5/3/21
183	Review updated IV&V Project Plan with Agency	2 days	Mon 5/10/21
184	Update IV&V Project Plan with items identified during review	2 days	Wed 5/12/21
185	D: Deliver updated IV&V Project Plan	1 day	Fri 5/14/21
186	MEELC Phase: Initiation and Planning - Release 1 and 2	35 days	Tue 1/7/20
187	Initial IV&V Review and Risk Assessment	30 days	Tue 1/7/20
188	Collect existing project documentation and other materials	5 days	Tue 1/14/20
189	Review vendor project artifacts and deliverables	15 days	Tue 1/14/20
190	Review Agency project artifacts	15 days	Tue 1/14/20
191	Evaluate plans, methods, standards and results	15 days	Tue 1/14/20
192	Conduct interviews with key project stakeholders	15 days	Tue 1/14/20
193	Participate in various stakeholder meetings	15 days	Tue 1/14/20
194	Evaluate any procurement documents and vendor responses	15 days	Tue 1/14/20
195	Observe any vendor requirements sessions	15 days	Tue 1/14/20
196	Analyze Agency work plans	15 days	Tue 1/14/20
197	IV&V Checklists - Initial Review	25 days	Tue 1/14/20
198	Coordinate with the Agency to collect all Agency completed MEET/MECT checklists to date at the beginning of the IV&V contact	5 days	Tue 1/14/20

ID	Task Name	Duration	Start
199	Evaluate Agency completed checklists and supporting documentation	15 days	Tue 1/21/20
200	Identify opportunities for improvements and provide feedback	15 days	Tue 1/21/20
201	Complete IV&V reviewer sections of the checklists	5 days	Tue 2/11/20
202	Identify issues, concerns, opportunities, risks and recommendations for improvement	30 days	Tue 1/7/20
203	Document assessment results	30 days	Tue 1/7/20
204	Vision & Strategy / Product Planning - Release 1 and 2	30 days	Tue 1/14/20
205	Provide and update document repository of all IV&V work products	30 days	Tue 1/14/20
206	IV&V monitoring and review of:	30 days	Tue 1/14/20
207	State goals, objectives, and project management approach	30 days	Tue 1/14/20
208	Schedule/WBS	30 days	Tue 1/14/20
209	Budget	30 days	Tue 1/14/20
210	Communication plan	30 days	Tue 1/14/20
211	Configuration Management plan	30 days	Tue 1/14/20
212	Quality management plan	30 days	Tue 1/14/20
213	Change Management plan & IEMB Change Request Process	30 days	Tue 1/14/20
214	Staffing plan	30 days	Tue 1/14/20
215	Risk management plan/registers	30 days	Tue 1/14/20
216	Project charters	30 days	Tue 1/14/20
217	IAPD	30 days	Tue 1/14/20
218	Planned performance metrics	30 days	Tue 1/14/20
219	MITA SS-A and roadmap	30 days	Tue 1/14/20
220	Inclusion of State and Federal E&E Requirements	30 days	Tue 1/14/20
221	Adherence to State SDLC	30 days	Tue 1/14/20
222	Adherence to Service Level Agreements (SLA)	30 days	Tue 1/14/20
223	Incorporation of Standards and Conditions for Medicaid IT	30 days	Tue 1/14/20
224	Reflection of State's MITA goals and plans into IEBM	30 days	Tue 1/14/20
225	IEBM E&E Concept of Operations	30 days	Tue 1/14/20
226	Draft RFPs and vendor responses	30 days	Tue 1/14/20
227	Privacy impact analysis	30 days	Tue 1/14/20
228	State security policies and plans	30 days	Tue 1/14/20
229	Identify issues, concerns, opportunities, risks and recommendations for improvement	30 days	Tue 1/14/20
230	Document assessment results	30 days	Tue 1/14/20
231	R1: Project Initiation Milestone Review	1 day	Tue 2/4/20
232	MEELC Phase: Requirements, Design & Development - Release 1 and 2	145 days	Mon 1/13/20
233	Requirements Gathering	25 days	Mon 1/13/20
234	Prepare for Requirements Gathering sessions	5 days	Mon 1/13/20
235	Participate in IEBM requirements gathering sessions	20 days	Mon 1/20/20
236	Architecture & Development / Execution	145 days	Mon 1/13/20
237	IV&V monitoring and review of:	145 days	Mon 1/13/20
238	Project performance metrics	145 days	Mon 1/13/20
239	Functional and system performance requirements	145 days	Mon 1/13/20
240	Interface design and control document	145 days	Mon 1/13/20
241	System technical design	145 days	Mon 1/13/20
242	Database design	145 days	Mon 1/13/20
243	Data conversion/management plan	145 days	Mon 1/13/20
244	Physical data model	145 days	Mon 1/13/20
245	Process design mapping	145 days	Mon 1/13/20

ID	Task Name	Duration	Start
246	Data conversion plan	145 days	Mon 1/13/20
247	Preliminary test plan and strategy	145 days	Mon 1/13/20
248	Implementation plan	145 days	Mon 1/13/20
249	Contingency/recovery plan	145 days	Mon 1/13/20
250	Data use and exchange agreements	145 days	Mon 1/13/20
251	Security plans/Information Security Risk Assessment	145 days	Mon 1/13/20
252	Identify issues, concerns, opportunities, risks and recommendations for improvement	145 days	Mon 1/13/20
253	Document assessment results	144 days	Tue 1/14/20
254	MEELC Phase: Integration, Test & Implementation - Release 1 and 2	449 days	Mon 1/13/20
255	Integration / Acceptance & Readiness Testing	383 days	Mon 1/13/20
256	Provide and update document repository of all IV&V work products	90 days	Mon 1/13/20
257	IV&V monitoring and review of:	383 days	Mon 1/13/20
258	Requirements Traceability Matrix (RTM)	383 days	Mon 1/13/20
259	IEBM Change Request Process	383 days	Mon 1/13/20
260	Project performance metrics	383 days	Mon 1/13/20
261	Test plan, strategy, test approaches, use cases, and scenarios	383 days	Mon 1/13/20
262	Functional, system, and UAT testing results	383 days	Mon 1/13/20
263	Capacity Management testing results	383 days	Mon 1/13/20
264	Regression Testing results	383 days	Mon 1/13/20
265	Data conversion, validation and final test results	383 days	Mon 1/13/20
266	Pilot Testing Results	383 days	Mon 1/13/20
267	Training materials including training strategies, plans, curriculum, and results	383 days	Mon 1/13/20
268	Policies and procedures	383 days	Mon 1/13/20
269	User, operations and maintenance manuals	383 days	Mon 1/13/20
270	System documentation	383 days	Mon 1/13/20
271	Data use and exchange agreements/Business Associate Agreements (BAAs)	383 days	Mon 1/13/20
272	Security plans/Privacy Impact Analysis/Information Security Risk Assessment	383 days	Mon 1/13/20
273	Contingency and business continuity plans	383 days	Mon 1/13/20
274	Disaster Recovery plans	383 days	Mon 1/13/20
275	Implementation and go-live plans	383 days	Mon 1/13/20
276	Business process reengineering outputs	383 days	Mon 1/13/20
277	System performance testing results prior to go-live	383 days	Mon 1/13/20
278	IEBM Concept of Operations plans	383 days	Mon 1/13/20
279	Operational readiness plans	383 days	Mon 1/13/20
280	Production system performance measures	383 days	Mon 1/13/20
281	Deferred functionality, defects and change requests	383 days	Mon 1/13/20
282	Vendor support plans and SLAs	383 days	Mon 1/13/20
283	CMS Requested Testing	90 days	Thu 2/25/21
284	Monitor and review all testing specifically requested by CMS	90 days	Thu 2/25/21
285	Complete all CMS required IV&V inputs	90 days	Thu 2/25/21
286	Identify issues, concerns, opportunities, risks and recommendations for improvement	383 days	Mon 1/13/20
287	Document assessment results	383 days	Mon 1/13/20
288	R2: Operational Milestone Review - Release 1	16 days	Tue 9/1/20
289	Prepare for R2 Review	10 days	Tue 9/1/20
290	Provide IV&V input for R2 Review	5 days	Tue 9/15/20
291	Participate in R2 Review meetings	1 day	Tue 9/22/20

ID	Task Name	Duration	Start
292	Statewide Rollout - Release 1	44 days	Tue 9/1/20
293	Monitor and review all rollout activities	44 days	Tue 9/1/20
294	Identify issues, concerns, opportunities, risks and recommendations for improvement	44 days	Tue 9/1/20
295	Document assessment results	44 days	Tue 9/1/20
296	R2: Operational Milestone Review - Release 2	16 days	Mon 8/2/21
297	Prepare for R2 Review	10 days	Mon 8/2/21
298	Provide IV&V input for R2 Review	5 days	Mon 8/16/21
299	Participate in R2 Review meetings	1 day	Mon 8/23/21
300	Statewide Rollout - Release 2	44 days	Mon 8/2/21
301	Monitor and review all rollout activities	44 days	Mon 8/2/21
302	Identify issues, concerns, opportunities, risks and recommendations for improvement	44 days	Mon 8/2/21
303	Document assessment results	44 days	Mon 8/2/21
304	MEELC Phase: Operations & Maintenance - Release 1 and 2	414 days	Tue 9/1/20
305	Deployment - Release 1	44 days	Tue 9/1/20
306	Provide and update document repository of all IV&V work products	44 days	Tue 9/1/20
307	IV&V monitoring and review of:	44 days	Tue 9/1/20
308	System performance reports/ metrics	44 days	Tue 9/1/20
309	Deferred functionality, defects and change requests	44 days	Tue 9/1/20
310	Operations performance issues	44 days	Tue 9/1/20
311	SLA performance results	44 days	Tue 9/1/20
312	Final implementation project schedule and budget	44 days	Tue 9/1/20
313	Final implementation project performance metrics	44 days	Tue 9/1/20
314	Identify issues, concerns, opportunities, risks and recommendations for improvement	44 days	Tue 9/1/20
315	Document assessment results	44 days	Tue 9/1/20
316	Deployment - Release 2	44 days	Mon 8/2/21
317	Provide and update document repository of all IV&V work products	44 days	Mon 8/2/21
318	IV&V monitoring and review of:	44 days	Mon 8/2/21
319	System performance reports/ metrics	44 days	Mon 8/2/21
320	Deferred functionality, defects and change requests	44 days	Mon 8/2/21
321	Operations performance issues	44 days	Mon 8/2/21
322	SLA performance results	44 days	Mon 8/2/21
323	Final implementation project schedule and budget	44 days	Mon 8/2/21
324	Final implementation project performance metrics	44 days	Mon 8/2/21
325	Identify issues, concerns, opportunities, risks and recommendations for improvement	44 days	Mon 8/2/21
326	Document assessment results	44 days	Mon 8/2/21
327	Operations Services / Post Deployment - Release 1	65 days	Mon 11/2/20
328	IV&V monitoring and review of:	65 days	Mon 11/2/20
329	System performance reports/ metrics	65 days	Mon 11/2/20
330	Deferred functionality, defects and change requests	65 days	Mon 11/2/20
331	Any remaining operations performance issues	65 days	Mon 11/2/20
332	SLA performance results	65 days	Mon 11/2/20
333	Vendor closeout plans and processes	65 days	Mon 11/2/20
334	Identify issues, concerns, opportunities, risks and recommendations for improvement	65 days	Mon 11/2/20
335	Document assessment results	65 days	Mon 11/2/20
336	Operations Services / Post Deployment - Release 2	65 days	Fri 10/1/21
337	IV&V monitoring and review of:	65 days	Fri 10/1/21

ID	Task Name	Duration	Start
338	System performance reports/ metrics	65 days	Fri 10/1/21
339	Deferred functionality, defects and change requests	65 days	Fri 10/1/21
340	Any remaining operations performance issues	65 days	Fri 10/1/21
341	SLA performance results	65 days	Fri 10/1/21
342	Vendor closeout plans and processes	65 days	Fri 10/1/21
343	Identify issues, concerns, opportunities, risks and recommendations for improvement	65 days	Fri 10/1/21
344	Document assessment results	65 days	Fri 10/1/21
345	R3: Certification Milestone Review - Release 1	16 days	Mon 4/12/21
346	Prepare for R3 Review	10 days	Mon 4/12/21
347	Provide IV&V input for R3 Review	5 days	Mon 4/26/21
348	Participate in R3 Review meetings	1 day	Mon 5/3/21
349	R3: Certification Milestone Review - Release 2	16 days	Fri 3/11/22
350	Prepare for R3 Review	10 days	Fri 3/11/22
351	Provide IV&V input for R3 Review	5 days	Fri 3/25/22
352	Participate in R3 Review meetings	1 day	Fri 4/1/22
353	IV&V Project Closure	15 days	Mon 3/28/22
354	Conduct IV&V project closure activities	15 days	Mon 3/28/22
355	Draft and submit IV&V project closure documentation	15 days	Mon 3/28/22
356	Project Closure	0 days	Fri 4/15/22

5.2.6.2 Knowledge of Agency Functional Requirements; Section 2.4.B

Comagine Health agrees to make a formal presentation to the Agency within forty-five (45) calendar days of the contract's execution date. This presentation will summarize Comagine Health's key personnel's understanding of the Agency's program policies, procedures, and manuals relevant to IEBM including Health Insurance Portability and Accountability (HIPAA) standards for protecting sensitive patient data. We will address Medicaid Information Technology Architecture (MITA) requirements for integrating business and information technology, Centers for Medicare and Medicaid Services (CMS) MEELC and MEET. The following will also be included:

- The CMS Expedited Life Cycle Process (XLC) for project oversight and execution.
- The organization structure of Agency and the DCO.
- Medicaid program statistical information including caseloads, claims volume, and prior authorization requests.

5.2.6.3 Knowledge of the Arkansas IEBM; Section 2.4.C

Comagine Health agrees that our Key Personnel on the IV&V Team will make a formal presentation to the Agency summarizing the Key Personnel's understanding of the following:

- The Medicaid system as implemented in Arkansas.
- The intent and scope of work for Arkansas' IEBM System Integrator RFP # SP-17-0012 as published at http://www.arkansas.gov/dfa/procurement/bids/bid_info.php?bid_number=SP-17-0012
- The current IEBM system including its architecture and sub-systems.
- Internal and external data interfaces with IEBM.
- The IEBM reporting requirements.
- Agency' current strategy for replacing legacy modules with IEBM.
- Key stakeholder groups within the current Agency organizational structure.

This presentation will be delivered within sixty (60) calendar days of the contract's actual start date, and each member of the IV&V Team will present a portion of the content.

5.2.6.4 Monthly IV&V Assessments; Section 2.4.D

Our IV&V Team will conduct ongoing IV&V assessments to understand and document the current status of key project conditions. Our team will continually perform the following to monitor, evaluate, and document the status and effectiveness of each IEBM project.

- **Project Management Assessments.** Evaluation of the project management approach and effectiveness;
- **Project Schedule Reviews.** Evaluation of the project schedule and work plan;

- **Requirements Assessments.** Evaluation of solution and project requirements documentation; and
- **Compliance Reviews.** Evaluation of project status in relation to federal, state and other requirements with focus on CMS MEELC requirements.
- **Required CMS quarterly Progress reports.** Completion and submission of the required CMS quarterly progress reports, with specific information related to the Arkansas IEBM project. We have Experience working with multiple states and CMS regions to deliver these reports successfully.

Monthly IV&V reviews will be performed through a series of interviews, document reviews, and participation in key meetings. Comagine Health will perform monthly assessments for each project. We will conduct ongoing assessments to monitor the status and health of the project including managerial responsibilities, governance structures, enterprise objectives, approach, procurement strategies, technical components, documentation, and various project artifacts. Our team will be on-site to conduct in-person meetings and interviews with Agency and solution vendor staff each month and will conduct several interviews via teleconference and/or video conference with IV&V staff located remotely. Our Project Lead will coordinate with appropriate Agency leadership to establish assessment activities in advance in order to help coordinate the participation of Agency and MES solution vendor staff.

In order to promote proactive and engaged IV&V support, our IV&V Team will also participate regularly in key project meetings in-person, and remotely via teleconference and/or video conference as appropriate. We will work with Agency to ensure appropriate levels of participation and engagement in order to ensure a level of “embeddedness” in the project. In addition, our team will continually review project artifacts produced by Agency and vendors. These artifact reviews will also be performed remotely by our team. We will coordinate with Agency to establish an inventory of relevant and required documents for review.

Our IV&V Team will administer a structured risk management approach that includes identifying, documenting, quantifying/prioritizing, tracking, and mitigating risks for each project. Our Master IV&V Management Plans will provide for a systematic risk management approach to identify and assess risks and develop appropriate mitigation strategies. Our approach will align with any of Agency’s existing risk management plans, methods or tools that are already in place. Our planned risk management approach, as described in Section 5.2.5 Sample Risk Management and Issue Log, will define:

- Methods for identifying, assessing, rating, and documenting risks;
- Methods and tools for monitoring risks and reporting mitigations; and
- Risk management roles and responsibilities.

Our ongoing risk management activities will alert the Agency to any risks and issues that may adversely impact project schedule, quality, and/or budget.

The IV&V Team will document the results of these assessments in Monthly IV&V Review reports. We will prepare monthly reports documenting our IV&V findings, relative risks, recommended mitigation strategies and improvements, and recommended priorities. Our IV&V Lead will coordinate delivery of our monthly reports and ensure submission .

We will also prepare IV&V Progress Reports quarterly and upon completing milestone IV&V reviews. Our IV&V Team will submit these reports to CMS and Agency simultaneously. Our IV&V Quarterly Progress Reports will contain the information described in our proposal Section 5.2.3 CMS Quarterly Reports.

Comagine Health agrees to provide a monthly report on all DDI work provided by the IEBM System Integrator. These monthly IV&V reports will be submitted simultaneously to the CMS, the United States Agency of Agriculture Food and Nutrition Service (FNS), and the Agency as follows:

- The report must be submitted no later than 5:00 p.m. Central Time (CT) on the Friday of the first full week of the month following the reporting period.
- The report must follow the CMS template and guidance and be in a format approved by Agency.
- The report shall provide an independent assessment of the IEBM system integration contractor's performance that evaluates how well that contractor applies best practices in project management, in system development life cycle (SDLC) processes, and in work products.

Comagine Health understands that each report shall include, but is not limited to:

- Overall Project Health Assessment
- Project Management Assessment
- Schedule Assessment
- Modular Development Assessment
- Artifact Assessments
- Security Assessment
- Risks Assessment
- Issues Assessment

5.2.6.5 Information Technology Governance Committee Reports; Section 2.4.E

Comagine Health agrees to deliver, in a format approved by Agency, a monthly IV&V report for the Information Technology Governance Committee (ITGC) of the Governor's Office. This report shall be a condensed, executive summary of the monthly IV&V Assessment. The ITGC report will

be submitted no later than 5:00 p.m. CT on the Friday of the second full week of the month following the reporting period.

5.2.6.6 Document Transparency; Section 2.4.F

Comagine Health agrees to the condition that documentation of all IV&V procedures shall be clear and concise to enable future contractors the ability to recreate the same reports, as needed. Each IV&V document shall include without limitation the following document controls:

- Revision History: Identifying the version of the draft, the date the draft was submitted, deliverable point of contact/person making change, and a description of changes made.
- Table of Contents: A summary list of the major headings within the document and their page references.
- List of Figures: A listing of all figures and their page references.
- List of Tables: A list of all tables and their page references.
- Referenced Documents: A listing of other relevant documents, including the document name, and identifying numbers or codes, any web or SharePoint link, and issuance date
- Decision Log: Provides a summary of decision point and owners.
- Assumptions/Constraints/Risks: Describes any assumptions, constraints, and risks regarding the project that impact deliverables.
- Acronyms: A listing of all acronyms identified in the deliverable, their literal translations, and source.

5.2.6.7 Meetings and Interviews; 2.4.I

Comagine Health agrees to continually participate in ongoing project meetings and DDI deliverable walkthroughs, and conduct stakeholder interviews to understand the processes, procedures, and tools used in the IEBM project environments. Comagine Health will include a list of meetings attended and interviews conducted in the monthly IV&V Assessments.

5.3 Project Organization and Qualifications

As the Agency's IV&V Contractor, Comagine Health will be committed to your mission and manage our services with the goal of improving health care access and outcomes for Arkansans, while demonstrating sound stewardship of financial resources. We are confident that we offer the Agency an IV&V services approach that will meet your Integrated Eligibility and Benefit Management Solution project objectives.

In order to extend our best IV&V Team possible, Comagine Health is subcontracting with eSense, an IT and management consulting firm which provides IT solutions, business consulting, healthcare consulting, and management services to their clients across the United States for over 15 years. The foundation of their company is a sense of extraordinary commitment to adding value for their clients and employees in everything they do. Over the years, they have built a strong network of professionals with efficient and value-driven recruiting capabilities

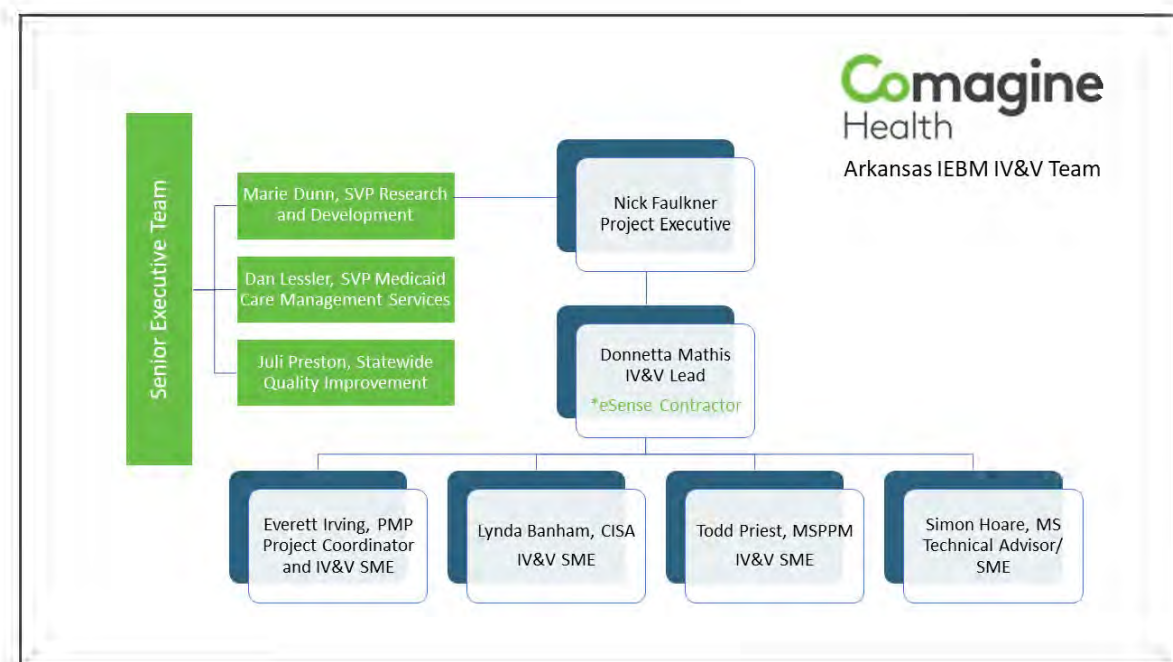
nationwide. They specialize in supplementing their clients' staff with the right talent at the right time. eSense consultants are highly qualified competent professionals who understand that they are first and foremost a service firm. They place the right resources with rights skills, right tangible as well as intangible qualities compatible with the unique organizational culture and characteristics, so they integrate with client teams seamlessly and maximize team productivity.

5.3.1 Key Personnel; Section 2.5

Comagine Health has been providing IV&V services for over 12 years to state Medicaid agencies. This contract will be led from Arkansas but will report up to our Seattle, Washington office.

The proposed IV&V Team will be organized as follows:

Figure 2 – Organization Chart for Comagine Health IV&V Team



Senior Executive Team (SET). Comagine Health President and Chief Executive Officer (CEO) is Marc Bennett, MA. Mr. Bennett serves as chair of the board of directors for the Network for Regional Health Improvement. He has served as the president and board chair of the American Health Quality Association and on the Quality Alliance Steering Committee at the Brookings Institution. Mr. Bennett is a frequent contributor to national policy forums in health information technology (HIT), health information exchange (HIE) and quality improvement, and is invited regularly to serve on advisory and planning committees or task forces associated with a broad range of state, regional, federal and private national policy groups. Mr. Bennett

understands the health care environment and is committed to implementing strategies to improve access to high quality care.

Mr. Bennett reports to the Comagine Health Board of Directors and is responsible for all operational, administrative, and financial dealings of the corporation. He oversees the Senior Executive Team (SET), which consists of the Officers and Vice Presidents who direct the organization's various departments. The SET includes:

- Dan Memmott, MBA—Chief Financial Officer and Compliance Officer
- Jason Owens, CHCIO—Chief Information Officer/Chief Information Security Officer
- Marie Dunn, MS—Senior Vice President (SVP), Research and Innovation
- Meredith Agen, MBA—Vice President (VP), Analytics
- Mylia Christensen—SVP, Leadership Engagement
- Evan Stults—VP, Marketing/Communications
- Dan Lessler, MD, MHP, FACP—SVP Clinical Leadership
- David Beery, MA—VP, Care Management
- Sharon Donnelly, MS—SVP, Development
- Juliana Preston—SVP, System-Wide Quality Improvement
- Steve Brown, MBA, MS, SPHR, SHRM-SCP, CEBS, CMS—VP, Human Resources

Comagine Health's Research and Innovation department will be responsible for the management and delivery of IV&V services under the leadership and direction of Marie Dunn, SVP of Research and Innovation, who is a SET member.

We propose an engagement staffing structure comprised of three major components including:

- A Project Sponsor for the organization and the highest escalation point for the contract;
- An engagement leadership team that includes a project executive and an IV&V lead to oversee, coordinate, advise and support projects; and
- A team of senior level IV&V analysts and consultants filling the required personnel roles.

Comagine Health will maintain a project staffing structure which will ensure our deliverables are of the highest quality and our services provide the most value to mitigate project risk and achieve the Agency's objectives.

5.3.1.1 Project Sponsor

Marie Dunn, Sr. Vice President of Research and Innovation will serve as the Project Sponsor and oversee all contract management activities. Ms. Dunn is a member of the SET and will champion the project to the organization.

5.3.1.2 Engagement Leadership Team

Nick Faulkner, PMP, Consulting Director, will serve as the Project Executive for this engagement. Mr. Faulkner will act as a senior-level project liaison with the Agency's leadership and will be the contact should there be any problems that cannot be resolved by our Program Lead and team, and thus need to be escalated to the executive level. Mr. Faulkner possesses more than 10 years of experience helping health care institutions and government agencies meet business objectives and regulatory requirements through improved management of IT resources. He has worked for as well as with state Medicaid agencies providing executive leadership and oversight on several health IT planning, implementation, QA, and IV&V projects. He will act as the liaison to the Senior Executive Team (SET) and along with the Program Lead, be responsible for our performance on the project.

Our IV&V Lead, Donnetta Mathis, will be 100% dedicated to the project and will serve as the primary day-to-day contact for the IEBM project and ensure the team's goals and responsibilities are met and the highest quality standards are achieved. Donnetta is an eSense contractor and will be fully engaged on the project for the duration of the contract.

She will manage both on-site and off-site staff coverage and facilitate collaborative meetings with Project Leadership. He will also coordinate closely with the various system component vendor project managers and Project Lead(s) to coordinate IV&V reviews of vendor deliverables and activities. In summary, he will:

- Be our IV&V Team's primary point of contact for the Agency;
- Remain assigned to the project through to completion of the project; and
- Serve as the contact and focal point of all day-to-day business, functional, and technical matters related to the project.

5.3.1.2 Key Personnel

Comagine Health proposes an IV&V Team of experienced health IT professionals. Our proposed staffing structure ensures our IV&V services are performed by highly qualified consultants to assist the Agency in achieving Medicaid program and systems objectives.

5.3.1.3 Team of Senior Level IV&V Analysts and Consultants

Our initial IV&V Team consists of highly experienced IV&V Specialists. Each have familiarity with Deloitte and the Nextgen application. Please see the following charts for roles and responsibilities:

Table 2 – Roles and Responsibilities of Team Members

Project Executive – Nick Faulkner, PMP, MBA	
Role Summary	<ul style="list-style-type: none"> ▪ Provide IV&V Team with executive level guidance and advise on IV&V service delivery strategies; ▪ Ensure project compliance with contract requirements and IEBM project objectives; ▪ Manage issue escalation not resolved by our IV&V Lead; ▪ Provide the Agency and IEBM project leadership counsel and advice; and ▪ Lead any IV&V contract changes and negotiations with the Agency and/or IEBM project leadership.
IV&V Lead – Donnetta Mathis	
Role Summary	<ul style="list-style-type: none"> ▪ Manage day-to-day project work including staffing allocation, IV&V deliverables and timeliness; ▪ Lead on-site IV&V assessment activities; ▪ Coordinate with IEBM project leadership to ensure our IV&V services support leadership goals and expectations, and address any contract or service delivery issues; ▪ Ensure IV&V services and deliverables adhere to internal quality controls, align with Agency expectations, and comply with MEET, CMS Medicaid Information Technical Architecture (MITA) 3.0, CMS Seven Conditions and Standards, PMBOK, IEEE, and other applicable standards; ▪ Develop and recalibrate IV&V work plans; and ▪ Lead monthly IV& V briefings.
IV&V Coordinator and IV&V SME – Everett Irving, PMP	
Role Summary	<ul style="list-style-type: none"> ▪ Provide subject matter expertise in the review and assessment of project artifacts and processes; ▪ Assist with the develop and recalibrate IV&V work plans; ▪ Ensure IV&V services and deliverables adhere to internal quality controls, align with Agency expectations, and comply with MEET, CMS Medicaid Information Technical Architecture (MITA) 3.0, CMS Seven Conditions and Standards, PMBOK, IEEE, and other applicable standards; and ▪ Coordinate on-site IV&V assessment activities.

Senior Technical Advisor/SME – Simon Hoare, MS	
Role Summary	<ul style="list-style-type: none"> Provide strategic guidance to IEBM project leadership regarding technical design and software development findings resulting from IV&V project artifact and development process reviews; Advise and guide IV&V Team in conducting technical reviews; Provide subject matter expertise in review of technical design documents, project document controls, enhancement processes and tools, and software environment; and Provide subject matter expertise in support of MARS-E security assessments.
IV&V SME – Lynda Bangham, CISA and Todd Priest, MSPPM	
Role Summary	<ul style="list-style-type: none"> Participate in IEBM project meetings, review project artifacts, and participate in on-site IV&V assessments to evaluate project management processes, development processes, technical design documents, project document controls, enhancement processes and tools, and software environment; Lead IV&V efforts to prepare IV&V Review Checklists; Lead security assessment efforts and complete the required independent third-party security risk assessment in the MARS-E 2.0 format; Lead IV&V Team efforts to conduct the Federal Data Services Hub testing and attestation; Validate that technical solutions comply with MEET, MITA 3.0, CMS Seven Conditions and Standards, PMBOK, IEEE, and other applicable standards; and Participate in monthly IV&V briefings.

5.3.2 Remote IV&V Team Members; Section 2.5.D

Comagine Health's IV&V Team will work using a blended on-site / off-site model to limit travel expenses by utilizing technology and teamwork. Our Project Coordinator, Everett Irving, will be on-site 80% of the time. Everett will orchestrate meetings with the other on-site stakeholders and patch in various members of our IV&V Team to join the conversations. Comagine Health can use a variety of technologies for video conferencing, so the team does not feel disconnected.

Donnetta Mathis, IV&V Lead, will be on-site 25%. She and Everett Irving, Project Coordinator, will stagger the on-site time if necessary, to make sure there is full-time 8:00am – 5:00pm coverage at the state offices. Other SMEs are available for travel into the state offices on an as need basis.

Table 3 – FTE Allocation and On-site Expectations

Name and Title	% Allocation	On-site Assumptions
Nick Faulkner, PMP, Project Executive	5%	Engagement Start-up & Monitoring
Donnetta Mathis, IV&V Lead	100%	25%
Everett Irving, IV&V Project Manager	80%	80%
Simon Hoare, Sr Technical Analyst/Architect	25%	As Needed
Lynda Bangham, CISA, IV&V Senior Analyst/SME	25%	As Needed
Todd Priest, MSPPM, IV&V Analyst/SME	25%	As Needed

5.3.3 Agency Requested IV&V Team Members; Section 2.5.F

Our IV&V Team will receive additional support as needed from Comagine Health SMEs from departments throughout our company. This includes healthcare and health IT professionals in our Care Management and Quality and Safety Initiatives divisions. Our IV&V Team will have access to professionals who support care management services for several state agencies. Our IV&V Team will also have access to professionals within our corporate IT department who can provide expert consultation on IT infrastructure, data communications, and data center operations issues.

This proposed IV&V Team represents a unique blend of experience and skills, allowing us to provide the project with a broad but balanced set of expert services. Our team brings in-depth experience and subject matter expertise with Medicaid and other government health programs and systems. Their experience goes beyond IV&V. The team's experience spans the entire spectrum of procurement, development, and implementation activities in support of modular Medicaid Enterprise Systems (MES) and Enrollment and Eligibility (E&E) system implementations. It includes recent work involving Agile procurement and development methods, and the Medicaid Eligibility and Enrollment Toolkit (MEET).

5.3.4 Organizational Profile; Section 2.6.B

Table 4 – Comagine Health Organization Profile

Company Name	Comagine Health (Prime)		
Parent Company	N/A		
Years in Business	40 Years	Years Providing IV&V Services	12 Years
Full-Time Employees	500+	Employees Providing IV&V Services	Avg 25
Headquarters (USA)	Washington	10700 Meridian Ave N., Suite 100, Seattle, WA	
Other Locations (USA)			
Alabama	P.O. Box 530787, Birmingham, AL 35253		
Alaska	P.O. Box 243609, Anchorage, AK 99524		
California	18022 Cowan, Suite 255, Irvine, CA 92614		
District of Columbia	P.O. Box 34800, Washington, DC 20043		
Idaho	720 Park Blvd., Suite 120, Boise, ID 83712		
Mississippi	P.O. Box 3078, Ridgeland, MS 39158		
Nevada	6830 W. Oquendo Road, Suite 102, Las Vegas, NV 89118		
New Mexico	5801 Osuna Road NE, Suite 200, Albuquerque, NM 87109		
Oregon	650 NE Holladay St., Suite 1700, Portland, OR 97232		
Utah	756 E. Winchester St., Suite 200, Salt Lake City, UT 84107		
Office Servicing Proposal	10700 Meridian Ave N., Suite 100, Seattle, WA		
Proposed Personnel by Job Title with Lines of Supervision	Please see Figure 2 in Section 5.3.1 Key Personnel		

Table 5 – eSense Organization Profile

Company Name	eSense (Subcontractor)		
Parent Company	N/A		
Years in Business	15	Years Providing Outsourcing Services	11
Full-Time Employees	50	Employees Providing Outsourcing Services	11
Headquarters (USA)	Indiana	14799 Daventry Dr., Fishers, IN 46037	
Other Locations (USA)			
None			
Office Servicing Proposal	14799 Daventry Dr., Fishers, IN 46037		
Proposed Personnel by Job Title with Lines of Supervision	Please see Figure 2 in Section 5.3.1 Key Personnel		

5.3.5 Staff Continuity Plan; Section 2.7.D

The following describes our proposed staff continuity plan.

Policies and Plans for Maintaining Continuity. Comagine Health has identified multiple IV&V SMEs for this project that will contribute on a part-time basis. Each will lead in his or her specialty area. With exception of the IV&V lead, all consultants proposed on this contract have interchangeable skills and can fulfill the roles necessary for successful completion of all tasks at hand. By having multiple consultants familiar with the project, the plan offers stability and flexibility enabling our team to minimize the impact of any unexpected personnel changes.

Training and Responsibilities. Comagine Health has established a Center of Excellence (CoE) that spans all our practice areas. The purpose of the CoE is to coordinate functions which ensure that change initiatives are delivered consistently and effectively, through standard processes and competent staff. This is a collaborative effort between the senior leadership team, shared services areas, and our most senior staff members.

This approach provides continuity, sharing of ideas and past experiences, leveraging best in breed solutions, and mentoring our employees to grow professionally. By standardizing general processes and cross training our employees, Comagine Health has a tremendous pool of well-rounded and educated resources to bring to bear on our health consulting projects. The CoE helps to expedite any training and onboarding activities when introducing new staff into a project.

Specifically, our CoE approach will provide an effective means for securing and onboarding additional staff for this engagement when needed. The CoE and our standard onboarding procedures will expedite the training of Other Personnel, provide for an effective and efficient transition of Other Personnel to our IV&V team, and ensure that our IV&V activities and deliverables are continually completed accurately and in a timely manner. The following describes our onboarding approach and provides an overview of the roles and responsibilities for our IV&V Team.

Additional, Backup and Replacement Personnel. Comagine Health has established a Center of Excellence (CoE) that spans our practice areas. The purpose of the CoE is to coordinate functions which ensure that change initiatives are delivered consistently and well, through standard processes and competent staff. This is a collaborative effort between the senior leadership team, shared services areas, and our most senior staff members. This approach provides continuity, sharing of ideas and past experiences, leveraging best in breed solutions, and mentoring our employees to grow professionally. By standardizing general processes and cross training our employees, Comagine Health has a tremendous pool of well-rounded and educated resources to bring to bear on our health consulting projects.

Comagine Health maintains a bench of health IT resources that can be deployed should a change in staffing be required. To mitigate the impact of any necessary changes, we have proposed five PMP(s) and five SME consultants to support our project team. Their involvement and knowledge of the project will help to provide continuity and team depth to ensure a seamless transition of new team members, and each would be positioned to assume a broader role on the project if appropriate.

In the unlikely event that a staffing change is necessary, we are prepared to provide additional resources that have equivalent qualifications to meet the project needs. We will ensure any staffing change transition is seamless to the project with little to no impact as a result of the change. We will provide the Agency with immediate notice of the vacancy, and an action plan for backfilling the position until a replacement is found.

We will work with the Agency to ensure that replacement personnel meet all staffing requirements, are of equal or greater skill level and relevant experience. We commit to filling a key personnel position vacancy as quickly as possible, typically within thirty (30) calendar days of the vacancy. Our Project Executive and Project Lead will work with the Agency and provide new or replacement candidate resumes and other information about potential staff changes to ensure that the Agency is informed and in agreement with our recommended changes. In all cases, we will ensure that an Agency-approved action plan is in place, adequate transition steps are taken to transfer knowledge and provide necessary training for new staff and gain necessary Agency approvals.

Our human resources team, which includes a full-time recruiter, develops, and manages programs and processes that effectively attract talent and align with key strategic objectives. They utilize online recruiting tools including our Silkroad HR system that provides an automated solution for new staff requisitioning, and applicant tracking, screening, and hiring. Our human resources team also utilizes our Halogen HRIS to on-board new staff, monitor staff compliance with various programs, and manage performance. In addition, we have established relationships with several business partners that assist us in recruiting new team members and provide project-based consulting talent through short and long-term subcontracting arrangements. These business partners have considerable experience and expertise with Medicaid operations and systems.

Subcontracting. Comagine Health utilizes a blend of managing and senior consulting resources consisting of regular payroll employees and consultants (i.e., 1099 personnel) to support our contracts. Reliance on this blended approach allows Comagine Health to provide our clients with the most capable and skilled professionals, while providing the flexibility to maintain a stable of consultants to meet a wide variety of specialized client needs. Most of our 1099 personnel work for Comagine Health on a regular basis, which provides the consistency of regular staff and allows for these individuals to be an integrated part of the Comagine Health team.

Comagine Health has long established successful working relationships with independent contractors and other business partners to assist in serving our clients. Independent consultants and staff members provided by our business partners are highly integrated into our team.

Section 6 – Resumes; Section 2.3.E

On the following pages we provide a professional resume for each of our proposed Key Personnel. Each resume provides relevant experience and longevity in those functions.

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Nick Faulkner, MBA, PMP
Project Executive

Summary

Mr. Faulkner is a seasoned project manager and technical consultant with 10 years of industry experience. He is a PMP-certified project manager, proven team leader, and skilled consultant experienced in all aspects of system planning, development, implementation, and support. Mr. Faulkner is a Consulting Director with Comagine Health (formerly Qualis Health). He leads a team of consultants providing project management, IV&V, quality assurance, and other technical assistance services to government clients. His experience includes department- level IT governance and IT roadmap creation and implementation. Prior to joining Comagine Health, he served as the state of Alaska's Program Director for two large projects: the Alaska Medicaid Management Information System and the Eligibility Information System replacement projects. He has worked closely with a variety stakeholder groups including CMS, other federal agencies, the Alaska state legislature, and 18F (an office within the General Services Administration and part of the Technology Transformation Services).

HIGHLIGHTS

- Over 5 years of State experience directing projects that include CMS oversight as the state of Alaska's Program Director for two large projects MMIS and the Eligibility Information System replacement projects
- 2 years of consulting IV&V experience and expertise in the provision and management of IV&V services
- Recent experience performing IV&V services for Medicaid systems with Comagine Health (formerly Qualis Health) with design, development, and implementation activities for Comagine Health's Medicaid and other state-level technical assistance contracts

Education

Master of Business Administration	Arizona State University	Tempe, AZ
Bachelor of Arts, Economics	University of Alaska Anchorage	Anchorage, AK

Certification/Training

Project Management Professional Certification

Relevant Work Experience

2016 – present. Consulting Director, Comagine Health, Seattle, WA

- Leads Alaska's Division of Public Assistance Eligibility and Enrollment (E&E) System Project
- Project Manager for the Integrated Eligibility System (IES) IV&V project for New Jersey Division of Medical Assistance and Health Services (DMAHS).
- Shares best practices and lessons learned to achieve improvement in healthcare delivery systems, processes, and outcomes
- Provides assistance with design, development, and implementation activities for Comagine Health's Medicaid and other state-level technical assistance contracts

- Manages activities of project teams and provides direct support and detailed content knowledge in key areas of healthcare information systems and operations
- Provides oversight to all Medicaid HIT contracts
- Shares best practices and industry updates/trends/compliance requirements with HIT consulting staff
- Provides Technical Assistance to government clients guiding Agile development processes

2014 - 2016. Program Director, State of Alaska, Division of Public Assistance, Anchorage, AK

- Program Director with responsibility for State of Alaska eligibility system replacement. Served as Director of all project phases and activities
- Managed an internal staff of eight business analysts and over fifty program specific subject matter experts
- Successfully implemented MAGI Medicaid and Medicaid Expansion eligibility programs for the State of Alaska
- Support of Alaska Department of Law in IT-related lawsuits including open testimony

2011 - 2015. Project Director, State of Alaska, Division of Health Care Services, Anchorage, AK

- Project Director for State of Alaska Medicaid Management Information System replacement
- Managed multiple Department and Division initiatives including ICD-9 to ICD-10 conversion, 4010 to 5010 upgrade, and implementation of a unified Medicaid provider portal
- Secured and managed funding in excess of 60 million dollars
- Design PT, Director of Build Services
 - Director of all project activities
 - Led team of eight software developers, two systems engineers and one project manager, to deliver customer focused successful solutions
 - Responsible for more than half of the overall company revenue, and driving new ideas and creative solutions to ensure on time and on budget completion of all projects
 - Assisted multiple non-profit organizations in the creation and implementation of an IT plan
- Design PT, Project Manager
 - Responsible for managing projects for a range of health and human services clients
 - Created project management practices and policies
 - Managed more than a million dollars of ongoing project revenue. A selection of projects managed:
 - Dental EHR implementation for Anchorage Neighborhood Health Clinic
 - Accounting reporting integration for Peninsula Community Health Services

- Infrastructure upgrades and server virtualization for The Rasmuson Foundation, United Way of Anchorage, Food Bank of Alaska, Anchorage Community Foundation
- E-commerce website redesign and development for The Alaska Native Arts Foundation
- Development of a new student information database and reporting system for the Alaska
- Native Science and Engineering Program at the University of Alaska Anchorage

2008 – 2010. Consultant, Wostmann and Associates, Juneau, AK

- Led and managed large projects for both State of Alaska and oil and gas industry clients
- Created, managed, and presented projects to ensure delivery on time and on budget
- Recommendation presentations to Alaska Pipeline executive staff
- Projects included:
 - DS3 information system for State of Alaska Department of Health and Social Services
 - Hard drive encryption project for Alaska Pipeline
 - Data classification and protection initiative at Alaska Pipeline

For Nick Faulkner's project samples and references, please refer to Section 5.1.5 Project Samples; Section 2.3.D.

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Donnetta Mathis

IV&V Lead

*eSence Consultant

Summary

Ms. Mathis is a seasoned business analyst and subject matter expert with 25 years of extensive history within the healthcare field in areas of claims operations, prior authorization, third-party recovery operations, eligibility, managed care, contract monitoring, documentation, Total Quality Assurance/Management, Provider Management and EDI. She has knowledgeable experience in State Medicaid MMIS (Medicaid Management Information System) and implementing Medicaid enhancement projects. She is also competent in Business Process Management and related disciplines with the technical skills necessary to capture, analyze, and report requirements utilizing standardized tools and techniques. Ms. Mathis has also researched required parameters for eligibility on Public Assistance Programs Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Children's Health Insurance Program (CHIP) and Medicaid.

HIGHLIGHTS

- 25 years of heavy involvement in Medicaid Management Information Systems (MMIS) Lifecycle implementations, planning and analysis, gathering as-is/to-be business requirements, documenting functional specifications, and user acceptance testing activities for various states
- 20 years of experience as a business analyst within a Medicaid/healthcare environment
- 5 years of consulting IV&V experience and expertise in providing IV&V assessments
- Medicaid Business Analysis, MMIS ICD-10 assessment, HIPAA X12 EDI analysis and solutions

Education

Bachelor of Science, Business Administration University of Alaska Fairbanks, AK

Relevant Work Experience

2018 – 2019. Subject Matter Expert (SME)/Sr. Business Analyst – IT integration Management/Medicaid Consultant, Baylor Scott White Health Plan, Austin, TX

- Migrates SWHP's Medicaid business to the First Care platform
- Implementing workstreams timelines and work plans for integration activities
- Creating action plans to improve integration expenses, document complex business processes, and business requirements to solve business needs
- Manages one or more medium-scale systems projects having cross-functional, global, and organizational implications.
- Communicates directly and independently with customers, IT professionals, and developers in the analysis and resolution of development and production situations.
- Analyze and solve complex problem areas and recommend comprehensive global, cross-organizational solutions.

- Researches Requirements for Authorized Representative Authorization, Liquid Resources, Vehicle, Property and Real Estate ownership limitation for Public Assistance Eligibility
- Participates in the implementation strategies and plans for branding, materials, and documentation
- Serves as a liaison with stakeholders/internal customers of IT for understanding and translating the business context, immediate needs, as well as their longer-term vision for the initiatives
- Develops a good understanding of both the business objectives/outcomes and the detailed requirements of the stakeholder departments
- Utilizes industry standard tools and methodologies to elicit business and user requirements. These include interviews, workshops, questionnaires, surveys, site visits, workflow storyboards, use cases, scenarios, user stories, process modeling, analysis of existing systems and documentation, and other methods
- Develops and utilizes standard templates for requirements gathering and communication
- Understands and documents business processes of current state and desired system state that would improve business process efficiency
- Facilitates quality peer and stakeholder reviews of requirement artifacts to ensure requirements were complete, consistent, comprehensible, and signed-off/approved
- Maintains and reconciles forward and backward traceability of requirements
- Works with stakeholders to assist in identifying the business problems to solve for business objectives
- Performs deep dives on comprehensive understanding of the business objectives/outcomes and the detailed requirements of the various departments

2016 - 2018. Subject Matter Expert/Sr. IV&V Business Consultant, State of Louisiana – Louisiana Department of Health & Hospitals – Public Consulting Group, Baton Rouge, LA

- Supported Louisiana Department of Health (LDH) in conjunction with the Louisiana Department of Children & Family Services (DCFS) implementing Medicaid Eligibility & Enrollment (E&E), Integrated Eligibility (IE) System (SNAP & TANF) projects, and the New MMIS Claims Modernization System and Provider Management System
- Supported the vision of the Louisiana Department of Health and Hospitals (DHH), Bureau of Health Services Financing (BHSF) in providing Independent Verification & Validation (IV&V) services for the State of Louisiana
- Participated in process design sessions, software design reviews, and assess resulting work products and produced deliverables
- Clarified observations and findings with DHH Modernization project manager(s)/team and other stakeholders
- Made appropriate CMS guided corrections to ensure approval and eliminated eligibility discrepancies

- Contributed to the planning and executed tasks that satisfy the IV&V objectives and contractual requirements associated with one or more of the Modernization components
- Assessed the Systems Development Life Cycle (SDLC) processes to verify that they are consistent with best practices and standards
- Participated in Sprint Planning, daily standup, and planning of user stories
- Understand As-Is and To-Be business processes
- Maintained current and future state documentation using Visio, Project, Excel, Word, JIRA, JAMA, Confluence, Oracle, SharePoint and other tools as needed
- Understand existing Case Management System
- Able to identify, draft, gather, perform gap analysis and validated requirements for New MMIS Claims Modernization System and Provider Management System using a COTS product
- Supported and prepared Management Briefings related to the latest, respective (initial or periodic) IV&V Review Report's results to the State and CMS
- Provided consolidated analytics for informed decision making
- Assured the new systems conform to the enterprise architecture and meet business and technical requirements
- Assured compliant with the CMS Seven Conditions and Standards, MITA, the Affordable Care Act (ACA) and the Health Insurance Portability and Accountability Act (HIPAA)
- Validated deliverables against best practices in system engineering and verify that they meet the client's requirements
- Provided services across modules to include Eligibility, Enrollment, Enterprise Architecture, and MMIS
- Reviewed and provided documented feedback on all deliverables
- Submitted written weekly and monthly activity reports to client
- Submitted monthly assessment reports to client and CMS
- Analyzed and evaluated identified concerns, risk and issues via meetings, interviews and for documents
- Ensured all requirements are accurately reflected in test planning and execution, and that traceability to requirements is maintained
- Coordinated the on-going maintenance of the Requirements Traceability Matrix with test related data
- Performed desk check and peer review of IV&V deliverables and worked products prior to submission
- Executed the archival of IV&V documents and artifacts
- Lead/participated in IV&V lessons learned and process improvement activities on a continuous basis

2015 - 2016. IV&V Manager/Sr. IV&V Business Analyst/Core MMIS Project, State of Illinois – Cognosante – DSN – Department of Healthcare and Family Services, Springfield, IL

- Senior IV&V Business Analyst for the State of Illinois Department of Healthcare and Family Services (HFS). Worked independently to perform IV&V oversight
- Served as the primary point of contact for HFS management
- Conducted assessment activities of subsystems
- Provided independent verification, validation and quality assurance throughout the projects
- Attended project leadership team status meetings during the project
- Participated in gap analysis and solution sessions for MMIS
- Experienced in conducting Joint Application Development (JAD) sessions
- Participated in gap analysis and solution sessions for MMIS
- Conducted periodical project reviews to ensure satisfactory deliverable for project success
- Participated in MMIS requirements and design sessions
- Participation in Cloud migrations
- Ensured that all Project Control Management plans were complete and consistent with the IV&V management plans and methodologies
- Worked closely with Director and Senior Managers of the CORE MMIS to weekly discuss Project Status
- Ensured that milestones and deliverables correspond with the development MMIS project schedule
- Maintained IV&V methodology checklist
- Assessment Report on the activities of the IV&V Analysis of the project to submit to CMS
- Monthly meeting with Steering Committee to present, discuss, and evaluate MMIS project status, Contractor deliverables, and recommended corrective action when activities and/or deliverables fail to achieve the standards established in the RFP and the Vendor's proposal

2014 – 2015. Sr. IV&V Business Analyst/MMIS Team Lead, State of Illinois – Cognosante – DSN – Department of Healthcare and Family Services, Springfield, IL

- Senior IV& Team Lead for the implementation of a new Medicaid system for the State of Illinois.
- Project is a new 'model' of implementation, as Illinois targeted as a tenant in a cloud-enabled MMIS that is 'shared' with Michigan.
- Reviewed and monitored all project activities to identify risks, issues, Action Items and quality assurance concerns through participation in meetings, interviews and formal assessment tools.
- Participation in Cloud migrations meetings and reviews.
- Reviewed deliverables during project SDLC to ensure satisfactory deliverable for project success.

- Reviewed requirements tracing with a traceability matrix to process links between the requirements and work products that were developed to implement and verify those requirements.

Project Examples; Section 2.3.E

Reference #1 – Medicaid Eligibility & Enrollment (E&E), Integrated Eligibility (IE) System (SNAP & TANF) projects			
Client Organization	Louisiana Department of Health & Hospitals, Baton Rouge, LA		
Contracting Company	Public Consulting Group		
Start Date:	07/2016	End Date:	11/2018
Project Scope Summary	Ms. Mathis in conjunction with Public Consulting Group supported Louisiana Department of Health (LDH) in conjunction with the Louisiana Department of Children & Family Services (DCFS) implementing Medicaid Eligibility & Enrollment (E&E), Integrated Eligibility (IE) System (SNAP & TANF) projects and the New MMIS Claims Modernization System and Provider Management System. Ms. Mathis provided Independent Verification and Validation to the Center of Medicaid & Medicare Systems (CMS) while supporting the Louisiana Department of Health and Hospitals client with artifact review evaluation.		
Reference Name	Reference Position	Reference Telephone Number	Reference Email
Pratyush Kumar	Project Manager	(225) 773-4597	pratyushrai@gmail.com
Evalena Davis	Medicaid Solutions Leader	(404) 918-1354	evalenadavis@yahoo.com
Comagine Health Key Personnel		Comagine Health Key Personnel Project Position	
Donnette Mathis		Senior IV&V Business Analyst/Consultant/SME	

Reference #2 – IV&V Project			
Client Organization	State of Illinois - Department of Healthcare and Family Services (HFS), Springfield, IL		
Contracting Company	Cognosante		
Start Date:	07/2015	End Date:	02/2016
Project Scope Summary	Ms. Mathis worked independently to perform IV&V oversight for the State of Illinois Department of Healthcare and Family Services (HFS). Ms. Mathis served as the primary point for contact for HFS management.		
Reference Name	Reference Position	Reference Telephone Number	Reference Email
Karleta Valdez	Sr. IT Executive, Medicaid	(785) 969-3682	kkwob@hotmail.com

Reference #2 – IV&V Project	
Comagine Health Key Personnel	Comagine Health Key Personnel Project Position
Donnette Mathis	Senior IV&V Business Analyst/MMIS Team Lead

Reference #3 – IV&V Project			
Client Organization	State of Illinois - Department of Healthcare and Family Services (HFS), Springfield, IL		
Contracting Company	Cognosante		
Start Date:	07/2014	End Date:	06/2015
Project Scope Summary	Ms. Mathis was the Senior IV&V Team Lead for the implementation of a new Medicaid system for the State of Illinois. The project focused on a new model of implementation; Illinois was targeted as a tenant in a Cloud-enabled MMIS that is shared with Michigan.		
Reference Name	Reference Position	Reference Telephone Number	Reference Email
Karleta Valdez	Sr. IT Executive, Medicaid	(785) 969-3682	kkwob@hotmail.com
Comagine Health Key Personnel		Comagine HealthKey Personnel Project Position	
Donnette Mathis		Senior IV&V Business Analyst/MMIS Team Lead	

Everett Irving, PMP**Project Coordinator and IV&V SME****Summary**

Mr. Irving is a seasoned information technology manager who possesses more than 40 years of experience in software development and management. This includes expertise in the management and direction of resources during all phases of the software development life cycle including design, development, testing, implementation, and maintenance. Over his career, he has acquired extensive knowledge of Medicaid Management Information System (MMIS) and Center for Medicare & Medicaid Services rules and regulations. Mr. Irving is currently the project manager for independent verification and validation, and quality assurance for Comagine Health's (formerly Qualis Health) contract with the State Alaska Medicaid for the Senior and Disabilities Services Automated Services Plan project. Prior to joining Comagine Health, Mr. Irving gained extensive MMIS experience as a result of his more than 28 years of employment with First Health Services Corporation. He served in systems management positions for the vast majority of his career at First Health, with responsibility for development and maintenance support of numerous MMIS and other healthcare related systems.

HIGHLIGHTS

- 38 years of MMIS experience and extensive knowledge of CMS
- 12 years of IV&V experience and expertise in the provision and management of IV&V services with Comagine Health (formerly Qualis Health) as a managing consultant

Education

Bachelor of Science, Information Management Virginia Commonwealth University
Richmond, VA

Certification/Training

Project Management Professional Certification

Relevant Work Experience

2007 – present. Managing Consultant, Comagine Health, Seattle, WA

- Provides senior level health care clinical, operations, and/or systems consulting, project leadership, and successful client relations for multiple, concurrent projects
- Manages activities of project teams and provides direct support and detailed content knowledge in key areas of healthcare information systems and operations
- Assists clients in preparation of IAPDs, project plans and budgets
- Shares best practices and lessons learned to achieve improvement in health care delivery systems, processes, and outcomes
- Provides project management for independent verification and validation services for the State of Alaska Automated Services Plan (Harmony) project for the Department of Senior and Disabilities Services

- Supported independent verification and validation (IV&V), quality assurance, interface development, and project management for Alaska MMIS technical assistance consulting project

1996 – 2007. Applications Development Manager, First Health Services Corporation, Glen Allen, VA

- Led the applications department in the development and maintenance of MMIS, pharmacy point-of service claims, and third-party liability systems for state and local government and private sector clients throughout the U.S.
- Managed project planning and budget management; coordinated work order scheduling and delivery with clients and company account operations
- Provided direction to all phases of systems development, including requirements analysis, system design, coding, unit testing, systems testing, user acceptance testing, implementation, and post-implementation follow-up

1993 – 1996. MMIS Proposal Technical Manager, First Health Services Corporation, Glen Allen, VA

- Held direct responsibility for technical content of proposals for MMIS fiscal agent contract bids
- Evaluated and selected software for inclusion in proposed system solutions
- Presented demonstrations of system application functionality to prospective clients
- Attended and participated in bidders conferences
- Analyzed additional system needs based on prospective client needs and developed specification for enhancements for applications development

1981 – 1993. Systems Manager, First Health Services Corporation, Glen Allen, VA

- Oversaw all systems activities for accounts
- Managed technical staff of up to 20 employees
- Responsible for project planning
- Coordinated work order scheduling and delivery with clients and First Health account operations offices
- Support systems requirements for First Health account operations offices
- Managed support needs for state MMIS clients including Virginia, West Virginia and Delaware

1979 – 1981. Programmer Analyst, First Health Services Corporation, Glen Allen, VA

- Developed software programs and applications for numerous MMIS clients

For Everett Irving's project samples and references, please refer to Section 5.1.5 Project Samples; Section 2.3.D.

Lynda Maria Bangham, CISA
IV&V SME

Summary

Ms. Bangham has a long and successful history working with the Department of Health and Social Services (DHSS) in support of the Alaska MMIS. Since 1992, Ms. Bangham has performed a variety of duties involving requirements definition and testing of new and enhanced Alaska MMIS features.

Ms. Bangham has also worked extensively with pharmacy processing, including the major point-of-sale system implementation, the installation of a preferred drug list, and the implementation of Medicare Part D provisions. In addition, Ms. Bangham worked directly with preparation of the Advance Planning

Document for the Medicare Part D enhancement. Since 2016, Ms. Bangham has conducted the Independent Assessment of Security and Privacy controls in compliance with the CMS Harmonized Security and Privacy Framework for the Alaska DHSS and Oklahoma Health Care Authority eligibility systems.

HIGHLIGHTS

- 25 years of program research, compliance monitoring and technical experience in Medicaid programs and systems, including readiness reviews and program integrity
- 11 years of IV&V experience and expertise in the provision and management of IV&V services with Comagine Health (formerly Qualis Health) as a senior consultant
- Performed validation and certification of the Medicaid eligibility transaction testing for both Alaska and Oklahoma Medicaid eligibility system(s) and the federal hub
- Certified Information Systems Auditor

Education

1982	B.S. Psychology	University of Alaska	Fairbank, AK
1983	B.A. Mathematics-Statistics	University of Alaska	Fairbanks, AK

Certification/Training

2016	Certified Information Systems Auditor	ISACA
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Relevant Work Experience

2007-Present. Senior Consultant, Comagine Health, Seattle, WA

- Assisted Alaska DHSS, Department Health Care Services (DHCS) with certification planning and preparation activities
- Senior Analyst for the Integrated Eligibility System (IES) IV&V project for New Jersey Division of Medical Assistance and Health Services (DMAHS).
- Provides business analysis services for the Alaska DHSS, Division of Senior and Disabilities Services' ASP Independent Verification and Validation/Quality Assurance (IV&V/QA) contract ensuring system designs, business requirements and testing results meet contractual and regulatory requirements

- Provided IV&V and QA business analysis support for Alaska MMIS and Eligibility Information System replacement contracts
- Conducted verification activities for Medicaid and CHIP eligibility transaction testing between Oklahoma Health Care Authority (OHCA) and the federal hub; evaluated CMS test cases ran through the OHCA eligibility system test environment, and verified test results
- Provides healthcare clinical, operations, and/or systems project management and consulting services to a variety of healthcare clientele
- Provides assistance with design, development, and implementation activities for Comagine Health's Medicaid and other state-level technical assistance contracts
- Provided requirements definition and tracking, business analysis support, Medicaid subject matter expertise, and support for new and enhanced MMIS features for the Alaska MMIS implementation project
- Provided business analysis support for Alaska DHSS Medicaid Expansion planning
- Assisted with the validation and certification of the Medicaid eligibility transaction testing between Alaska DPA eligibility system and the federal hub
- Led MARS-E 2.0 security assessment and validation activities for the Alaska, DHSS, DPA and OHCA eligibility systems

2005-2007. Information Technology/Data Analyst, DataPathways, Montevallo , AL

- Provided analytical support for assessing the impacts of the Medicare Modernization Act (MMA) implementation on the MMIS and pharmacy claims processing system for the Division of Health Care Services (DHCS), State of Alaska
- Provided technical writing services for the development of systems requirements statements, review of systems testing and documentation revisions, and review and testing of impacts to the Department's decision support systems
- Prepared project close-out documentation

2005. Technical Analyst, FOX Systems (now Cognosante), Scottsdale, AZ

- Completed analysis of changes to systems and business functions required for compliance with MMA
- Drafted systems requirements documents for critical Medicare Part D system enhancements and pharmacy point-of-sale claims systems for Medicare Part D implementation
- Developed Advanced Planning Document for presentation to CMS for enhanced funding for the State implementation of Medicare Part D

2003-2004. Medical Assistance Administrator 1, State of Alaska, DHSS, Anchorage, AK

- Functioned as an information system analyst for the State of Alaska MMIS system primarily with the implementation of First SX, the pharmacy POS system

- Monitored systems, reviewed testing, generated system correction instructions, developed system enhancement specifications for MMIS and pharmacy POS system
- Developed specifications for system enhancements for new Alaska HCA programs including SeniorCare Pharmacy Benefits, Alaska Preferred Drug List, and School-based Services
- Analyzed and evaluated regulations and developed testing for NCPDP coding, electronic billing, conversion of state-only codes and other system changes to MMIS system for HIPAA compliance

1992-2001. Research Analyst II, State of Alaska, DHSS, Anchorage, AK

- Designed, executed, and presented ad hoc research based on MMIS system data in support of the Director of the Division of Public Health and the Division management team
- Designed, developed, and trained users on specialized applications
- Tested and validated software applications and reports
- Designed management reports to measure efficacy and costs of implementation of a variety of health services expansions mandated by the Omnibus Budget Reconciliation Acts of 1989 and 1990
- Analyzed requirements and developed enhancement specifications for systems and planned the revisions to business functions and processes for the improvement of the state's EPSTD program
- Developed and provided ongoing analysis in support of the Denali KidCare and other client survey initiatives

1985-1990. Actuarial Analyst/Mainframe Liaison, William H. Mercer, Inc., Birmingham, AL

- Held responsibility for calculation of employee benefits, monitoring of annual employee data, completion of government filings, and reconciliation of assets and data
- Monitored client compliance with governmental regulations and laws, and prepared amendments and revisions to plan documents
- Completed client annual actuarial reports and participant summaries
- Served as the interface between actuaries, analysts, consultants, clients, and the corporate mainframe and PC systems support department, responsible for providing ongoing valuation processes/trend analysis of funding and participant experience, studies, and cost and time estimates and projections
- Lead member of the Demand Users Committee to develop database management and decision support systems for decentralized offices

For Lynda Bangham's project samples and references, please refer to Section 5.1.5 Project Samples; Section 2.3.D.

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Todd Priest, MSPPM
IV&V SME

Summary

Mr. Priest is an experienced business analyst who possesses nearly 10 years of professional experience in the areas of project and systems analysis. He is currently a Consultant for Comagine Health (formerly Qualis Health), a role in which he provides Independent Verification and Validation (IV&V) and quality assurance (QA) services for the organization's Medicaid Management Information System (MMIS) technical assistance contract with Alaska Medicaid and Wyoming Medicaid. Prior to joining Comagine Health, Mr. Priest worked as a Business Analyst for the State of Alaska, serving as the lead project analyst in the areas of the decision support system, data conversion, interfaces, and performance monitoring for the State's MMIS replacement project. He was a lead system analyst for the State's Medicaid pharmacy system prior to that.

HIGHLIGHTS

- 6 years IV&V experience and expertise in the provision and management of IV&V services with Alaska, Oklahoma, and Wyoming Medicaid through Comagine Health (formerly Qualis Health)
- Direct CMS experience conducting verification activities for Medicaid and CHIP eligibility transaction testing between Oklahoma Health Care Authority and the federal hub; evaluated CMS test cases ran through the OHCA eligibility system test environment
- Recent experience performing IV&V services Comagine Health's MMIS technical assistance contract with Alaska

He has served as the project lead for an "IV&V lite", system implementation project with the State of Connecticut.

Education

Master of Science, Public Policy & Management	Carnegie Mellon University	Pittsburgh, PA
Bachelor of Science, Finance	Virginia Tech University	Blacksburg, VA

Relevant Work Experience

2012 – present. Consulting, Comagine Health, Seattle, WA

- Provided QA assistance with the design, development and implementation activities on the Wyoming WINGS—MMIS project.
- Analyst for the Integrated Eligibility System (IES) IV&V project for New Jersey Division of Medical Assistance and Health Services (DMAHS).
- Provided IV&V and QA assistance with design, development, and implementation activities for Comagine Health's MMIS technical assistance contract with Alaska Medicaid, with a particular emphasis on matters related to interfaces, conversion, decision support system, and performance monitoring
- Provides IV&V and QA activities for the Alaska DSDS ASP system implementation including analysis of project artifacts, conducting readiness reviews, overseeing UAT, assisting with data conversion and interface requirements

- Manages activities of project teams and provides direct support and detailed content knowledge in key areas of healthcare information systems and operations
- Develops and oversees project plan; sets milestones, reinforces expectations, and assigns tasks; monitors and reports on progress
- Provides senior level healthcare clinical, operations, and/or systems consulting, project leadership, and successful client relations for multiple, concurrent projects
- Leads IV&V activities for State of Connecticut, Criminal Justice Information System project conducting periodic IV&V project health checks to evaluate the effectiveness of project management methods, functions and organizational structures
- Conducted verification activities for Medicaid and CHIP eligibility transaction testing between Oklahoma Health Care Authority (OHCA) and the federal hub; evaluated CMS test cases ran through the OHCA eligibility system test environment, and verified test results
- Performed validation and certification of the Medicaid eligibility transaction testing between Alaska DPA eligibility system and the federal hub

2010 - 2012. Business Analyst, State of Alaska, Division of Health Care Services, Anchorage, AK

- Served as lead project analyst for Medicaid System replacement project in four areas: Decision Support System, Data Conversion, Interfaces, and Performance Monitoring
- Oversaw project tasks, workload, and timelines
- Designed future State processes impacted by system changes
- Developed and managed processes to review, test, and implement interfaces with Federal, State, and independent partners
- Resolved complex technical issues and translated into non-technical solution documentation
- Ensured system and process designs met project requirements and State operational needs

2006 - 2008. Medical Assistance Administrator III, State of Alaska, Division of Health Care Services, Anchorage, AK

- Served as a lead system analyst for the Medicaid pharmacy system
- Oversaw all projects and upgrades to the pharmacy system
- Directed and approved pharmacy system contractor coding
- Ensured system compliance with State and Federal requirements
- Assisted pharmacies in Alaska with system changes
- Managed project for large scale software implementation

2005 – 2006. Organizational Development Coordinator, Hands on Atlanta, Atlanta, GA

- Developed and implemented a new monthly reporting system

- Compiled and analyzed organizational data for board and director planning
- Improved internal efficiency through better technology and process design
- Managed database, website, and SharePoint technology
- Created and analyzed all surveys for program/event evaluations, interest, and impact reporting

2005. Lead Environmental Researcher and Presenter, Water Quality Synthesis Project

- Co-designed project
- Researched regional water and land-use issues
- Benchmarked Metropolitan Planning Organization's projects across U.S.
- Developed water resource management recommendations for the Southwestern Pennsylvania Commission – the Pittsburgh regional MPO

2004 – 2005. Peace Corps Fellow, Friends of the Riverfront

- Built organization's database
- Created and updated web pages

2003 – 2004. Team Leader, Hands on Atlanta, Atlanta, GA

- Supervised three AmeriCorps Volunteers in an inner-city school tutoring program
- Managed an after-school program for 30 students
- Planned and implemented a service project for over 80 volunteers

2001 – 2002. Small Enterprise Development Coordinator, Peace Corps Paraguay

- Supervised 16 Peace Corps Paraguay Small Enterprise Development Volunteers
- Reviewed USAID Small Project Assistance Grant applications
- Founded the Peace Corps Paraguay Library Committee
- Provided technical and emotional support to Small Enterprise Development Volunteers
- Planned and assisted workshops for volunteers and host country nationals
- Trained future volunteers

1999 – 2001. Small Enterprise Development Volunteer, Peace Corps Paraguay

- Started the first public library in the community
- Completed financial analyses of production cooperative
- Developed annual progress reports for cooperative members
- Provided technical assistance to improve cooperative administration and commercialization
- Taught and implemented financial planning for five rural families
- Served as Treasurer for Peace Corps Paraguay Volunteer Advisory Committee

For Todd Priest's project samples and references, please refer to Section 5.1.5 Project Samples; Section 2.3.D.

Simon Hoare, MS

Technical Advisor/SME

*Independent Consultant

Summary

Simon Hoare possesses over 20 years of combined experience in the areas of enterprise architecture and software engineering. His specialties are in the areas Service-Oriented Architecture (SOA), domain modeling, service identification, service definition, object-oriented analysis, and object-oriented development. His technical skills in the area of SOA technologies encompass enterprise service bus, registry/repository, data services, business process management, Web service management, and entitlement management. Mr. Hoare's background includes multiple projects in the public-sector arena with clients such as the Washington State Department of Labor & Industries, Health Care Authority, Washington State Department of Social and Health Services, and the State of Colorado Child Support Agency. Mr. Hoare holds both a Master of Science and Bachelor of Science in Computer Science from Baylor University.

HIGHLIGHTS

- Nearly 20 years of experience and expertise with similarly sized or scoped projects or enterprise type initiatives
- Mr. Hoare's background includes multiple projects in the public-sector arena with clients such as the Health Care Authority, Washington State Department of Social and Health Services, and the State of Colorado Child Support Agency

Mr. Hoare has worked on Comagine Health (formerly Qualis Health) projects as a senior technical analyst/architect since 2010 as an independent contractor.

Education

Master of Science, Computer Science	Baylor University	Waco, TX
Bachelor of Science, Computer Science	Baylor University	Waco, TX

Presentations

- "Developing Legacy Migration Roadmaps: A Method to the Madness." BPMI, October 2008
- "Service Oriented Architecture: An Introduction." IPMA, May 2005
- "Service Oriented Architecture: An Experience Report from the State of Washington." CIMA, November 2004
- "Implementing a Message-Based Data Integration Strategy." Tutorial, DAMA, April 2003
- "Web Services in Context." DAMA, April 2003

Relevant Work Experience

2010 – present. Consultant, Comagine Health, Seattle, WA

- Provides technical consulting services including infrastructure, SOA, and systems integration design and support
- Senior Technical Architect for the Integrated Eligibility System (IES) IV&V project for New Jersey Division of Medical Assistance and Health Services (DMAHS).

- Lead technical analyst and architect for a Medicaid data analytics strategy development project with the Washington Health Care Authority (HCA)
- Provided technical analysis and system architecture consultation in support of the State Medicaid HIT Plans for Washington HCA and Guam Department of Public Health and Social Services
- Evaluated Medicaid Management Information System (MMIS) solution vendor technical proposals as part of the Arkansas Medicaid technical evaluation team
- Provided technical consultation in support of the development of the Vermont Medicaid enterprise architecture design built on MITA standards

2007 – present. Independent Consultant, Comagine Health, Seattle, WA

- Instrumental in the adoption of SOA governance standards and the development of the governance process for Anthem’s enterprise services. Inculcated SOA best practices among the SOA analyst groups to improve the service identification and service design practice and contributed to Anthem’s revised SOA strategy leveraging micro-services and API management
- Senior Solution Architect for Akana, Inc. responsible for technical implementation and consulting, training, and various implementation tasks such as custom workflow and policies
- Software engineer with Cumulogic developing DevOps integrations for ‘DevOps in the Cloud’
- Consultant/Enterprise Architect, Commonwealth Bank of Australia/MomentumSI:
 - Evaluated tooling to support the DevOps continuous integration process, including Ant, Maven, Subversion and TeamCity, and researched Puppet and ControlTier
 - Consulting support for the infrastructure team creating the “SOA enterprise platform” running the IBM Websphere stack, iTKO, and SOA Software on a virtualized environment using ServiceMesh agility
- Consultant/Senior SOA Architect, WellPoint, Inc./AgileLayer:
 - Data service specification and development support
 - Identification and specification of member services; training and mentoring WellPoint architects in service identification and definition
 - Providing consulting support in various areas including service versioning, service layering, service interface definition, middleware options, and security architecture
 - Supporting enterprise canonical modeling undertaking
- Consultant/Senior Enterprise SOA Architect, Washington L&I./Covestic, Inc.:
 - Defined future enterprise SOA for the agency and a legacy migration roadmap for a large mainframe system

- Defined the future state technical architecture including core infrastructure components, data replication and partitioning strategy, security, and reporting architecture
- Developed the target state services model derived from business process models and as-is implementation, based on a capability model and domain information model
- Developed organization change and governance model recommendations
- Evaluated Oracle Entitlement Management and Data Services Platform against the target architecture
- Consultant/SOA Architect, CIT Group/AgileLayer:
 - Conducted service identification for a major e-commerce project; created Service XML interfaces for several services and defined service architecture (SADs) for hand-off to development; simultaneously evolved the initial parts of an enterprise Canonical model, and assisted in the creation of an SOA Reference Architecture and the specification of the SOA security architecture
 - Defined technical service implementation for Oracle (BEA) product suite, including Oracle Data Services (ALDSP), Entitlement Management (ALES) and ESB (ALSB)
- Consultant/SOA Architect, National City Bank/AgileLayer:
 - Formalized an approach to Service Identification, conducted analysis and created service XML interfaces for several services across multiple LOBs and projects
 - Extended the definition of the enterprise Canonical model, and mentored staff
- Consultant/SOA Architect, McKesson Health Solutions/TopTier Consulting:
 - Conducted a technical architecture review for a forthcoming product focusing on all aspects of the technology stack

2006 – 2007. Senior Engineer, Semantic Arts, Fort Collins, CO

- Developed a .Net forms application to generate web services from a SQL Server database

2001 – 2006. Independent Consultant, Semantic Arts, Fort Collins, CO

- State of Colorado, Child Support Agency: Part of team creating initial “As-Is” and “To-Be” architecture sketches depicting the systems, interfaces and data; conducted initial event-modeling, semantic modeling and service identification sessions; reviewed technical options including JBoss, ServiceMix, and JBI
- State of Washington, Department of Labor & Industries:
 - SOA Architecture definition project: participated in the creation of an agency wide “As-Is” and “To-Be” architectural blueprints identifying systems, interfaces, data items, systems of record, candidate services and application partition points
 - Canonical Message Modeling and Service requirements Project: conducted event analysis and requirements gathering sessions with business users

- Security project to establish the overall security architecture for the agency within the context of the defined SOA
- State of Washington, Department of Social and Health Services: SOA jumpstart, presenting core concepts for a message-based SOA to the department CIO including a Federated Architecture approach to deal with a large-scale disparate organization

1994 – 2000. Senior Software Engineer, Velocity.com

- Responsible for architecting, designing, and leading the implementation of the server component of a CASE product for enterprise applications; project created an intentional programming framework.

For Simon Hoare's project samples and references, please refer to Section 5.1.5 Project Samples; Section 2.3.D.

Section 7 – Letter of Bondability

Comagine Health is supplying a letter of bondability with this proposal. Upon contract award we will produce a bond to the Arkansas Chief Procurement Officer within 14 days of contract execution for 100% of the contract amount.



Travelers Bond & Specialty Insurance

(443)353-2055
(888)336-9711 (fax)

111 Schilling Rd
Hunt Valley, MD 20131

September 24, 2019

State of Arkansas
Department of Human Services, Office of Procurement
700 Main Street
Little Rock, AR 72201

Re: **Independent Verification and Validation Services for the Integrated
Eligibility and Benefit Management Solution (IV&V for IEBM)**

To Whom It May Concern:

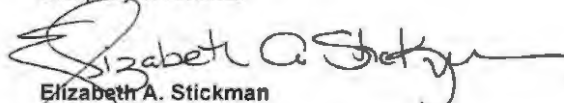
It has been the privilege of Travelers Casualty and Surety Company of America ("Travelers")¹ to provide surety bonds for **Comagine Health** for over **three** years. During that time they have completed and we have bonded projects in the **\$1,000,000.00** range for a wide variety of owners

It is our opinion that **Comagine Health** is qualified to perform the above captioned project, which we understand has an estimated value of approximately **One Million and 00/100 Dollars (\$1,000,000.00)**. At their request we are prepared to provide the required performance bonds.

If you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

Travelers Casualty and Surety
Company of America



Elizabeth A. Stickman
Attorney-in-Fact



¹ Travelers Casualty and Surety Company of America is rated A++ (Superior) by A.M. Best Financial Size Category XIV (\$1.5 Billion to \$2.0 Billion).

A.M. Best's rating of A+ applies to certain insurance subsidiaries of Travelers that are members of the Travelers Insurance Companies pool; other subsidiaries are included in another rating pool or are separately rated. For a listing of companies rated by A.M. Best and other rating services visit www.travelers.com. Ratings listed herein are as of May 23, 2014, are used with permission, and are subject to changes by the rating services. For the latest rating, access www.ambest.com.

Section 8 – Financial Statements

As outlined in the answer to Question 58 of the Written Questions and Answers provided by the State of Arkansas regarding RFP 710-19-1021R, Comagine Health has included in this proposal an electronic file containing audited financial statements from the years ended 2018 and 2017. Due to the merging of Qualis Health and HealthInsight to form Comagine Health midway through 2018, three audited financial statements have been included. One from the merged organization for the second half of 2018, and two from Qualis Health for the remainder of 2018 and the entirety of 2017. All financial statements demonstrate our organization's financial stability and that the minimum requirement of \$50 million per year annual revenues it met.

Section 9 – Subcontractor Letter of Commitment

	www.esense-inc.com contact@esense-inc.com Tel: 317-537-7050 Fax: 888-505-2236
<p>September 26, 2019</p> <p>Ms. Lori Barrett Comagine Health Sr Development Director 10700 Meridian Avenue North Suite 100 Seattle, WA 98133</p> <p>RE: State of Arkansas Bid #710-19-1021R</p> <p>Independent Verification and Validation Services for the Integrated Eligibility and Benefit Management Solution (IV&V for IEBM)</p> <p>Dear Ms. Barrett,</p> <p>eSense Incorporated appreciates the opportunity to be your Arkansas bidding partner on your proposal related to the State of Arkansas RFP #710-19-1021R for IEBM IV&V Services.</p> <p>This letter confirms the agreement between eSense Incorporated and Comagine Health to partner on this project during the time contracted with the Arkansas Department of Human Services. eSense will be providing a resource for the position of IV&V Lead, Ms. Donnetta Mathis.</p> <p>Upon award of the contract from the State of Arkansas, Comagine Health and eSense will enter into a contract for the initial contract period and follow-on renewals.</p> <p>I will serve as the contact for eSense and can be reached at 317-490-2570 or sanjay.vaze@esense-inc.com.</p> <p>Sincerely,</p>  <p>Sanjay Vaze President</p>	
14799 Davenry Dr Fishers, IN 46037 Page 1 of 1	Federal Government SBA 8(a) and SDB certified with GSA IT-70 Schedule State Government DBE certified (recognized by all 50 State Governments) State Government MBE certified in CA, DE, GA, IL, IN, KS, KY, MA, MD, MO, NC, NJ, NY, OR, PA, RI, TN, VA, WA, WI NMSDC MBE certified (recognized nationwide by major Private Sector firms)