Proposal to Provide
Enrollment Broker Services

MAXIMUS®

06/24/14 09:39:26AM
West Virginia Purchasing Division

Provided For
West Virginia Bureau for Medical Services

ORIGINAL

RFP No. BMS14028
June 25, 2014, 1:30 PM EST

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June 25, 2014

Robert P. Kilpatrick
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

RE: Enrollment Brokerage Services Request for Proposal (RFP)

Dear Mr. Kilpatrick:

MAXIMUS Health Services, Inc. (MAXIMUS), a wholly owned subsidiary of MAXIMUS, Inc., is pleased to present the State of West Virginia Bureau of Medical Services (BMS) our Technical Proposal and Cost Proposal to provide Enrollment Brokerage Services.

We understand that the State of West Virginia is tasked with the challenges of improving access to the Medicaid managed care and Physician Assured Access System (PAAS) services. MAXIMUS is well prepared to assist you in meeting these challenges with our extensive knowledge of enrollment brokerage services and experienced staff. Our proposal presents solutions that assure the highest level of quality, accuracy, and efficiency.

We also offer you unsurpassed experience and administrative resources in ways that balance your commitment to quality customer service with the Agency's sustainability. We are both qualified and prepared to be your successful Enrollment Brokerage Services contractor.

It is MAXIMUS understanding and assumption that any contract resulting from the RFP will be subject to negotiation and mutual agreement. As part of such a negotiation, MAXIMUS proposes (i) a reasonable dollar limit on the contractor's aggregate liability set relative to contract value, (ii) a corrective action process including a reasonable period of time in which to implement a cure, and restricted liability for cover costs, (iii) an indemnification provision that applies only to liabilities arising out of a third party claim of negligence or wilful misconduct, and (iv) a change order process including a negotiated equitable adjustment (to the extent applicable and appropriate).

We have also included a table below indicating those sections of the proposal we deem confidential to MAXIMUS West Virginia Code § 29B-1-4 Exemptions (a) (1) Trade secret.

Proposal Section	Page Number(s)	Content marked "Proprietary"
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A.7: Proposed Staffing Plan	25 through 30	Exhibit A-11: MAXIMUS Staffing Plan for the West Virginia Enrollment Broker Project table of proposed staffing
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Attachment B: Draft Implementation Plan	1 through 15	Section 5.2 Draft Implementation Plan MS Project Gantt chart of tasks associated with start-up
Appendix C: Draft Phone Script	C-1 through C-7	Draft Phone Script, as marked
Appendix D: Sample Monthly Report	1 through 34	Sample Monthly Report, as marked
Appendix E: Teaming Agreement	1 through 14	Teaming Agreement with our subcontractor, Business Ink
Attachment C: Cost Volume	*(packaged separately)*	All pages of Cost Volume

The point of contact for all matters pertaining to our proposal is Ilene R. Baylinson, President of MAXIMUS Health Services Eastern Division. Should you need further information, you may also contact Ms. Baylinson per the contact information provided below:

Ilene R. Baylinson, President
MAXIMUS Health Services Eastern Division
1891 Metro Center Drive
Reston, Virginia 20190
Telephone: 202.494.6303
Facsimile: 703.251.8240
E-mail: ilenebaylinson@maximus.com

MAXIMUS

As the President, I am authorized to commit MAXIMUS Health Services, Inc. contractually, including services and prices contained in the proposal as well as provisions of the RFP. Thank you for your consideration of our proposal to provide Enrollment Brokerage Services.

Sincerely,

Bruce L. Caswell
President
MAXIMUS Health Services, Inc.

MAXIMUS

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

ADDRESS CORRESPONDENCE TO ATTENTION OF:

BOB KILPATRICK
304-558-0067

RFQ COPY
TYPE NAME/ADDRESS HERE

VENDOR
MAXIMUS Health Services, Inc.
1891 Metro Center Drive
Reston, VA 20901

SHIP TO
HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES
ROOM 251
350 CAPITOL STREET
CHARLESTON, WV
  25301-3709   304-558-1737

DATE PRINTED
05/22/2014

BID OPENING DATE: 06/18/2014   BID OPENING TIME   1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT

REQUEST FOR PROPOSAL
(RFP)

THE WEST VIRGINIA PURCHASING DIVISION, ON BEHALF OF THE
WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR
MEDICAL SERVICES, IS SOLICITING PROPOSALS TO PROVIDE A
ENROLLMENT BROKERAGE SERVICES FROM A QUALIFIED VENDOR
FOR THE MEDICAID MANAGED CARE PROGRAM IN ACCORDANCE
WITH THE ATTACHED SPECIFICATIONS.

ATTACHMENTS INLCUDE:

1. BMS14028 REQUEST FOR PROPOSAL
2. ATTACHMENT A: VENDOR RESPONSE SHEET
3. ATTACHMENT B: MANDATORY SPECIFICATION CHECKLIST
4. ATTACHMENT C: COST SHEET
5. EXHIBIT A: STATE DOCUMENTS
6. EXHIBIT B: CODE OF FEDERAL REGULATIONS
7. HIPAA BUSINESS ASSOCIATE ADDENDUM
8. BID BOND PREPARATION INSTRUCTIONS AND SAMPLE FORM
9. PURCHASING AFFIDAVIT
10. VENDOR PREFERENCE CERTIFICATIONS

****
PLEASE NOTE: A MANDATORY PRE-BID MEETING IS SCHEDULED
FOR 6/5/2014 AT 1:30PM EST AT THE BUREAU'S OFFICES AT
350 CAPITOL STREET, ROOM 251, CHARLESTON, WV, 25301
****

SIGNATURE _Bruce L. Caswell_   TELEPHONE 703.251.8500   DATE June 25, 2014

TITLE Bruce L. Caswell, President   FEIN 26-0307682   ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

ADDRESS CORRESPONDENCE TO ATTENTION OF:

BOB KILPATRICK
304-558-0067

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TYPE NAME/ADDRESS HERE

VENDOR

MAXIMUS Health Services, Inc.
1891 Metro Center Drive
Reston, VA 20901

SHIP TO

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BUREAU FOR MEDICAL SERVICES
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350 CAPITOL STREET
CHARLESTON, WV
25301-3709   304-558-1737

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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	LS		948-74		

PER THE ATTACHED SPECIFICATIONS

****** THIS IS THE END OF RFQ   BMS14028 ****** TOTAL: _____

SIGNATURE	TELEPHONE 703.251.8500	DATE June 25, 2014
TITLE Bruce L. Caswell, President	FEIN 26-0307682	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

Attachment A: Vendor Response Sheet

MAXIMUS currently operates 19 Medicaid enrollment broker projects that serve approximately 59 percent of all Medicaid managed care participants across the country – more than 22 million people. We have been performing enrollment brokering functions and conducting outreach activities for our government clients since 1995. With our unparalleled experience, a company-wide commitment to quality, financial strength and stability, and a dedication to helping governments fulfill their health and human services policy priorities, MAXIMUS is uniquely prepared to serve the West Virginia Bureau for Medical Services through the West Virginia Enrollment Broker Project.

RFP Section 4 #3, Pages 23-24; 5.3, Page 37; Attachment A, Pages 40-50

The Bureau for Medical Services (BMS or the Agency) has set a goal of improving access to Medicaid managed care and PAAS services, seeking a Vendor prepared to provide timely, comprehensive information to enrollees and potential enrollees through high-quality helpline services and outreach activities. With this procurement, BMS demonstrates its commitment to providing excellent enrollment services today and in the future, with attention appropriately fixed on quality, accuracy, and efficiency.

With an extensive track record of success in providing enrollment broker services, a long-standing dedication to serving government clients, and a corporate commitment to quality and continuous improvement, MAXIMUS is exceptionally qualified to serve BMS through the West Virginia Enrollment Broker (EB) Project. We have helped our state clients meet a variety of challenges in implementing Medicaid managed care including:

? did you KNOW

MAXIMUS:

- Possesses unparalleled expertise gained from operating large-scale government health program customer service operations since 1995, including numerous enrollment broker projects

- Holds extensive knowledge of West Virginians' health questions and concerns gained through our service on the West Virginia In-Person Assistance Project

- Has the financial strength necessary to help West Virginia meet today's enrollment brokering needs as well as new priorities that may emerge in the future

- Helping them implement managed care for the first time

- Transitioning enrollees from Primary Care Case Management (PCCM) programs to managed care organizations (MCOs)

- Continuing existing programs into a new contract term

- Expanding MCO penetration and/or introducing additional MCOs to new counties

- Transitioning from voluntary to mandatory managed care enrollment

- Implementing state health care reform efforts and/or expanding coverage to new populations

- Modifying programs and/or benefit packages in response to changing client needs

- Expanding Medicaid customer service call centers whose re-procurements included new initiatives and additional populations

As a result, we have experience building from the ground up, improving upon what already exists, and taking Medicaid managed care customer service and enrollment projects in new, innovative directions. In later sections of this proposal, we describe the solutions we have designed for the unique needs of the West Virginia EB Project. In this section, we explain who we are and how our qualifications and experience can help West Virginia fulfill its current and future needs for enrollment broker services.

A.1 Qualifications and Experience

RFP Section 4.3, Page 24; 5.3, Page 37; Attachment A, Section 4, Pages 30-32; Addendum 1

MAXIMUS is the leading contractor in the nation providing Medicaid managed care enrollment broker program operations, as demonstrated in *Exhibit A-1: MAXIMUS Proportion of Medicaid Managed Care Population Served*. We are proud to note that approximately 59 percent of the nation's Medicaid participants are served by MAXIMUS team members. Every day we help thousands of enrollees and potential enrollees across the country to understand and access the Medicaid program, answering their questions, offering informative and unbiased choice counseling, he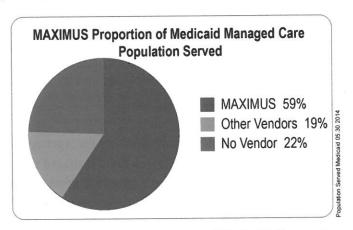lping them enroll, and resolving their concerns. We have been implementing and operating Medicaid managed care enrollment and customer service projects since 1995, currently serving 19 states.

Exhibit A-1: MAXIMUS Proportion of Medicaid Managed Care Population Served. *MAXIMUS is the leading contractor in the nation providing state government health program consumer services for Medicaid.*

In the subsections that follow, we outline key aspects of our qualifications and experience that distinguish MAXIMUS from other firms: the value we place on establishing partnerships with the clients we serve; our deep commitment to quality and best practices; and the experience we have been privileged to gain through our work on the West Virginia In-Person Assistance (IPA) Project.

Corporate Ethos of Partnership

MAXIMUS has served many of our clients in their enrollment broker projects for many years over multiple contract terms, an aspect of our experience that we present in greater detail within the subsection titled *Direct Experience with Enrollment Brokering Functions*, below. We value the opportunity to develop strong, long-term relationships with our clients. In part, we attribute this success to the collaborative ethos we seek to foster with our clients. In our experience, the relationship that grows from the recognition of and support for shared goals between MAXIMUS and our government clients typically results in the kinds of exceptional outcomes that our clients expect. In all ways possible, we strive to offer the best service for customers in the most cost-effective manner. We seek to be a resource that our government clients can depend on not only to meet contractual responsibilities but to offer improvements wherever possible and help when unforeseen issues or new challenges arise.

■ **MAXIMUS Develops Flexible Solutions to Meet Changing Client Needs.** In early 2011, our client in Texas introduced two significant policy changes that would dramatically affect our project's call volumes: expanding Medicaid managed care coverage statewide, and offering all Medicaid managed care eligible members a choice of Dental Maintenance Organizations during their coverage period. In analyzing these changes, we anticipated that call volumes during the implementation phase would roughly triple, requiring a significant increase in staffing to continue to meet client service targets. We further anticipated that the rapid rise in call volumes during implementation would be followed by a similarly quick decline, leveling off slightly higher than the volume experienced before these

policy changes were introduced. With the current call center's space utilization at capacity, we determined that we would need to establish a temporary auxiliary call center facility. Within four months we had selected and built out the auxiliary call center to begin training temporary call center representatives for the project. The temporary center handled the call spike, and when volumes began their predicted decline, we gradually reduced staff, converted a few temporary employees to full-time status, and closed the auxiliary facility. With the strong collaborative relationship we and our client had built, we were able to quickly develop and implement this flexible solution.

- **MAXIMUS Acts on Opportunities to Enhance Service Delivery for our Clients.** In our Vermont Medicaid program services project, our call center representatives' work involved logging in to several state legacy systems and toggling between them to assist callers. To streamline this process, we piloted MAXDash, a user-friendly interface that facilitates the login process for and displays key enrollee information pulled from these legacy systems. The benefits have been numerous. Call times have been reduced because staff members no longer need to log into and toggle among several systems. Accuracy of entered information is enhanced because one entry propagates the information in all systems. Because MAXDash prompts staff members to capture missing information during the call, the need for additional calls is thus reduced. We were able to leverage existing corporate technology to provide this system improvement without engaging costly redesigns to state and contractor systems.

- **MAXIMUS Assists our Clients when Unforeseen Challenges Arise.** Our client in Massachusetts had to rescind funding for a provider of adult foster care on a Friday afternoon, leaving approximately 1,800 enrollees without access to personal care services. Within the short span of a few hours, we worked with our client to take effective action. Seventeen MAXIMUS staff members volunteered to spend the weekend calling affected enrollees, making approximately 1,000 outreach calls in total. Their efforts doubtless spared enrollees more serious impacts on their access to personal care services.

- **MAXIMUS Enhances our Customer Service to Handle New Increases in Demand.** Our client in Michigan sought our assistance several times during the course of our 17-year contract. First, we were asked to take all helpline calls from Medicaid members and triage back to the state only those we could not handle, a very small number. Then we added new populations to our enrollment broker services – children with special health care needs and dual eligibles, with plans in the next several months to add enrollment in the duals demonstration project's integrated care model. Finally, with the advent of ACA, we were asked to take on a number of new responsibilities:

  - Creating a temporary online data entry tool for ACA applications
  - Providing staff augmentation to assist overburdened caseworkers handle the increased workload of calls and applications
  - Creating an ACA call center to handle phone applications and general inquiries
  - Answering calls in local human service offices through dedicated lobby phones that connect directly to our call center
  - Handling enrollments in the Medicaid expansion – Healthy Michigan
  - Administering the MI Health Accounts being established for each expansion member to collect premiums and average co-pay amounts, administer payments to the health plans from the accounts to cover past co-pays, analyze encounter data to report to consumers on their health

service utilization, and reward consumers who practice healthy behaviors through reduction of their cost sharing

■ **MAXIMUS Participates in Medicaid Redesign Efforts.** Our client in New York engaged MAXIMUS in the state's redesign efforts from two perspectives – increasing our role in enrolling dual eligibles in managed long term care and the soon-to-be duals demonstration project; and incorporating our input in the planning to centralize Medicaid and CHIP eligibility determination and redeterminations through a phased approach beginning with redeterminations. Now, in addition to our renewals processing center, statewide call center, and enrollment broker, we operate a Managed Long Term Care project for dual-eligibles.

MAXIMUS seeks to be a partner that reliably delivers outstanding service to its clients. Whether for a new client or one with whom we enjoy a long-standing relationship, we work to foster an ethos of partnership by thoughtfully designing solutions that respond specifically to the client's needs, as shown in *Exhibit A-2: MAXIMUS Medicad Solutions*, offering operational transparency and comprehensive reporting, and continuing to work with our client when new or unexpected challenges arise. MAXIMUS recognizes that West Virginia's goals, requirements, and populations served are not identical to those of any other state. For that reason, we have formulated a solution for the West Virginia EB Project that is informed by our experience and expertise and tailored to meet the unique set of circumstances currently facing the State. We believe that these solutions, detailed in later sections of

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Exhibit A-2: MAXIMUS Medicaid Solutions. *MAXIMUS works to build a sense of collaboration by thoughtfully formulating solutions that respond specifically to our clients' and consumers' needs.*

our proposal, will meet or exceed the Agency's needs throughout the term of the West Virginia EB Project.

Corporate Commitment to Quality

Because MAXIMUS focuses exclusively on providing operations, systems, and consulting services in the public health and human services sectors, our projects in the United States and around the world are charged with the responsibility of helping our government clients uphold the public trust vested in them to carry out vital services that affect the health and well-being of the citizens they serve. We recognize that in order to help our clients successfully carry out their program priorities, we must be prepared to offer services that reflect a fundamental commitment to quality. For instance, in Medicaid enrollment broker programs, stakeholders need and expect quality processes, systems, and services to consistently offer reliable and timely information about program guidelines and health care options. In all of our work – whether enrollment broker operations or any of the many other health and human services program operations we provide – we strive to make quality a central feature of our service delivery.

We are proud to be able to offer numerous examples of how this commitment to quality manifests in the work we do. For instance, several of our projects have earned the International Organization for Standardization (ISO) 9001:2008 certification for total quality management and quality systems. ISO 9001:2008 certification is granted to those organizations meeting the industry-wide consensus for methods and systems that consistently meet customer requirements, enhance customer satisfaction, and incorporate processes for continual improvement. Additionally, a number of our projects have been deemed a "Certified Center of Excellence" by Benchmark Portal in collaboration with the Center for Customer-Driven Quality at Purdue University. This rigorous certification process references a call center's performance

MAXIMUS focus on quality helps ensure the timely and effective delivery of vital services that affect the health and well-being of the citizens our clients serve.

goals to industry best practices on 22 key performance indicators such as caller satisfaction, first call resolution, and speed to answer by live voice. These certifications demonstrate our corporate commitment to the quality of our systems and processes in the areas of greatest concern for our clients, and we seek to implement procedures that are compliant with these exacting standards in each of our projects, whether certified or not.

We seek to align our efforts with our clients' needs, pursuing efficiency and effectiveness while keeping an eye toward developing innovations that will lead to future improvements. Because our efforts are most keenly felt by those who access the services we provide for our clients' programs, we strive to know and understand callers' perceptions of the service they receive from MAXIMUS team members. In a number of our call centers, and proposed herein, we employ post-call customer satisfaction surveys via an Interactive Voice Response (IVR) System. We have found that they yield vital information not only on our current level of service, but areas in which we may improve. *Exhibit A-3: Overall Satisfaction with Customer Service in MAXIMUS Enrollment Broker Projects* shows results of surveys completed between January and May 2014 for nine of our enrollment broker projects that currently administer IVR satisfaction surveys, with more than 190,000 surveys completed. As this exhibit demonstrates, the quality of our service as perceived by callers is consistently high across our projects, with an average of more than 94 percent of callers reporting high levels of satisfaction.
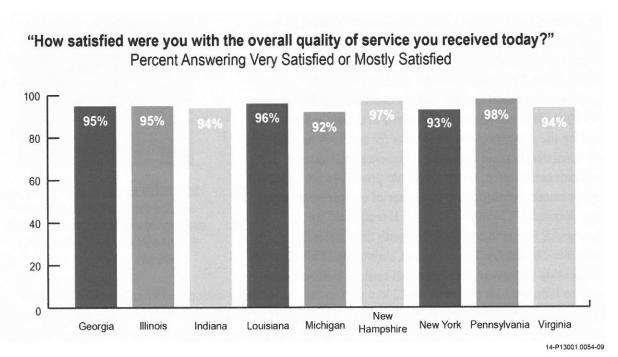
"How satisfied were you with the overall quality of service you received today?"
Percent Answering Very Satisfied or Mostly Satisfied

14-P13001.0054-09

Exhibit A-3: Overall Satisfaction with Customer Service in MAXIMUS Enrollment Broker Projects. *An average of 94.3 percent of consumers across these projects reported high levels of satisfaction with our call center service.*

We take great pride in the excellent customer service that callers have reported, and we attribute this success to the emphasis we place on quality processes and quality assurance at all levels of our organization. Our team's commitment to quality – whether in the customer service, data systems, or program operations we offer – contributes daily to the goal of creating the favorable outcomes our clients need and desire.

Experience Serving West Virginia

In 2013, the West Virginia Offices of the Insurance Commissioner (OIC) contracted with MAXIMUS to provide In-Person Assistance Services and oversight to help implement the consumer assistance program under the Affordable Care Act (ACA). With our proven staffing strategies and exceptional outreach experience and expertise, we were able to "go live" with IPA Project operations within one month of contract signing. This extraordinary achievement was critical; our short implementation timeframe corresponded to the beginning of the ACA open enrollment period. MAXIMUS served as a trusted partner to West Virginians during this time of unprecedented changes to the availability of health insurance.

MAXIMUS coordinates our efforts with State Health Insurance Assistance Program (SHIP) IPA Entity staff, as well as Entity IPAs from Community Care of West Virginia, Partners in Health Network, West Virginia Primary Care Association, and Valley Health Systems to provide outreach, education, application assistance, and enrollment services throughout the State. MAXIMUS In-Person Assisters (IPAs), locally based in Department of Health and Human Resources (DHHR) offices throughout the State, provide customers with accessible, accurate, and unbiased information via both print materials and face-to-face interactions. With staff conducting one-on-one outreach activities in all parts of the state, we have gained significant knowledge of the unique challenges facing West Virginians and their health care concerns.

To facilitate outreach activities and enhanced reporting, we employed our proprietary outreach system that allows us to capture such information as who we talked with, what was discussed, and what services were provided. Outreach activities often demand a decentralized workforce; our outreach system allows comprehensive data collection on field activities and provides a coherent understanding of IPA outreach efforts. Feedback from our client indicates that because of our data collection efforts, West Virginia is one of few states to provide such comprehensive reporting on the customer interactions during the initial open enrollment period of the ACA.

MAXIMUS proprietary outreach system facilitates comprehensive data collection on field activities, providing a complete and coherent view of outreach accomplishments.

In selecting our IPAs, we seek highly qualified candidates from the counties and regions they would serve. We have found that this local knowledge, presence, and familiarity allows our IPAs to understand and use points of access for outreach activities that are most likely to result in successful contact with target populations, including those who live far from denser population centers. Our one-on-one outreach model facilitates outreach to populations deemed vulnerable (for instance, those with a disability or chronic health conditions; the unemployed and/or uninsured; and those with low literacy or low income) or hard-to-reach (such as those with no access to a telephone or the Internet; those with limited access to transportation; those with no permanent address; or those in rural locations). In total, our IPAs have visited more than 2,700 locations throughout the state, contacting many thousands of individuals to offer education and assistance with eligibility and enrollment processing.

As part of our effort to learn how IPA services are perceived by the people being reached, we developed a customer satisfaction survey in collaboration with OIC and West Virginia University. Customers receive a paper survey at the end of their interaction with an IPA, and if they so choose, they may complete the brief survey and deposit it in a lock box that is accessible only to the local Point of Contact at the DHHR office. They are collected monthly and delivered to WVU for analysis. The survey asks such questions as whether the IPA was polite and professional, whether the IPA answered questions and was knowledgeable, and whether the respondent felt comfortable talking to the IPA and felt as though the IPA spent an appropriate amount of time helping to answer questions. We are pleased to report that our customer satisfaction scores have consistently been above 96 percent, with the four most recent surveys showing 99 percent customer satisfaction overall.

We have been privileged to serve West Virginians through the IPA Project and are proud of our achievements throughout the state. We have received numerous testimonials from residents praising the ACA program and the work our IPAs have done to educate and enroll them. Because so many of our IPAs are part of the community they serve, they sometimes have the opportunity to see first-hand the results of their efforts. We share one such example in the case study, *Helping the Local Community*. We are gratified to have been able to serve West Virginians in this important endeavor, and we look forward to the opportunity to apply both our outreach experience in West Virginia and our knowledge of enrollment brokering to helping BMS achieve its goals for the West Virginia EB Project.

A case study

Helping the Local Community

"I will always remember one young lady in particular. When she came to me desperate for assistance with health insurance for multiple chronic illnesses, I was concerned for her because of how sick she appeared. The woman had said that she had been unable to eat for a couple of weeks and didn't know why. She explained that after some unsuccessful attempts to enroll herself online, she decided to seek assistance. I was able to successfully get her appropriate health insurance, crossed my fingers, and hoped for a quick recovery for her. Later, I met the woman with her friends by chance at a restaurant. She hugged me and introduced me as the "woman who saved my life" to her friends. She explained that a few of the medications that she was on to manage her chronic conditions were not interacting well with one another. She also told me that she might have died without medical attention.

"I work in the same town where I grew up and currently live, so it seems like I am constantly getting hugs and an excited 'hello' from people who I've helped with the Affordable Care Act in some capacity. I love my duties as an In-Person Assister and I thank my fellow team members, supervisors and MAXIMUS for making this a reality."

- Chasity B. IPA Region 1

A.2 Firm History

RFP Section 4.3.A.a, Page 24

MAXIMUS Health Services, Inc. (MAXIMUS) is a wholly owned subsidiary of parent company MAXIMUS, Inc. Since its establishment in 1975, MAXIMUS has partnered with state, federal, local, and international government entities to provide critical health and human services programs to a diverse array of communities. Our core mission of *"Helping Government Serve the People®"* is at the heart of our commitment to delivering the most effective solutions in the most efficient

MAXIMUS
HELPING GOVERNMENT SERVE THE PEOPLE®

We apply our core mission of "Helping Government Serve the People®" to our health and human services operations, and it forms the basis of everything we do.

manner possible, and it forms the basis of everything we do. By concentrating our practice on public sector clients, MAXIMUS has created a culture in which the sole priority is helping our government clients implement and execute public policy.

MAXIMUS Health Services, Inc. was established in 2007 to better support our growing public health program clientele. Our wide array of health care operational and systems services encompasses support for Medicaid, Children's Health Insurance Programs (CHIP), health insurance exchanges, eligibility and enrollment modernization, long-term care programs, and MMIS and health information technology consulting. With MAXIMUS, the Agency can be certain that its enrollment broker is and has always been fully aligned with the goals and objectives of government health and human services programs.

Our health program services include the highly skilled performance of such functions as call center and help desk operations; public health care consumer and provider support; program, plan, and primary care provider enrollment; systems development and operation; unbiased choice counseling; eligibility support and determination; application and document processing; premium processing; outreach and education; materials development and distribution; and program website development and maintenance. We have helped our clients meet virtually every kind of challenge that these initiatives can present, which has allowed us to develop the flexibility to answer new challenges that come with evolving service needs.

A.3 Principal Staff Qualifications, Experience, and Education

RFP Section 4.3.A.b, Page 24

Throughout MAXIMUS Health Services history, our operations have benefitted from the astute and forward-looking leadership of our firm's principals. In *Exhibit A-4: MAXIMUS Health Services Principals*, we provide their names, titles, qualifications, experience, and education.

MAXIMUS Health Services Principals	
Bruce L. Caswell *President and General Manager of the Health Services Segment*	Bruce Caswell, President and General Manager of MAXIMUS Health Services, brings more than 20 years of public sector health and human services experience to MAXIMUS. Mr. Caswell leads the Company's global health operations, which provide administrative, program management, and operational support for programs such as Medicaid, Medicare, the Children's Health Insurance Program (CHIP), as well as public health programs across Canada. Mr. Caswell has extensive experience in management consulting, systems integration, and operations related to the delivery of complex solutions to federal, state, and provincial government clients. An industry veteran, he was recently named a *Healthcare IT Game Changer* by Washington's ExecutiveBiz for his expertise and leadership in the health care reform effort.
	Prior to joining MAXIMUS in 2004, Mr. Caswell worked in several capacities for IBM including Vice President of State and Local Government and Education, as well as Director of Federal Business Development within IBM's Business Consulting Services. He started his career at Price Waterhouse's Office of Government Services, in the Policy Research and Analysis practice. He holds a B.A. in economics from Haverford College and a Master of Public Policy degree from the John F. Kennedy School of Government at Harvard University.

Exhibit A-4: MAXIMUS Health Services Principals. *Our strong leadership team provides stability and expertise that will help ensure success.*

MAXIMUS Health Services Principals	
Ilene R. Baylinson *President of Health Services Eastern Division*	Ilene Baylinson has more than 30 years of program administration and management experience in health and human services. Since joining MAXIMUS in 1991, she has served in a variety of management roles. Ms. Baylinson currently oversees the Health Segment's Eastern operations where she is responsible for all operational, financial, and business development activities for most of the eastern half of the country. With some of the Company's largest contracts under her management, Ms. Baylinson has been integral in helping clients redesign their operations to run more efficiently and deliver more effective services to individuals and families. Previously, Ms. Baylinson has served as President for several MAXIMUS operating Divisions, including the Federal Services Division where she established the platform for service delivery with the federal government and managed the Company's federal contracts. She also served as the President of the MAXIMUS Office of Government Relations where she oversaw the development of the Company's public affairs department, implemented the Company's government relations strategy, and directed the Company's marketing efforts. Before joining MAXIMUS, Ms. Baylinson served as Senior Vice President at Koba Associates, Inc., in Washington, D.C., where she oversaw all business development and operations for the company's state and federal government programs. She holds a Bachelor's degree from John Hopkins University.
David Francis *General Counsel and Secretary*	David Francis has served as MAXIMUS General Counsel since 1998. His experience includes more than 15 years as a practicing attorney prior to joining MAXIMUS. Mr. Francis holds a B.A. degree in philosophy from Johns Hopkins University and a J.D. from Harvard Law School.
Bruce P. Perkins *Vice President and Deputy General Counsel*	Bruce Perkins has served as Deputy General Counsel at MAXIMUS since 2011. Prior to his joining MAXIMUS, Mr. Perkins practiced law for 23 years at the offices of Fritz, Byrne, Head & Harrison, LLP. Mr. Perkins holds a Bachelor's degree from the University of Texas at Austin and a J.D. from the University of Texas School of Law.
Kevin Reilly *Senior Vice President of Finance and Treasurer*	Kevin Reilly has served MAXIMUS in finance roles since 2004. His experience prior to joining MAXIMUS includes 14 years of business analysis and finance for the Verizon and Unisys Corporations. He holds a Master's degree from Keller Graduate School of Management of DeVry University.
Adam Polatnick *Vice President and Assistant General Counsel*	Adam Polatnick has been part of the MAXIMUS team since 2003, serving as Director of Contracts until 2007 when he became Vice President and Assistant General Counsel. His experience in contract management began in 1995, and he has served as a contract manager for Learning Tree International, Fannie Mae, Global Knowledge, and J.D. Edwards. Mr. Polatnick holds a J.D. from the Tulane University Law School.

Exhibit A-4: MAXIMUS Health Services Principals (continued). *Our strong leadership team provides stability and expertise that will help ensure success.*

If awarded, the West Virginia EB Project would be under the direct oversight of Ilene Baylinson, President of Health Services Eastern Division, and Josh Ruminski, Vice President of Operations in the Health Services Eastern Division. As part of the leadership team for the West Virginia EB Project, we also provide Mr. Ruminski's qualifications, experience, and education below.

Josh Ruminski, Vice President of Operations, Health Services Eastern Division

Mr. Ruminski has more than 12 years of experience in the health care arena in both the public and private sectors and currently serves as the Corporate Officer-in-Charge for the West Virginia IPA Project. Early in his career, Mr. Ruminski served as a Healthcare Policy Analyst/Auditor for the United States Government Accountability Office. During this time he carried out a variety of analysis and research activities into fundamental health care policy issues. Through this experience he gained a comprehensive understanding of the laws and regulations that dictate health care policy. This foundation of knowledge provides a context for his ongoing administration of health care projects. He brings extensive experience

in similar engagements, having served as the Deputy Chief Operating Officer in Massachusetts for Medicaid, CHIP, and all public health insurance programs. His knowledge of customer service delivery and business process operations is significant, and he brings tremendous knowledge from a state perspective of needs, issues, and concerns of direct and important relevance to West Virginia.

Mr. Ruminski holds a Bachelor's degree from the University of Connecticut and a Master of Public Administration from the Maxwell School of Citizenship and Public Affairs at Syracuse University. Mr. Ruminski's resume is included in *Section 4.4: Key Staff.*

Applicable Staff Degrees or Certifications

Some of our key staff's applicable degrees are shown in *Exhibit A-5: Copies of Staff Degrees.*

Syracuse University

To all who read these presents, Greeting

Whereas

JOSHUA PAUL PETER RUMINSKI

has honorably completed the studies and duties prescribed by the Faculty;
therefore, the Trustees of the University by the authority vested in them
have conferred the degree of

MASTER OF PUBLIC ADMINISTRATION

upon the candidate together with all the rights, privileges, honors, and marks
of distinction which everywhere pertain thereto.

Whereof let this Diploma with the seal of the University bear witness.
Given at Syracuse, in the State of New York, this twenty-eighth day of June,
two thousand and two.

John Mercer
Dean, Graduate School

Kenneth A. Shaw
Chancellor

Syracuse University

To all who read these presents, Greeting

Whereas

JOSHUA PAUL PETER RUMINSKI

has honorably completed the studies and duties prescribed by the Faculty;
therefore, the Trustees of the University by the authority vested in them
have conferred the degree of

CERTIFICATE OF ADVANCED STUDY

upon the candidate together with all the rights, privileges, honors, and marks
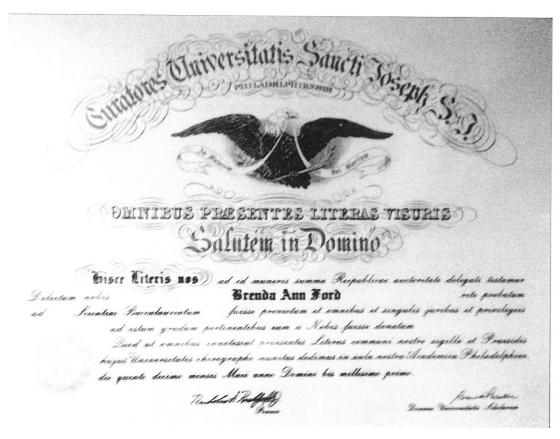of distinction which everywhere pertain thereto.

Whereof let this Diploma with the seal of the University bear witness.
Given at Syracuse, in the State of New York, this twenty-eighth day of June,
two thousand and two.

John Mercer
Dean, Graduate School

Kenneth A. Shaw
Chancellor

Exhibit A-5: Copies of Staff Degrees. *Our staff is well qualified to operate the West Virginia EB Project.*

Curatores Universitatis Sancti Joseph S.J.
PHILADELPHIENSIS

OMNIBUS PRÆSENTES LITERAS VISURIS
Salutem in Domino

Hisce Literis nos ad id muneris summa Reipublicae auctoritate delegati testamur

Brenda Ann Ford

Marshall University

The Marshall University Board of Governors
upon the recommendation of the faculty of

Graduate College

has conferred upon

Ronnie Smith, Jr.

the degree of

Master of Science

Health Care Administration

In Testimony Whereof, the signatures of the duly authorized officers of the
Board of Governors and the Faculty of the University and the seal of the
University have been affixed.

Given at Huntington, West Virginia, this thirteenth day of December, 2011.

Marshall University Board of Governors

Chairman

President of the University

_Provost and Senior Vice President
for Academic Affairs_

Dean, Graduate College

Exhibit A-5: Copies of Staff Degrees (continued). *Our staff is well qualified to operate the West Virginia EB Project.*

Marshall University

The Marshall University Board of Governors
upon the recommendation of the faculty of

Graduate College

has conferred upon

Duane Jackson

the degree of

Master of Business Administration

In Testimony Whereof, the signatures of the duly authorized officers of the Board of Governors and the Faculty of the University and the seal of the University have been affixed.

Given at Huntington, West Virginia, this eighteenth day of December, 2012.

Marshall University Board of Governors

_____ Chairman

_____ President of the University

_____ Provost and Senior Vice President for Academic Affairs

_____ Dean, Graduate College

Marshall University

The Marshall University Board of Governors
upon the recommendation of the faculty of

College of Business

has conferred upon

Duane Jackson

the degree of

Bachelor of Business Administration

Management

In Testimony Whereof, the signatures of the duly authorized officers of the Board of Governors and the Faculty of the University and the seal of the University have been affixed.

Given at Huntington, West Virginia, this thirteenth day of August, 2010.

Marshall University Board of Governors

_____ Chairman

_____ President of the University

_____ Provost and Senior Vice President for Academic Affairs

_____ Dean

Exhibit A-5: Copies of Staff Degrees (continued). *Our staff is well qualified to operate the West Virginia EB Project.*

A.4 Direct Experience with Enrollment Brokering Functions

RFP Section 4.3.A.c, Page 24; Addendum 1

In the following subsections we detail our direct experience with enrollment brokering functions, including Medicaid enrollment broker projects and several other health care projects that carry out relevant functions; our experience conducting community outreach initiatives; and descriptions of three of our Medicaid enrollment broker projects.

Experience Operating Medicaid Enrollment Broker Projects

In *Exhibit A-6: MAXIMUS Direct Experience with Enrollment Brokering Functions*, we present our projects currently in operation that offer the services required for successful operation of the West Virginia EB Project. This includes 19 Medicaid managed care enrollment broker projects plus several other projects that serve a variety of public health care programs, including CHIP, health insurance exchanges, provider services, eligibility support, and Canadian provincial health insurance. As shown in this exhibit, we have more than the required seven years of direct experience with enrollment brokering functions, and are currently performing essential enrollment broker functions across multiple projects within the government health services sector. With this breadth of experience, we have developed the expertise to respond to a wide variety of client needs, developing and refining strategies to deliver services as effectively and cost-efficiently possible.

MAXIMUS Public Health Insurance Customer Service Projects	Number of Years in Operation	Contact Center Services	Health Program/Plan Enrollment	Consumer Education	Management Reporting	Data Systems	Document Processing
Medicaid Managed Care Enrollment Broker Projects							
Vermont Green Mountain Care Member Services	18.5	✓	✓	✓	✓	✓	✓
California Health Care Options	17.5	✓	✓	✓	✓	✓	✓
Michigan ENROLLS	17	✓	✓	✓	✓	✓	✓
Texas Enrollment Broker Services	17	✓	✓	✓	✓	✓	✓
Health*Colorado*	16	✓	✓	✓	✓	✓	✓
Massachusetts MassHealth Customer Services	16	✓	✓	✓	✓	✓	✓
New York Medicaid CHOICE	16	✓	✓	✓	✓	✓	✓
Virginia Enrollment Broker and Education Services and Commonwealth Coordinated Care	11.5	✓	✓	✓	✓	✓	✓
Iowa Member Services	9	✓	✓	✓	✓	✓	✓
Georgia Families	9	✓	✓	✓	✓	✓	✓
Maryland HealthChoice Medicaid Enrollment Broker Program	8	✓	✓	✓	✓	✓	✓
South Carolina Healthy Connections	6.5	✓	✓	✓	✓	✓	✓
Indiana Enrollment Broker Services	6.5	✓	✓	✓	✓	✓	✓
Pennsylvania Enrollment Assistance Program	5	✓	✓	✓	✓	✓	✓
District of Columbia Healthy Families	2.5	✓	✓	✓	✓	✓	✓
Louisiana BAYOU HEALTH	2.5	✓	✓	✓	✓	✓	✓
Oklahoma SoonerCare Call Center	1.5	✓	✓	✓	✓	✓	
Illinois Client Enrollment Services	1	✓	✓	✓	✓	✓	✓
New Hampshire Temporary Enrollment Center	<1	✓	✓	✓	✓	✓	

Exhibit A-6: MAXIMUS Direct Experience with Enrollment Brokering Functions. *MAXIMUS possesses highly relevant experience in delivering program customer services to clients with diverse requirements, populations, and challenges.*

MAXIMUS Public Health Insurance Customer Service Projects	Number of Years in Operation	Contact Center Services	Health Program/Plan Enrollment	Consumer Education	Management Reporting	Data Systems	Document Processing
Other Health Care Projects							
Michigan MIChild Administrative Services (CHIP)	16	✓	✓	✓	✓	✓	✓
Georgia PeachCare for Kids (CHIP)	16	✓	✓	✓	✓	✓	
Iowa *hawk-i* (CHIP)	14	✓	✓	✓	✓	✓	✓
Florida Healthy Kids and KidCare* (CHIP)	12.5	✓	✓	✓	✓	✓	
Iowa Medicaid Provider Services	10	✓	✓	✓	✓	✓	✓
British Columbia Health Insurance Provincial Administrator	9.5	✓	✓	✓	✓	✓	
Texas CHIP and Eligibility Support Services	8.5	✓	✓	✓	✓	✓	
Tennessee CoverKids (CHIP)	7	✓	✓	✓	✓	✓	✓
Kansas KanCare Clearinghouse (CHIP)	5	✓	✓	✓	✓	✓	✓
Colorado Eligibility and Enrollment Services for Medical Assistance Programs (CHIP)	4	✓		✓	✓	✓	
New York Health Options Enrollment Center	3.5	✓	✓		✓	✓	✓
Pennsylvania Independent Enrollment Broker Medicaid Home and Community Based Waiver Enrollment	3.5	✓	✓	✓	✓	✓	✓
Illinois Enhanced Eligibility Verification	1.5	✓		✓	✓	✓	✓
Connecticut Health Insurance Exchange	<1	✓	✓	✓	✓	✓	
District of Columbia Health Insurance Exchange	<1	✓	✓	✓	✓		✓
Hawaii Health Insurance Exchange	<1	✓	✓	✓	✓	✓	
Maryland Health Insurance Exchange	<1	✓	✓	✓	✓	✓	✓
New York Health Insurance Exchange	<1	✓	✓	✓	✓	✓	✓
Vermont Health Insurance Exchange	<1	✓	✓	✓	✓	✓	✓

*Project held 1996-2008 and awarded again in 2012

Exhibit A-6: MAXIMUS Direct Experience with Enrollment Brokering Functions (continued). *MAXIMUS possesses highly relevant experience in delivering program customer services to clients with diverse requirements, populations, and challenges.*

Exhibit A-6 demonstrates that the functions we carry out for these projects closely resemble the scope of work for the West Virginia EB Project, providing the Agency with a level of confidence that we possess the tools and strategies to fully meet the service elements this project requires. These projects serve diverse populations in geographically dispersed regions, each presenting a unique set of needs. With these wide-ranging experiences, MAXIMUS is prepared to offer a complete set of enrollment broker services, and can do so with high standards for quality, efficiency, and effectiveness.

Experience Conducting Community Outreach

Many of our state clients find community outreach to be an essential strategy in the effort to match health coverage resources and opportunities with the uninsured, under-insured, and those with special needs or disabilities. In many of our health services projects, we either perform this function directly as part of our overall responsibilities or we support and strengthen the local organizations that educate and inform the families with whom they have trusted relationships. In each of our projects that require outreach deliverables, we develop a strategic approach that matches the client's outreach investment with the populations and areas where our efforts are likely to have the greatest impact. Outreach approaches we employ in our projects include such activities as outbound dialing campaigns; development and

dissemination of informational mailings and other print materials; website development and maintenance; social media and mobile channels; collaboration with public and nonprofit organizations based in target communities and familiar with target populations; and presentations at community events and other face-to-face efforts with enrollees and potential enrollees.

The multi-channel outreach strategy we propose for West Virginia, which is detailed in *Section 4.1.10: Comprehensive Outreach and Education Strategy,* is ideally suited to engage members in ways that are convenient and familiar to them. Community outreach activities conducted throughout the State offer the greatest opportunity to personally address the concerns and questions members may have and provide accurate and complete information about their health care options. In operating the IPA Project, we have developed relationships with community groups and have coordinated efforts with State Health Insurance Assistance Program (SHIP) IPA Entity staff, as well as Entity IPAs from Community Care of West Virginia, Partners in Health Network, the West Virginia Primary Care Association, and Valley Health Systems. Through the relationships we have developed with these important partners, MAXIMUS maintains a presence in all 55 counties and provides service in 48 State DHHR offices.

The community outreach activities we propose for West Virginia draw from our experience within the IPA Project as well as the deep experience we hold in conducting successful outreach campaigns in other parts of the country. In *Exhibit A-7: MAXIMUS Community-Based Outreach Experience Relevant to the Needs of the West Virginia EB Project,* we provide our currently-operating projects that pursue a comprehensive community-based outreach strategy most similar to the strategy we propose for the West Virginia EB Project.

Community Outreach Goal or Operational Characteristic	West Virginia In-Person Assistance Program	New York Medicaid CHOICE	California Health Care Options	Texas Medicaid Enrollment Services	Michigan ENROLLS and MIChild
Provide in-person services in every geographic region	✓	✓	✓	✓	✓
Conduct group presentations in every geographic region	✓	✓	✓	✓	✓
Participate in events sponsored by other organizations such as health fairs	✓	✓	✓	✓	✓
Engage with community-based organizations that serve similar vulnerable and hard to reach populations	✓	✓	✓	✓	✓
Monitor and document outreach worker activities	✓	✓	✓	✓	✓
Distribute information and educational materials	✓	✓	✓	✓	✓
Training (stand-alone and train-the-trainer) and systematic quality assurance	✓	✓	✓	✓	✓

Exhibit A-7: MAXIMUS Community-Based Outreach Experience Relevant to the Needs of the West Virginia EB Project. *In five states including West Virginia, MAXIMUS conducts community outreach activities highly relevant to those needed for the West Virginia EB Project.*

Descriptions of Past Projects

Below we provide our experience in operating three projects that offer enrollment brokering functions very similar to those needed for the West Virginia EB Project. The following descriptions include the location of the project, our project manager's name and contact information, the type of project, the

project's goals and objectives, and how those goals and objectives are being met. Each of these Medicaid enrollment broker projects is currently in operation.

New York Medicaid CHOICE

> **Location:** *New York City, New York*
> **Project Manager:** *Raquel Peña*
> **Phone:** *917.228.5627*
> **Type of Project:** *Medicaid Managed Care Enrollment Broker*

MAXIMUS has served the New York State Department of Health with the New York Medicaid CHOICE (NYMC) project since its inception in 1998. Among the largest managed care enrollment programs in the country, it serves more than 3.3 million members. NYMC serves a broad constellation of stakeholders, including a large consumer population with broad ethnic and linguistic diversity; government stakeholders in New York City, in numerous counties, and at the state level; and nearly two dozen health plans.

The primary goal of the program is to enroll Medicaid members into a qualified health plan with the provider of their choice. MAXIMUS staff at the NYMC project operate a customer support center that offers customer service in 14 languages through a toll-free call center; supplies accurate and complete information on managed care choices and educates participants on their rights and responsibilities under managed care; distributes educational materials that assist participants in making managed care choices; conducts all health plan and provider enrollment and disenrollment activities; performs extensive outreach activities and educates enrollees and potential enrollees on the concepts of managed care; and works closely with numerous community-based organizations to communicate information about the managed care enrollment process. The project has long supported managed care for the SSI population, and allows for voluntary managed care enrollment for dual eligibles. In addition, the project supports Special Needs Plans (SNPs) dedicated to persons with HIV/AIDS, which are managed care plans funded by Medicaid that are tailored specifically to the unique needs of the HIV/AIDS population.

In 2011, we entered our third competitive procurement with the program and were awarded the contract to continue offering these services through September 2015. In designing new solutions for our client, we proposed a new Interactive Voice Response (IVR) system, new computer-telephony integration (CTI), and a public-facing website that together enhance service to members. We also streamlined the customer service center through technology enhancements and script changes, leading to an almost one third staffing reduction without compromising quality. NYMC handles approximately 85,000 calls per month – some via our "virtual contact center" of home-based agents who help us scale as needed. We have also worked closely with the state's Medicaid Redesign Team to implement system-wide savings. The initiative included changes that streamlined eligibility and managed care enrollment, enhancing customer service and realizing cost savings. We have implemented the Managed Long Term Care (MLTC) project for dual-eligibles, bringing managed care's cost efficiencies and coordination of care model to this population's specific and complex needs for the first time. At the same time, we are continuing to expand by offering services previously handled at the county level in rural areas of the state, and eventually will be providing all of those services statewide. As our New York client's needs have

> *As our New York client's needs have changed and grown, MAXIMUS has successfully worked side-by-side with them to implement important new services.*

changed and grown, we have successfully worked side-by-side with them to implement these important new services.

The New York Medicaid CHOICE project received recognition for its superior quality management and customer service by achieving ISO 9001:2008 certification, granted by Bureau Veritas Certification, Inc. and by earning the designation of "Certified Center of Excellence" through Purdue University's Center for Customer Driven Quality and Benchmark Portal. New York Medicaid CHOICE has also won nine national advertising and marketing awards, including the National Health Information Gold Award. In addition, 93 percent of callers reported high levels of satisfaction with the service they received from our helpline staff members.

Pennsylvania Enrollment Assistance Program

> **Location:** Harrisburg, Pennsylvania
> **Project Manager:** Teresa Donaldson
> **Phone:** 717.540.6215
> **Type of Project:** Medicaid Managed Care Enrollment Broker

MAXIMUS works closely with the Pennsylvania Department of Public Welfare to perform a variety of functions for Pennsylvania's Medicaid managed care program, the Pennsylvania Enrollment Assistance Program (EAP). The EAP is a $45 million project serving 1.9 million Medicaid participants, with a goal of providing clear and accurate information and facilitating timely enrollment for all program participants. We are pleased to note that 98 percent of those who completed a post-call customer satisfaction survey for the EAP this year reported an overall satisfaction rating of "very satisfied" or "mostly satisfied".

When we took over operations of the EAP from another vendor, we found that the auto-assignment rate for this project was an unacceptable 45 percent. A high auto-assignment rate indicates a low level of member engagement with the program, which in turn is associated with poorer health outcomes among enrollees. Since assuming operations of this project, we examined every region of the state, determining probable causes for the varying auto-assignment rates by region and implementing new processes tailored to address the issues we discovered. We have succeeded in reducing the auto-assignment rate to 25 percent.

As the Pennsylvania EAP Enrollment Broker, MAXIMUS:

- Provides Medicaid managed care enrollment services, including all needed services to provide unbiased enrollment and transfer activities for the HealthChoices, ACCESS Plus, and Voluntary Managed Care programs

- Provides specialized handling of enrollments for children in substitute care and pregnant women

- Educates enrollees and potential enrollees about health care options, Medicaid managed care, the role of a PCP and other key aspects of the Pennsylvania EAP

- Operates a statewide toll-free call center, including an IVR with self-service functionality

- Developed and deployed a full-service website (www.enrollnow.net) that offers a provider directory, a variety of information about the programs, and enables eligible Medical Assistance (MA) members to complete enrollments, plan transfers, and register complaints via the Internet

- Has Field Outreach Specialists in each region of Pennsylvania that maintain close communications with the County Assistance Offices and local community based organizations, and offer one-on-one assistance to participants seeking in-person assistance

■ Provides printing and fulfillment of program-related materials and notices

Indiana Enrollment Broker

> *Location: Indianapolis, Indiana*
> *Project Manager: Sharon Reynolds*
> *Phone: 317.238.3131*
> *Type of Project: Medicaid Managed Care Enrollment Broker*

MAXIMUS contracts with the Indiana Office of Medicaid Policy and Planning (OMPP) with a goal to provide managed care education and enrollment services for all managed care populations in Indiana including Hoosier Healthwise (children, pregnant women, and low-income families) and Indiana Care Select (aged, blind, disabled, wards and fosters). We also assisted the state with enrollment into the Healthy Indiana Program (HIP), the state's health care reform initiative. We perform choice counseling and enrollment; fulfill information requests; educate members about program eligibility, covered services, available doctors and health plans; and conduct outreach via outbound dialer technology.

Throughout our partnership with the state, we have responded flexibly and ably to requested changes. During the implementation phase of HIP, the state requested that we initiate call center functions two months before the scheduled go-live date in order to support an initiative by the Governor; we quickly trained our call center representatives and were able to meet that request. We helped our client locate and enroll a new group of beneficiaries – foster children and wards of the court – within six months. We accelerated the phased transition from Medicaid Select to Care Select to six months rather than the nine months originally scheduled. Coordinating efforts with OMPP, the MMIS vendor, and the Care Management Organizations, we implemented a redesign of the enrollment process for the Care Select program in 60 days. In addition, we also implemented a new process to lock in Medicaid members for 12 months after a 90-day change period, an initiative that necessitated systems changes and call center retraining. This initiative was completed in six months. Callers to our project helpline have reported a customer satisfaction rate of 94 percent.

A.5 References

RFP Section 4.3.A.c, Page 24

MAXIMUS is pleased to present the following customer references that demonstrate our experience in providing services similar to those required for the West Virginia EB Project. Each of these projects is currently in operation, and summaries of project services are provided in the previous subsection. Our clients for these projects have agreed to serve as references and are aware that they may be contacted to comment on their experience in contracting with MAXIMUS.

New York Medicaid CHOICE

> *Project Duration: June 1998 – present*
> *Client: Division of Health Plan Contracting and Oversight*
> *Bureau of Implementation and Enrollment*
> *New York State Department of Health*
> *ESP Tower Room 2074*
> *Albany, New York 12242*
> *Client Contact: Joanne Martinez, Contract Manager*
> *Phone: 518.473.1134*
> *Email: joanne.martinez@health.ny.gov*

Pennsylvania Enrollment Assistance Program

Project Duration: *April 2009 – present*
Client: *Bureau of Managed Care Operations*
Pennsylvania Department of Public Welfare
274 Cherrywood Building
Harrisburg, Pennsylvania 17105
Client Contact: *Pauline Saunders, Enrollment Assistance Section Chief*
Phone: *717.705.8313*
717.772.6328 (fax)
Email: *pasaunders@pa.gov*

Indiana Enrollment Broker

Project Duration: *November 2007 – present*
Client: *Indiana Office of Medicaid Policy and Planning*
FSSA Operations
402 W. Washington Street
Room W382
Indianapolis, Indiana 46204
Client Contact: *Carol Briley, Care Programs Manager*
Phone: *317.234.5273*
Email: *carol.briley@fssa.in.gov*

A.6 Financial Ability to Undertake the Project

RFP Section 4.3.B.a-f, Page 24

Requested financial documentation, including our balance sheet for the past three years, income statement for the past three years, statements of cash flows for the past three years, our Dun & Bradstreet credit report, and our most recent quarterly financial statement may be found in *Appendix A: Financial Statements*. Our Form 10-K is also available on our website at investor.MAXIMUS.com. MAXIMUS Health Services, Inc. has had no litigations or claims for the past three years. *Exhibit A-8: Key Indicators to Assess Financial Strength* presents important benchmarks from our recent Form 10-K that provide evidence of our financial capacity and stability.

Key Indicators to Assess Financial Strength

	MAXIMUS March 31, 2014
ASSETS	
Cash and cash equivalents	$ 131.3M
Total current assets	$ 535.4M
Total assets	$ 896.9M
LIABILITIES AND SHAREHOLDERS' EQUITY	
Total current liabilities	$ 255.9M
Total liabilities	$ 325.3M
Total Shareholders' equity	$ 571.6M

OF-Financial Strength (06.14)

Exhibit A-8: Key Indicators to Assess Financial Strength. *MAXIMUS has significant financial strength and strategic liquidity to operate successfully in today's challenging economic conditions.*

Exhibit A-9: MAXIMUS Revenue FY2006 – FY2013 illustrates the strong revenue growth we have enjoyed over the past several years. With more than $1.3 billion in revenue in 2013 and no long-term debt, we have accrued the financial and organizational capacity to oversee numerous large-scale, highly visible projects. Our financial strength provides our clients with the confidence that we can fulfill contractual responsibilities across our projects and deliver high quality, uninterrupted services to program participants. BMS can be confident that MAXIMUS possesses the necessary financial resources not
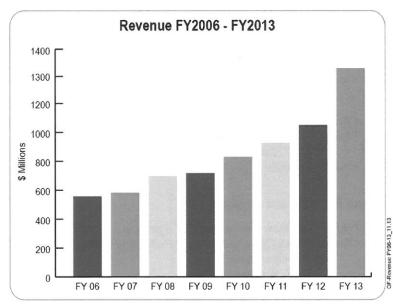

Exhibit A-9: MAXIMUS Revenue FY2006 – FY2013. *Our financial strength assures our government clients that we have the capacity to deliver high quality, uninterrupted service to their citizens.*

only to implement and operate this important service for West Virginia's Medicaid enrollees and potential enrollees, but also to support growth should West Virginia's program priorities evolve in the future.

MAXIMUS recognizes the importance of our corporate strength and stability for our government clients. Effective government contracting requires a capacity to manage risk. Smaller or more leveraged companies present their clients with the additional risk that one of the company's other projects might experience difficulties, potentially forcing a difficult decision about where to allocate limited corporate resources. The importance of choosing a high quality partner that has superior credit ratings and demonstrated financial solvency cannot be overstated. In reviewing our financial statements, BMS can be assured that MAXIMUS possesses the corporate resources needed to meet the requirements of the West Virginia EB Project. With our financial strength and stability, we will be present to serve your needs throughout our partnership.

A.7 Proposed Staffing Plan

RFP Section Attachment A, Page 40 (top paragraph)

MAXIMUS brings practical and well-tested approaches in order to provide sufficient staffing models in the projects we operate. Our techniques include using project metrics and operations data to build adequate staffing levels, establishing a pool of qualified candidates through relationships with local staffing agencies who assist MAXIMUS with recruiting personnel, and relying on a temp-to-perm staffing approach. For the West Virginia EB Project, our staffing plan relies strongly on the knowledgeable and experienced staff we currently have in place within the IPA Project and the recruiting efforts we have already conducted in West Virginia.

In developing staffing plans, we base our decisions regarding job categories and staffing estimates on the scope of work in the RFP, our experience providing enrollment broker services, and the size of the client's Medicaid population. In some cases, we also use operations data gathered from other MAXIMUS projects of similar size and scope. The primary operations metrics we use to drive our staffing model include the

anticipated number of members, expected call volumes and call lengths, and the volume of enrollment forms submitted via phone, mail, and online. This approach helps us anticipate the appropriate levels of staff for each functional area.

With initial staffing categories and levels identified, MAXIMUS typically recruits professional staff through our MAXIMUS Corporate Human Resources Support and established recruiting networks. As mentioned, we have identified several highly qualified professionals with experience in West Virginia within the IPA Project or similar projects to staff several of the key positions that the West Virginia EB Project will require, and we discuss these individuals and present their resumes in *Section 4.4: Key Staff*. They will hold management positions including the Account Manager, the Project Manager, the Call Center and Training Supervisor, the Outreach and Education Supervisor, the Information Technology Specialist, and the Finance Analyst. The Agency can be confident that MAXIMUS proposes a team with the skills and experience to carry forth the project implementation and operations both efficiently and effectively.

Our staffing approach offers several benefits, including:

- Demonstrated ability to provide appropriately skilled, professional project staff with a clear understanding of their responsibilities
- Reduced staff turnover
- Established ability to sustain services throughout the contract term

Staffing numbers may vary throughout different phases of the Project, and adjustments may be needed. Our staffing approach accommodates potential increases/decreases in the work volumes as well as changes in programmatic scope.

MAXIMUS offers BMS an effective staffing strategy that combines best practices with the ability to meet project needs now and into the future.

When staffing levels need to be increased, we maintain a qualified pool of candidates who have been pre-screened for skill sets that are compatible with the Project's needs. When staffing levels need to be decreased, staff can be re-assigned to other placements. Our staffing model is flexible and scalable for meeting project staffing levels over time and as BMS policies or program needs change or grow.

Our approach to recruitment for initial project staff positions, as well as ongoing vacancies during the lifetime of the contract, is founded on our documented best practices and corporate project management guidelines, and includes the key tasks outlined in *Exhibit A-10: MAXIMUS Eight-Step Recruiting and Hiring Methodology*. We have found this methodology to be highly effective in identifying those individuals most likely to offer a "good fit" with our projects' mission and objectives.
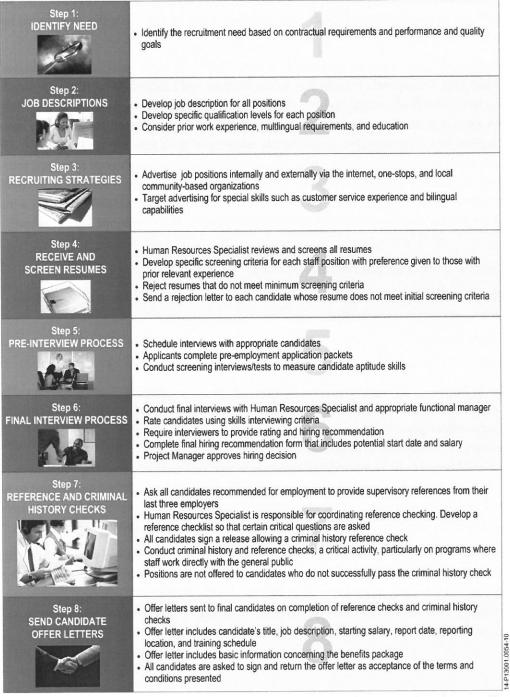
Step 1: IDENTIFY NEED	• Identify the recruitment need based on contractual requirements and performance and quality goals
Step 2: JOB DESCRIPTIONS	• Develop job description for all positions • Develop specific qualification levels for each position • Consider prior work experience, multilingual requirements, and education
Step 3: RECRUITING STRATEGIES	• Advertise job positions internally and externally via the internet, one-stops, and local community-based organizations • Target advertising for special skills such as customer service experience and bilingual capabilities
Step 4: RECEIVE AND SCREEN RESUMES	• Human Resources Specialist reviews and screens all resumes • Develop specific screening criteria for each staff position with preference given to those with prior relevant experience • Reject resumes that do not meet minimum screening criteria • Send a rejection letter to each candidate whose resume does not meet initial screening criteria
Step 5: PRE-INTERVIEW PROCESS	• Schedule interviews with appropriate candidates • Applicants complete pre-employment application packets • Conduct screening interviews/tests to measure candidate aptitude skills
Step 6: FINAL INTERVIEW PROCESS	• Conduct final interviews with Human Resources Specialist and appropriate functional manager • Rate candidates using skills interviewing criteria • Require interviewers to provide rating and hiring recommendation • Complete final hiring recommendation form that includes potential start date and salary • Project Manager approves hiring decision
Step 7: REFERENCE AND CRIMINAL HISTORY CHECKS	• Ask all candidates recommended for employment to provide supervisory references from their last three employers • Human Resources Specialist is responsible for coordinating reference checking. Develop a reference checklist so that certain critical questions are asked • All candidates sign a release allowing a criminal history reference check • Conduct criminal history and reference checks, a critical activity, particularly on programs where staff work directly with the general public • Positions are not offered to candidates who do not successfully pass the criminal history check
Step 8: SEND CANDIDATE OFFER LETTERS	• Offer letters sent to final candidates on completion of reference checks and criminal history checks • Offer letter includes candidate's title, job description, starting salary, report date, reporting location, and training schedule • Offer letter includes basic information concerning the benefits package • All candidates are asked to sign and return the offer letter as acceptance of the terms and conditions presented

14-P13001.0054-10

Exhibit A-10: MAXIMUS Eight-Step Recruiting and Hiring Methodology. *Our comprehensive recruiting and hiring process includes the steps to identify the best candidates, conduct a criminal background check, and initiate the offer of employment, enabling us to quickly hire qualified staff.*

We present the result of our staffing analysis for the West Virginia EB Project in *Exhibit A-11: MAXIMUS Staffing Plan for the West Virginia Enrollment Broker Project*. This exhibit details position titles, staffing levels, job responsibilities, and qualifications for each of the job categories we propose for the Project. As mentioned, we have already identified highly qualified candidates for several of these positions, and we present our proposed key staff and their resumes in *Section 4.4: Key Staff*.

Title / Number of Staff	Responsibilities	Qualifications
Account Manager Number of Staff: 1	■ Serve as Corporate Officer-In Charge for the Enrollment Broker Project ■ Oversee project management team and maintain overall responsibility for MAXIMUS functions ■ Ensure MAXIMUS is in compliance with all applicable requirements of the contract, BMS, and terms and conditions of the RFP and proposal ■ Establish and maintain effective working relationships with the client and key stakeholders ■ Facilitate communication on project status to members of senior management and the President of MAXIMUS Health Services Eastern Division ■ Assist in the creation and implementation of innovative methodologies to continually streamline and improve project operations and outcomes ■ Provides strategic vision, leadership, and focus for the Project ■ Participates in key project activities and BMS meetings as necessary	■ Bachelor's degree from an accredited college or university in public policy administration, public policy, public health, or related field, with a Master's Degree preferred ■ A minimum of six years of experience in progressively responsible management positions in a health or Medicaid related field ■ At least six years of experience in managing similar projects of equal or greater scope to West Virginia EB Project ■ Extensive knowledge of the West Virginia health care, social service, geographic, and demographic environments are mandatory ■ Experience in an MMIS, CHIP, health insurance, or other health service call center strongly preferred ■ Adept at building and maintaining relationships with stakeholders of the Affordable Care Act (ACA) and the implications of ACA for uninsured, subsidized, and Medicaid and CHIP consumers
Project Manager Number of Staff: 1	■ Serve as point of contact for the Enrollment Broker Project ■ Establish and maintain a productive relationship with the client and key stakeholders ■ Ensure MAXIMUS is in compliance with all applicable requirements of the contract, state and federal regulations, and terms and conditions of the RFP ■ Oversee the relevant supervisors in the domains of the Call Center, Document Processing, Outreach and Education, Reporting, Quality Assurance, Information Technology, and administrative support functions of the EB project including Human Resources, Finance, and Facilities ■ Coordinate with Corporate Officer-in-Charge for corporate resources and input as necessary. ■ Oversee all customer service, eligibility, and outreach functions and staff on a daily basis ■ Communicate project status to Corporate Officer-in-Charge, members of senior management, and the President of MAXIMUS Health Services Eastern Division	■ Bachelor's degree from an accredited college or university in public policy administration, public policy, public health, or related field, with a Master's degree preferred. Other combination of education and experience can be substituted for educational requirement ■ A minimum of 10 years of experience in managing large health, human services, insurance or related operations, including performing and maintaining appropriate service levels and quality, ability to deal effectively with consumers, and ability to effectively motivate people and manage projects ■ Knowledge of the West Virginia health care, social service, geographic, and demographic environments are mandatory ■ Progressively responsible management positions in related fields favorable ■ Experience in an MMIS, CHIP, health insurance, or other health service call center strongly preferred

Exhibit A-11: MAXIMUS Staffing Plan for the West Virginia Enrollment Broker Project. *MAXIMUS develops its staffing plans for enrollment broker projects from an analysis of the scope of work in the RFP, our experience providing enrollment broker services, and the size of the client's Medicaid population.* **PROPRIETARY**

Title / Number of Staff	Responsibilities	Qualifications
	■ Assist in the creation and implementation of innovative methodologies to continually streamline and improve project operations and outcomes ■ Approve project schedules, work plans, and deliverables	■ Experience with or knowledge about rural health care and insurance delivery, Mountain Health Choices, Mountain Health Trust preferred
Call Center and Training Supervisor Number of Staff: 1	■ Oversee all Medicaid and Medicaid Redesign customer inquiries, enrollment inquiries, and incomplete application calls received by the EB project via call center and inbound mail ■ Work in partnership with the QA/Reporting Analyst to continuously improve call center and document management functions ■ Participate in management meetings, communicating with members of project management and disseminating information to subordinates, as appropriate ■ Communicate issues, problems, and concerns effectively to the Project Manager and other parties as appropriate ■ Resolve operational issues in coordination with Outreach and Education Supervisor and the Project Manager ■ Submit weekly, monthly, and yearly management reports to the Project Manager for review on a timely basis ■ Cross-train to perform the responsibilities of Helpline Information Specialists and Mailroom Worker/Administrator ■ Monitor the performance of Helpline Information Specialists and Mailroom Worker/Administrator, including compliance with Service Level Agreement standards, and provide feedback and education to staff to improve performance ■ Manage and oversee staff scheduling ■ Assist with the development and implementation of policies and procedures pertinent to the effective and efficient operation of the Helpline, and assist with establishing performance goals and measurements for Helpline Information Specialists.	■ Bachelor's degree from an accredited college or university; Master's degree preferred ■ A minimum of three years of call center management experience at a call center in a health or social services field ■ Demonstrated success in methods for working with culturally and linguistically diverse populations in a courteous and effective manner ■ Experience with West Virginia public health insurance strongly preferred
Outreach and Education Supervisor Number of Staff: 1	■ Develop and implement an effective outreach and education plan; present this plan to client for improvements and final approval ■ Oversee all project outreach and education activities spanning the state of West Virginia ■ Supervise three to five outreach and education specialists' activities across the state	■ Bachelor's degree from an accredited college or university in health-related, human services-related or education-related field ■ Minimum three years of experience in outreach and education ■ Must have strong knowledge of public health insurance programs in West Virginia

Exhibit A-11: MAXIMUS Staffing Plan for the West Virginia Enrollment Broker Project (continued). *MAXIMUS develops its staffing plans for enrollment broker projects from an analysis of the scope of work in the RFP, our experience providing enrollment broker services, and the size of the client's Medicaid population.* PROPRIETARY

Title / Number of Staff	Responsibilities	Qualifications
	■ Cross-train to perform all responsibilities of an Outreach and Education Specialist ■ Work closely with Training in delivery of formal training plan ■ Work in partnership with QA/Reporting Analyst to document and continuously improve outreach and education activities ■ Participate in management meetings, communicating with members of project management and disseminating information to subordinates, as appropriate ■ Communicate issues, problems, and concerns effectively to the Project Manager and other parties as appropriate ■ Resolve operational issues in coordination with Call Center Manager and Project Manager ■ Submit weekly, monthly, and yearly management reports to the Project Manager for review on a timely basis	■ Experience managing a geographically dispersed team preferred
Information Technology Specialist Number of Staff: 1	■ Maintain and assure proper functioning of project telecommunications, network, and systems ■ Overall responsibility for all aspects of project security, including data confidentiality and integrity and facilities security ■ Coordinate with corporate Health and Human Services Systems personnel on MAXIMUS information system performance ■ Manage project help desk responsibilities for password resets and other technical issues ■ Manage system disaster recovery planning and maintenance ■ Ensure compliance with telephone and computer systems performance standards as set forth in the contract ■ Oversee equipment maintenance agreements and equipment servicing schedules ■ Manage all desktop and mainframe software installations, maintenance, and licensing agreements and ensure they adhere to project and corporate standards	■ Bachelor's degree from an accredited college or university in Information-Technology or health-related field ■ Three to five years of experience of progressive responsibility managing systems and security ■ Experience managing a VOIP network required ■ Demonstrated ability to supervise installation and maintenance of telecommunications, network infrastructure, and project systems assets such as Customer Relationship Management and Application Tracking required ■ Experience working in a HIPAA-compliant work place, public services, or health insurance preferred
QA/Reporting Analyst Number of Staff: 1	■ Develop a comprehensive QA and Performance Plan ■ Coordinate and manage regular performance monitoring activities and QA audits to meet corporate and contractual quality and performance objectives	■ Bachelor's degree from an accredited college or university preferably in a health-related, human services-related or research and analysis field ■ Combined two to four years of process improvement experience and/or reporting and analytics

Exhibit A-11: MAXIMUS Staffing Plan for the West Virginia Enrollment Broker Project (continued). *MAXIMUS develops its staffing plans for enrollment broker projects from an analysis of the scope of work in the RFP, our experience providing enrollment broker services, and the size of the client's Medicaid population.* PROPRIETARY

Title / Number of Staff	Responsibilities	Qualifications
	■ Analyze and provide trend reporting for call center operations and processing of eligibility and enrollment Manage all reporting functions in support of project contractual requirements ■ Manage the development of policies and procedures by coordinating with HR and Training resources ■ Ensure that the Policies and Procedures Manual is updated as policies and procedures change ■ Provide input to the training content and approach ■ Review weekly and monthly project status reports provided to the client	■ Demonstrated ability to self-manage, prioritize tasks and meet deadlines in a fast-paced environment ■ Demonstrated ability with evaluating and improving processes, performance monitoring, or process mapping required
Finance Analyst Number of Staff: 1	■ Ensure that all fiscal operations for the project are in compliance with all applicable requirements of the contract and MAXIMUS, as well as state and federal regulations ■ Develop budgeting systems and prepare budgets, financial forecasts, and contract fiscal status reports ■ Perform quality control procedures to ensure the integrity of the fiscal system ■ Act as liaison to BMS regarding submission of financial reports ■ Analyze and summarize financial data as requested by the Project Manager	■ Bachelor's degree from an accredited college or university in business, finance, or accounting ■ Three to five years of experience in general ledger, financial analysis/budgeting, forecasting, invoicing, accounting, and financial systems maintenance ■ Expertise in Microsoft Access and Excel software ■ Preferred qualifications include knowledge of and/or experience working with governmental accounting, project scheduling and management methods, and contract compliance processes
Helpline Information Specialist Number of Staff: 4	■ Provide customer service by managing customer calls, obtaining information from enrollees/potential enrollees, and assessing needs ■ Evaluate information received through a phone contact, ask appropriate follow-up questions, solicit additional information, and evaluate the potential impact of the information provided ■ Contact potential enrollees, members, and participants to obtain missing information ■ Maintain updated knowledge of the West Virginia Mountain Health Trust Medicaid Managed Care program ■ Maintain updated knowledge of managed care plans available to enrollees/potential enrollees ■ Collect and process enrollment materials, take enrollments by phone or in person, and input data into the MMIS and other systems, as appropriate	■ High school diploma, GED, or equivalent certification ■ Demonstrated previous experience in customer service both in person and on the telephone ■ Experience with computers ■ Good interpersonal and communication skills ■ Ability to quickly learn accurate factual information that will be conveyed ■ An understanding of confidentiality ■ Ability to use multiple computer systems to access and input data ■ Ability to work with special needs populations ■ Ability to act professionally and responsibly in stressful or unpleasant situations ■ Ability to follow directions

Exhibit A-11: MAXIMUS Staffing Plan for the West Virginia Enrollment Broker Project (continued). *MAXIMUS develops its staffing plans for enrollment broker projects from an analysis of the scope of work in the RFP, our experience providing enrollment broker services, and the size of the client's Medicaid population.* **PROPRIETARY**

MAXIMUS

Title / Number of Staff	Responsibilities	Qualifications
	▪ Work with a diverse population to provide general program information, assist in completion of applications, and answer questions about the eligibility process for the Medicaid Managed Care program ▪ Provide specific information to clients to assist them in choosing a health plan, such as benefits and the plan's network of providers ▪ Provide clients with basic education on managed care and preventative health care ▪ Receive enrollment information from participants and enroll participants by inputting the data into the MMIS and other systems as appropriate ▪ Provide written document of the successfully completed enrollment ▪ Respond to calls courteously, accurately, and concisely ▪ Educate customers of applicable policies, procedures or programs, services and/or resources ▪ Provide information regarding status of documentation submitted, application, verification, or other transactions ▪ Prepare written reports or documentation on information obtained in contacts with all callers ▪ Report any issues of concern and/or problems to the Call Center and Training Supervisor ▪ Cross-train to perform the responsibilities of the Mailroom Worker/Administrator ▪ Meet or exceed production and quality standards set for position ▪ Occasional weekend and evening hours may be required ▪ Perform other duties as may be assigned by management	▪ Knowledge of the community to be served ▪ Excellent organizational, written, and verbal communication skills ▪ Ability to perform comfortably in a fast-paced, deadline-oriented work environment ▪ Ability to work as a team member, as well as independently ▪ Preferred qualifications include education or experience in providing customer service to special needs populations; knowledge of state and federal managed care programs; experience in health care, human services skills; and fluency in commonly spoken languages.
Outreach and Education Specialist Number of Staff: 3	▪ Travel throughout assigned county, working primarily in the communities; occasional weekend and evening hours required ▪ Present and discuss the concept of managed care, emphasizing benefits and accessing services within program guidelines ▪ Meet one-on-one with Enrollees and Potential Enrollees, as needed ▪ Develop relationships with community-based organizations ▪ Foster and maintain relations with parties serving our mutual consumers	▪ Bachelor's or Associate's degree in human services, or relevant years of experience ▪ Excellent organizational, written and verbal communication skills ▪ Ability to interact courteously and effectively with a variety of audiences ▪ Experience with public speaking ▪ Ability to handle pressure and perform multiple tasks ▪ Ability to work independently ▪ Experience entering data into automated information systems

Exhibit A-11: MAXIMUS Staffing Plan for the West Virginia Enrollment Broker Project (continued). *MAXIMUS develops its staffing plans for enrollment broker projects from an analysis of the scope of work in the RFP, our experience providing enrollment broker services, and the size of the client's Medicaid population.* **PROPRIETARY**

Title / Number of Staff	Responsibilities	Qualifications
	■ Develop and implement innovative strategies to access difficult-to-reach populations ■ Attend health fairs and other community gatherings ■ Attend weekly meetings at central office ■ Maintain regularly scheduled hours at district offices, and other community settings, visiting each district at least monthly ■ Report changes in schedule to the Outreach and Education Supervisor 24 hours in advance, or at the start of the business day in the event of an emergency ■ Respond to queries within two business days ■ Distribute informational materials including posters, brochures, and videos ■ Meet all standards established for this position as outlined in the performance criteria ■ Perform other duties as assigned by management	■ Knowledge of local health care networks and providers ■ Preferred qualifications include three years of human services or health care experience, and bilingual capabilities ■ Employment is contingent upon successful completion of the seven hour on-line certification course prepared by AHCA or its Agent
Mailroom Worker/Administrator Number of Staff: 1	■ Receive, sort, and prepare incoming mail, including enrollment forms and other documents for scanning ■ Operate scanning equipment, mailing machines, copiers, fax machines, and postage meters ■ Batch enrollment forms or other documents received and organize them for appropriate project staff ■ Ensure that all scanning operational guidelines meet ISO compliance standards ■ Raise issues of concern and/or problems to the attention of the Call Center and Training Supervisor ■ Prepare outgoing mail as required ■ Perform imaging of information into designated system ■ Cross-train to perform the responsibilities of Helpline Information Specialist ■ Log returned packets and letters with bad address flag ■ Perform other duties as may be assigned by management	■ High School diploma, GED, or equivalent certification ■ Ability to interact courteously and effectively with a variety of people ■ Ability to perform comfortably in a fast-paced, deadline-oriented work environment ■ Ability to successfully execute many complex tasks simultaneously ■ Ability to work as a team member, as well as independently ■ Proficiency and understanding of personal computing sufficient to work effectively with the reports and automation associated with the West Virginia Enrollment Broker project ■ Computer skills as well as the ability to quickly learn other software programs

Exhibit A-11: MAXIMUS Staffing Plan for the West Virginia Enrollment Broker Project (continued). *MAXIMUS develops its staffing plans for enrollment broker projects from an analysis of the scope of work in the RFP, our experience providing enrollment broker services, and the size of the client's Medicaid population.* PROPRIETARY

4. Approach and Methodology

In the last year, West Virginia has made historic changes to the way it administers health care, offering Medicaid coverage to an unprecedented expansion population and enrolling tens of thousands of people in private plans on the Federal Exchange. In these changing times, the Bureau for Medical Services (BMS or the Agency) seeks a partner that is on the frontline of enrollment broker operations and technology, and can grow with West Virginia's evolving initiatives. MAXIMUS offers the Agency unmatched experience and knowledge of a full range of state health administration operations, and the ability to scale our resources to meet BMS's future needs. Our approach to offer enrollment brokering services includes continuous improvement through quality monitoring, detailed reporting, and increased voluntary plan selection with the goal of educating West Virginians to better understand the Mountain Health Trust enrollment process so they are empowered to take control of their own health care needs.

RFP Section 4, Pages 24-34; 5.3, Page 37; 6.2, Page 39

Since its inception in 1996, Mountain Health Trust (MHT) has been enrolling consumers across West Virginia into Medicaid managed care. On January 1, 2014, West Virginia made significant changes to its Medicaid program - expanding coverage to a new population of previously uninsured, medically vulnerable West Virginians with the aim of eventually incorporating that population in the MHT program. The possibility of transferring the Medicaid expansion population into managed care presents a unique opportunity for the state to achieve cost savings while enhancing quality of care through coordinated services and medical homes. During this conversion period, BMS is seeking a partner who is both versatile and deeply experienced in facilitating states' choices in this time of major reform. MAXIMUS has assisted state-based exchange states with their exchange operations, federal exchange states with their enrollment operations, and alternate reform states in their Medicaid expansion through creative cost-sharing mechanisms. By applying best practices from our projects across the country, MAXIMUS has put together a solution that allows us to continuously improve quality, while growing with West Virginia's evolving priorities.

> **MAXIMUS continues to display an ideal model of a contracted vendor by providing exemplary level of customer service while completing tasks as requested and prior to deadlines, continually finding ways to improve overall quality for the best possible outcomes for DMAS and our Medicaid members. MAXIMUS is encouraged to explore new and improved ways to perform contracted responsibilities to meet the ever changing needs of the Department.**
>
> *- Virginia Enrollment Broker Client*

With a sweeping track record of success in providing enrollment broker services, a long-standing dedication to serving government clients, and a corporate commitment to quality, MAXIMUS is well qualified to serve BMS with the West Virginia Enrollment Broker (EB) Project. We currently operate 19 enrollment broker projects, comprising the lion's share of direct service experience nationwide. We bring a 360 degree solution, guaranteeing quality of operations and offering transparency through reports that paint a robust picture of the program.

MAXIMUS understands the challenges of implementing new programs to a new population. Since October 2013, MAXIMUS has worked with the Office of the Insurance Commissioner (OIC) to employ In-Person Assister (IPA) personnel and coordinate IPA Entities in order to provide consistent, accurate and responsive outreach, education, and enrollment services across the 55 counties in West Virginia, with special attention to vulnerable and hard-to-reach populations. Through our IPA project we have grown familiar with the citizens in the Mountain State. In a letter of support in *Appendix B: Community Partners Letters of Support,* the West Virginia client indicated that MAXIMUS has "shown a clear willingness to

work with us as well as local community partners to provide valuable assistance to West Virginians for education and enrollment into Marketplace plans."

Approach to Solution

MAXIMUS hopes to work with West Virginia to improve access to Medicaid managed care and PAAS services, while demonstrating our commitment to the highest levels of quality and accuracy. As shown in *Exhibit 4-1: MAXIMUS Approach to the West Virginia EB Project*, our overall approach focuses on bringing together transparency, quality, growth, efficiency, and consumer understanding through our various solution offerings in order to increase member engagement in their own health care choices.
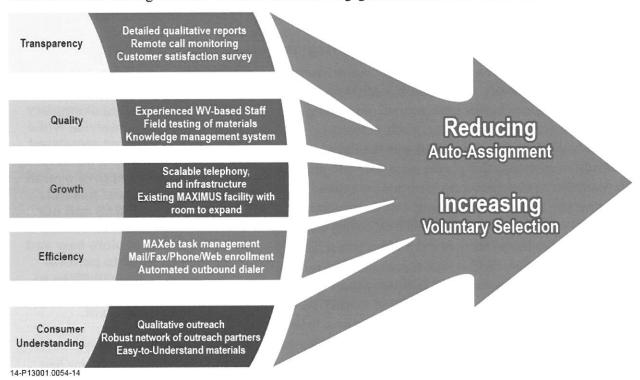

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Exhibit 4-1: MAXIMUS Approach to the West Virginia EB Project. *We have developed an approach that offers quality reporting, scalable technology, experienced staff, and refreshed outreach materials.* PROPRIETARY

- **Meaningful Reporting:** Our MAXDat reporting solution provides the State with visibility into the MHT operation. Our reporting solution measures customer satisfaction, as well as data on call center and outreach activities. We provide more than just tallies and counts – we also provide qualitative details on who we are talking to, what we are talking about, and the outcome of the interaction. Additionally, we can provide reports that show outreach events by the number and type of people who attended them. By capturing valuable qualitative data, we keep a pulse on the status of our members and understand what is working as well as the most common obstacles to enrollment. As a result, MAXIMUS is able to propagate best practices and pre-emptively address points of consumer confusion in the enrollment process by clarifying call center scripts and educational materials to enhance consumer understanding.

- **Continuous Quality Improvement:** MAXIMUS aims to cultivate continuous quality improvement to advance program outcomes through a number of solution offerings. Our dedicated QA/Reporting Analyst will work with the Outreach and Education Supervisor and the Call Center and Training

Supervisor to note trends in staff performance and assist with re-training development as necessary. The QA/Reporting Analyst will monitor consumer satisfaction though remote call monitoring and our post-call customer satisfaction survey. Through this cycle of quality improvement, MAXIMUS stays true to its core tenet –a project cannot be successful without a heavy emphasis on quality.

- **Partnership for Growth:** MAXIMUS is capable of growing as BMS's initiatives evolve. In 2013, MAXIMUS clients rated working with MAXIMUS Health East Division an A or a 4.49/5. We are proactive in predicting what is in the pipeline in federal and state legislation, and understand how requirements translate into operations. We have helped various states including Michigan, Illinois, and New York take on new service offerings such as health accounts, long term care assessments, enhanced eligibility verification, Medicaid redesign for dual eligibles, and statewide exchanges. Should the state decide to move the expansion population into managed care, we have a scalable facility, infrastructure, and telephony solution, which allows for rapid upsizing. Additionally, we utilize our corporate implementation team, which is dedicated to starting up new or expanded scope for our Eastern projects. MAXIMUS expansive resources and extensive experience position us to grow with states to realize future program innovation.

- **Easy-to-understand print materials:** MAXIMUS will leverage the expertise of our Center for Health Literacy (the Center), a nationally-recognized corporate resource that specializes in developing health-related program materials using sixth-grade reading level language to bolster member understanding and choice selection rates. Using the Center's knowledge and experience, MAXIMUS offers a refresh of the enrollment form, welcome letter, and educational pamphlets. The Center will travel to West Virginia and carry out field and usability testing by interviewing MHT members about the readability and clarity of the drafted materials. This testing will enable the Center to develop understandable materials so that vulnerable populations in the Mountain State better understand MHT enrollment.

- **West Virginia-based staff with extensive experience:** Through our proven and continuously refined methodologies, data analytics, and staff modeling, MAXIMUS has determined that 14 employees will be able to handle program scope as identified in this RFP. This appropriately-sized staff has been recruited from West Virginia's talent pool, and will be working on-site in West Virginia for the duration of the project. The Project Manager, Brenda Dane, brings 18 years of experience providing health service delivery at the regional, state, and federal level. Through her experience directing a statewide initiative to connect West Virginians with health coverage, prescription medication, and health care navigation services, she has built strategic partnerships between public and private organizations over the last seven years. The Call Center and Training Supervisor, Duane Jackson, boasts 16 years of contact center experience, and has successfully managed the implementation of three call centers over the past 10 years. The Outreach and Education Supervisor, Ronnie Smith, currently serves as a Regional Lead in the West Virginia IPA project, and has helped develop strategic plans for public outreach campaigns to help consumers understand their health plan options. These dynamic leaders along with our entire proposed team will leverage MAXIMUS enrollment broker best practices and their experiences with West Virginia's uninsured and Medicaid populations to establish best practices in policies and procedures, as well as training for each element of the scope. PROPRIETARY

- **Increased voluntary selection rate:** In many states where we function as the enrollment broker, our proactive efforts have led to a reduction of the auto assignment rate. An increased choice selection

rate is an indication that the consumer will understand and take ownership of their health care. In Pennsylvania, the auto-assignment rate was 45 percent in 2009 when we took over the contract; however, our active, hands-on approach reduced the rate to 25 percent by 2013. Through our various quality campaigns and strategic targeted outreach from in-person presentations, outbound calls, and mailed reminder notices, MAXIMUS will aggressively attempt to reach MHT members in order to help them enroll in a plan that fits their needs.

In the following sections, we address the requirements laid out by BMS. While keeping the project appropriately sized and efficiently run, we are able to use our vast experience in enrollment brokering and our versatile experience in other health administration programs to bring West Virginia a transparent and quality operation.

4.1 Plan to Provide Choice Counseling to and Enroll Eligible Participants

RFP Section 4.1, Pages 24 and 40

To achieve its goals for continuing to advance and improve Medicaid managed care services, the Bureau for Medical Services (BMS) requires an enrollment broker that provides an essential combination of experience, knowledge, technology, qualified personnel, and transparent communication. MAXIMUS will listen to and work together with BMS, Medicaid managed care members, and other stakeholders to remain attentive and responsive to program needs and focus on the issues most relevant to the State. This includes implementing proven strategies to help ensure that Medicaid enrollees take an active role in their health care decision making. One way to measure this is by reducing auto-assignment by offering multiple ways and many opportunities to voluntarily select a health plan and enroll with a primary care provider (PCP). We will provide operational, staffing, and training best practices to deliver unbiased, conflict-free choice counseling and exemplary customer service to educate and inform members of their options.

The West Virginia Enrollment Broker Project (West Virginia EB Project or the Project) will offer objective choice counseling by telephone and in-person at outreach events in local communities across the State. MAXIMUS will also develop easy-to-read materials and an easy-to-use website to effectively communicate plan and provider choice information to enrollees and potential enrollees. We will work with BMS to develop the visual look and feel of the website to be consistent with the standard established for other departments of the State, such as using the same logo, color scheme, and so forth.

In addition, we will implement a solution to address BMS requirements that incorporate advanced communication tools and technology. This includes our MAXeb tracking system, designed specifically to serve the needs of enrollment broker projects, and our Knowledge Management System (KMS), which enables us to instantly access resources and respond to inquiries quickly and efficiently. The KMS is a one-stop electronic repository housing MCO/PAAS program information and all the reference materials needed to effectively operate the Project. Use of the KMS provides certainty that our staff members have the information and support tools necessary to deliver the best response to customers in the fastest way possible.

In *Section 4.1.1* through *Section 4.1.20*, we propose our plan to provide choice counseling to and enroll eligible participants with an approved MCO/PAAS provider in applicable counties. Our solution for handling enrollment tasks will apply to both new enrollments and changes in MCOs/PCPs and comply with 42 CFR 438.6 of the Code of Federal Regulations. We provide highlights of our response to specific section requirements in *Exhibit 4.1-1: Change Presents Opportunities for Improvement.*

Requirements Addressed	MAXIMUS West Virginia Enrollment Broker Project Solution
4.1.1. Process for Assisting the State with Enrollment	■ Apply our expertise in operating 19 enrollment broker projects across the country, and experience and current collaborations with the In-Person Assistance (IPA) Project working in each of the 55 counties in West Virginia, to understand and respond to the unique needs of every community ■ Provide potential enrollees with objective choice counselling and enrollment information about available managed care options specific to their residential location, working proactively to make certain that members understand the many facets of health plans and how to enroll in the plan that is right for them given that many individuals just entering the health coverage system may have never had health insurance before ■ Conduct outbound calls and mail campaigns supported by refreshed materials and an aggressive outreach strategy to increase the voluntary selection rate ■ Offer accessible information to help members choose a provider, making services available by telephone, as well as online using the flexible functionality of our website to search by provider name, gender, office hours, health plan, specialty, city and county, zip code and any other uniform parameters contained in the provider files ■ Employ a process of continuous quality improvement by collecting customer satisfaction surveys; using the KMS to make certain that information is consistent, concise, accurate, and unbiased; and delivering a reporting solution that goes beyond requirements to provide clear visibility into program operations ■ Target a reduction in the auto-assignment rate by using specific methods of education and outreach to best suit the needs of potential enrollees across all of West Virginia's 55 counties
4.1.2. Communication with Enrollees and Potential Enrollees	■ Employ the skills of the MAXIMUS Center for Health Literacy (Center) to produce materials in plain language that are easy to read, as well as linguistically and culturally appropriate for West Virginia's enrollees and potential enrollees; and offering the capability to translate and adapt resources in any language ■ Develop materials in each of the identified threshold languages, as determined by working with BMS, to provide equity in service ■ Assist callers who speak a language other than English through Language Line Solutions available during all call center operating hours and provided free of charge
4.1.3. Enrollment Forms and Phone Script	■ Develop enrollment forms and phone scripts using a powerful combination of program expertise, enrollment broker experience, and BMS input, review, and approval to create accurate resources that are understood by members ■ Employ our proven fulfillment vendor, Business Ink, to automatically generate and mail forms when a new potential enrollee is loaded into the system via the eligibility file; offering rapid response using print-on-demand for customized enrollment forms and accompanying materials for each potential enrollee
4.1.4. Development of Materials for Members	■ Develop project materials to connect with members through easy-to-understand resources, which are written in plain language to clearly explain the enrollment process and the MCO/PAAS plans and providers based on availability in a member's service area ■ Leverage an automated outbound dialer to reach more enrollees at times convenient for them to increase the opportunity to make an active choice and help reduce the auto-assignment rate ■ Conduct strategic and quality-focused community outreach, providing in-person assistance via community presentations and meetings to help Medicaid managed care members make informed decisions in the selection of a health plan and PCP to best serve their unique health needs ■ Provide planned, sustained interactions to foster strong relationships throughout the community, not possible using a "frequent drop-in" method ■ Leverage the Center to create a responsive website featuring intuitive navigation, easy-to-understand digital content, and easy-to-find information about offline support for members ■ Use MAXeb to deliver provider directory functionality and populate the website provider look-up feature to allow users to search for and select a PCP that meets their specific needs

Exhibit 4.1-1: Change Presents Opportunities for Improvement. *We are prepared to meet all contractual requirements and, more importantly, to be a partner with the BMS in facing the challenges ahead for West Virginia.*

Requirements Addressed	MAXIMUS West Virginia Enrollment Broker Project Solution
4.1.5. **Approach for Reviewing MCO and PAAS Member Materials and Other Information**	■ Apply the Center's approach for reviewing and producing member materials using evidence-based communications practices developed over the past 14 years ■ Work collaboratively with the State to effectively review and revise materials for West Virginia as we did with our recent work to support DHHR in enhancing the Medicaid Automatic Enrollment Notice developed to auto-enroll participants into Medicaid
4.1.6. **Multiple Approaches for Members to Enroll**	■ Accept, process, and coordinate enrollments received from multiple channels including telephone, mail, fax, and online through a website that is fully responsive, in compliance with the Americans with Disabilities Act (ADA), and accessible by smartphone and other mobile devices to provide members with convenient service ■ Offer the same high level of timely and accurate service across all channels to deliver consistent results ■ Establish and comply with timeframes for processing completed enrollment forms within a standard of one business day of receipt; or contacting the consumer within one business day by phone if there is an error or missing information to provide timely and attentive customer service
4.1.7. **Process for Following up on Returned Mail, Including MHT and PAAS**	■ Make systematic efforts to contact consumers by phone through outbound call campaigns if mail is returned due to an inaccurate address, with numerous attempts at different times of the day to increase the probability of reaching members ■ Attempt to confirm the address by using address verification technology and once verified, enter the correct address into a separate field in MAXeb; this information will be reported to the State to support accurate updates
4.1.8. **Process for Educating Members on how to Access Services on the FFS System**	■ Provide education and assistance to enrollees through outbound calls, mailed notices, and over the phone; referencing the KMS to deliver the most up-to-date information ■ Populate our KMS with detailed policies and procedures reviewed and approved by the State for different topics based on our experience in West Virginia operating the IPA Project and our nationwide operation of enrollment broker projects ■ Supply information both on the website and with educational materials to inform enrollees how to access services in their county
4.1.9. **Collecting and Submitting Third Party Liability Information to BMS**	■ Use fields on the enrollment form to collect third party liability (TPL) information and record TPL in MAXeb ■ Work closely with BMS to finalize policies and procedures to collect TPL information thereby allowing the placement of financial responsibility on the appropriate party and maximizing coordination of benefits
4.1.10. **Comprehensive Outreach and Education Strategy**	■ Conduct statewide outreach efforts led by an Outreach and Education Supervisor based in the Project office in Charleston, with implementation on the ground handled by regionally based, highly mobile Outreach and Education Specialists targeting different areas of the State to provide service across all counties ■ Use the MAXeb integrated outreach module to report on outreach information such as where we presented, how many people we interacted with, what we talked about, and if we provided face-to-face, in-person enrollment assistance (data we can link directly to a consumer's case file in MAXeb) ■ Conduct a train-the-trainer method of outreach for preparing and educating DHHR, BMS, and community groups and stakeholders who have frequent and ongoing access to target populations and are seen as trusted sources of information and service ■ Use social media such as Twitter and Facebook to notify followers about the location of our Outreach and Education Specialists, offer facts about Medicaid enrollment in West Virginia, and provide timely updates on where and when education and enrollment events are happening

Exhibit 4.1-1: Change Presents Opportunities for Improvement (continued). *We are prepared to meet all contractual requirements and, more importantly, to be a partner with the BMS in facing the challenges ahead for West Virginia.*

Requirements Addressed	MAXIMUS West Virginia Enrollment Broker Project Solution
	▪ Network and coordinate with local DHHR and social services offices and community organizations to display and disseminate outreach resources and schedule discussions, personal meetings, and presentations upon request to enable enrollees and potential enrollees to easily access education and assistance in convenient and comfortable local settings ▪ Leverage the knowledge and understanding about local communities we have gained through our experience supporting the West Virginia IPA Project to target specific outreach activities by county; identify places in the community where presentations would be most useful; and make plans for conducting outreach to particularly vulnerable populations and those living in more rural areas
4.1.11. Written and Visual Materials for use in Outreach and Educational Efforts	▪ Leverage the expertise of the Center to develop new or refresh existing resources such as enrollment forms, notices, letters, pamphlets, presentations, videos (to be determined), and other materials to enhance member resources ▪ Use clear communication practices and remove literacy-related barriers to improve outreach and education for all enrollees and potential enrollees regardless of their level of health literacy ▪ Develop presentations guided by the attitudes, beliefs, and needs of our target audience and employ social marketing techniques to interpret and address issues facing members ▪ Employ the fully integrated reporting module for outreach within our MAXeb system to directly connect enrollments to outreach efforts ▪ Use performance reporting to measure the results of our strategy and maintain the ability to adjust—we won't continue to do what isn't working ▪ Go beyond a tally of events to document and meaningfully report on outreach with the length of an event, topics covered, number of individuals reached, and participant evaluation results as applicable
4.1.12. Plan for Engaging Stakeholders	▪ Conduct outreach across all 55 counties in the State with Outreach and Education Specialists working in assigned regions to get to know the local community groups ▪ Identify major meeting places and festivals and travel with the most relevant materials for the right event to deliver a clear message about options when it comes to Medicaid managed care enrollment ▪ Engage and network with program stakeholders to readily schedule presentations and train-the-trainer sessions for interested groups ▪ Bring our experience conducting proactive outreach in projects across the country, as well as directly assisting consumers in West Virginia, and build on the valuable ties we have established with community groups as a result of the IPA Project ▪ Promote and advertise our presentations via online channels such as website, Twitter, and Facebook in order to raise awareness and offer a place where enrollees and community groups can easily arrange for face-to-face education and assistance ▪ Participate in statewide annual provider workshops, supplying the educational materials we have developed, and listening to participant suggestions for improving the member/provider experience in the program
4.1.13. Approach for Sorting Enrollment Forms and Identifying Address Discrepancies	▪ Process enrollments with staff to sort, prep, scan, and data-enter all incoming forms into the MAXeb system with cross-training for personnel to allow for adaptable coverage for influxes in mail or phone calls ▪ Use the MAXeb system during the initial intake process to identify any required fields that are incomplete, such as plan selection, which will automatically place that consumer on an outbound dialer file to quickly obtain needed data ▪ Identify when a consumer lists an address different from the one displayed in the initial daily eligibles file and enter it into a separate field called "customer reported address" with a report of this information sent to the State

Exhibit 4.1-1: Change Presents Opportunities for Improvement (continued). *We are prepared to meet all contractual requirements and, more importantly, to be a partner with the BMS in facing the challenges ahead for West Virginia.*

Requirements Addressed	MAXIMUS West Virginia Enrollment Broker Project Solution
4.1.14. **Approach for Informing all County Offices of any Changes**	▪ Leverage our existing relationships with DHHR office contacts established during the IPA Project and, following the transition out of the IPA Project, retain points of contact to transfer knowledge and maintain associations through the West Virginia EB Project ▪ Charge the QA/Reporting Analyst with making certain that information is appropriately conveyed via e-mail or paper mailing to keep open lines of communication
4.1.15. **Process for Providing Additional, Highly Mobile Benefits Managers to Travel to all Counties**	▪ Provide a highly mobile staff to travel to all 55 counties to educate enrollees, providers, agencies, and organizations to include an Outreach and Education Supervisor in our central office and regionally based Outreach and Education Specialists ready to travel across all counties in the State to deliver full geographic coverage ▪ Fill outreach positions by recruiting candidates from different parts of the State and also carefully considering individuals from our pool of already experienced former IPAs who are familiar with working remotely in West Virginia to provide a full statewide perspective ▪ Deploy Outreach and Education Specialists to work from region-specific locations and network with local organizations to provide accessible presentations and train-the-trainer sessions ▪ Incorporate social media tools such as Facebook, Twitter, and blogs, as well as optional text message notifications, as part of our outreach and education strategies to effectively disseminate routine and time-sensitive communications to enrollees and enable consumers to directly connect with our staff
4.1.16. **Outreach to Members Unable or Unwilling to Access Information**	▪ Target those that, due to a variety of circumstances and barriers, find MCO/PAAS program enrollment to be a challenge and provide assistance with knowledgeable former IPA Project staff people who understand the communities in West Virginia they have served, as well as how to work with at-risk populations ▪ Work with pharmacies, churches, or other locations that might have access to target populations if we are unable to reach consumers directly; and inform personnel at these sites about our services, give them pamphlets and other resources to distribute, and highlight the ability to offer more information over the phone or online through our Project staff
4.1.17. **Plan for Mailings and Electronic Communications to MCO/PAAS Members**	▪ Develop and maintain an informational website and use of social media, as well as make recommendations for updates to the style and content of mailings and notices with the support of the Center ▪ Employ our trusted partner, Business Ink, for mailing and fulfillment services such as welcome packets, enrollment reminder letters, enrollment confirmation notices, provider directories, and transfer/disenrollment notices ▪ Institute bar coding on enrollment forms so that we can auto-link documents in MAXeb using the data read in the bar code
4.1.18. **Approach for Designing and Maintaining an Enrollment Assistance Website**	▪ Develop and maintain a website to educate enrollees about the enrollment process and MCO/PAAS access post-enrollment ▪ Design an accessible and user-friendly website with the expertise of the Center so consumers can find the information they want easily and intuitively ▪ Enable people to enroll on the website, get answers to frequently asked questions, and search our provider directory using a number of different search criteria ▪ Implement a fully responsive design for the enrollment assistance website from the perspective of web accessibility, ADA compliance, the type of information available, languages supported, frequency of updates, search capabilities, interactive functionality, and the flexibility to work with tablets, smartphones, and other emerging technologies

Exhibit 4.1-1: Change Presents Opportunities for Improvement (continued). *We are prepared to meet all contractual requirements and, more importantly, to be a partner with the BMS in facing the challenges ahead for West Virginia.*

Requirements Addressed	MAXIMUS West Virginia Enrollment Broker Project Solution
4.1.19. Design Educational Materials and Member Content	▪ Design county-specific educational materials and determine the most effective mix of content, media, and messages to clearly inform members and achieve BMS communication goals ▪ Develop member content with the target audience in mind—their information needs, their receptivity, their culture, and their literacy level ▪ Use a deliberate approach to design that enhances clarity and promotes readability using a rigorous content development process with a minimum of two reviewers for every piece
4.1.20. Educating and Engaging Enrollees in High-Quality Health Homes and Patient-Centered Medical Homes	▪ Make recommendations and implement strategies to educate and engage enrollees in high-quality health homes and patient-centered medical homes to promote the benefits of these models including care coordination, continuity of care, maintenance of patient records, and an enhanced level of communication ▪ Deliver outreach and education messages through multiple communication channels including call center services, online resources, written materials, training opportunities, and personal interactions to deliver responsive service ▪ Launch a campaign with an entire month dedicated to promoting high-quality health and patient-centered medical homes where we will conduct a number of local and regional events explaining and supporting these delivery models ▪ Coordinate training events with providers to review Medicaid managed care enrollment options through the Primary Care Association network, which offers support and training for patient-centered medical homes and those entities seeking this accreditation ▪ Provide additional enrollment education on-site to members at patient-centered medical home locations via our Outreach and Education Specialists

Exhibit 4.1-1: Change Presents Opportunities for Improvement (continued). *We are prepared to meet all contractual requirements and, more importantly, to be a partner with the BMS in facing the challenges ahead for West Virginia.*

MAXIMUS will successfully implement the West Virginia EB Project with extensive planning, thorough communications, and ongoing reporting with BMS. We will customize our supporting systems and technology—such as MAXeb and the KMS—to respond to particular state needs and specific requirements. We will base our overall solution on MAXIMUS program experience and technical expertise to address each component of the West Virginia EB Project, meet contractual requirements, and provide comprehensive and responsive service to members.

4.1.1 Process for Assisting the State with Enrollment

RFP Section 4.1.1, Pages 24-25 and 40

As a national leader in providing Medicaid managed care enrollment services across the country, we offer a proven and tested approach based on our enrollment broker experiences in 19 states. The solution is customized to meet the unique needs of each project – something we are able to do in West Virginia based on the lessons learned from providing in-person assistance to help West Virginia's uninsured residents learn about their insurance options and enroll into health plans as required by the Affordable Care Act (ACA). Through our work in operating the West Virginia IPA Project, we have established working relationships with State staff and community organizations across all 55 counties. We have gained valuable insight and first-hand knowledge about West Virginia's residents and the factors that affect their access to health care. U.S. Senator John D. Rockefeller's comments regarding our IPA work indicate the high level of commitment we have to serving the people of West Virginia. Having worked closely with West Virginia's residents since October 2013, we will leverage the knowledge gained to deploy the best strategies to outreach and educate those eligible for Medicaid managed care to enable them to choose their own health plan. Communicating and collaborating with our In-Person Assistance staff places MAXIMUS in a very good position to help BMS provide well-targeted services for Medicaid managed care enrollees and potential enrollees. We know that when individuals engage in important health decisions, such as selecting a health care provider, they are more likely to take advantage of available services, leading to better health outcomes.

> *...West Virginia has its own unique set of challenges- rural population, lack of transportation, access to computers, etc. But sitting and listening to each of you at the table gave me immense hope. You are committed to health care in West Virginia and it will happen. I look forward to continuing to work on these challenges together.*
>
> *- John D. Rockefeller IV, US Senator addressing MAXIMUS In-Person Assistance Program staff*

4.1.1.1 Target Enrollment to Meet the Unique Needs of Potential Enrollees in Each County

Our plan for assisting the State with enrollment in each of the 55 counties in West Virginia, while addressing their unique enrollment "needs" includes:

- Implementing enrollment strategies to best fit each county's social, demographic, and geographic characteristics

- Providing multiple methods for enrollment including mail, fax, web, and by telephone

- Providing objective choice counseling and easy to understand enrollment information, including making written materials available in alternative formats and other languages as necessary

- Ensuring potential enrollees receive unbiased and objective information about available managed care and PAAS enrollment options

Our processes for accepting enrollments through various traditional channels are ones

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A case study

MAXIMUS Staff Go the Extra Step to Help West Virginia's Residents Apply for Healthcare

In West Virginia, MAXIMUS In-Person Assistors (IPAs) help consumers who are applying for health care coverage through the Federally-facilitated Marketplace. One of the primary ways we provide assistance is by helping consumers complete the online application using the healthcare.gov website. MAXIMUS IPAs began noticing that some consumers, especially those living in Mingo and Boone counties were uncomfortable using the website because they did not fully understand and trust the online technology. To help these consumers apply and enroll, IPAs provided paper forms, which allowed them to complete their application at home. Because the federal processing center was experiencing a significant backlog in handling paper applications, we advised consumers to bring the completed form to an outreach location where an IPA would help them enter the information using the healthcare.gov website. Through the efforts of our IPAs, we recognized the barrier that was preventing individuals from applying for benefits. Our staff's commitment to helping consumers enabled them to find an alternative method that worked.

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that we have tested and successfully used in many other states. We offer multiple methods of enrollment because the needs and preferences of Medicaid members can vary based on a person's socio-demographic and cultural characteristics, where they live, and their access to transportation or other important services. These differences have an impact on the ways members are likely to enroll into managed care. While we employ all of the traditional methods of enrollment including enrollment by mail, fax, web, and by telephone, we recognize that certain barriers exist that prevent individuals from accessing one or more enrollment channel. In *Exhibit 4.1.1-1: Enrollment Strategies Best Suited to Address Unique Needs* we present our solution for meeting unique enrollment needs that may be present to some degree, in many West Virginia counties.

Potential Enrollment Need	Strategy Best Suited to Address Enrollment Need
Assisting those with limited literacy skills	▪ Leverage the Center to develop enrollment materials that are understandable by individuals who read at or below a sixth grade reading level to meet the needs of every member ▪ Initiate aggressive outbound telephone and mail campaigns to provide education, choice counseling, and offer enrollment assistance ▪ Schedule presentations and outreach events in locations with high concentrations of individuals with limited literacy, such as counties with a higher proportion of residents without a high school diploma, to help meet the unique needs of every community ▪ Work with a network of community organizations to advertise the availability of telephone-based services, schedule outreach events and presentations, and provide in-person enrollment assistance
Communicating with those with limited Internet access/limited computing skills	▪ Initiate aggressive telephone outreach to provide education, choice counseling, and enrollment assistance to achieve an increase in voluntary selection rate ▪ Schedule presentation and outreach events to share accurate resources that are easily understood
Communicating in prevalent non-English languages	▪ Use Language Line Solutions to support enrollment and choice counseling services with telephone-based language interpretation and translation services in more than 200 languages to meet the needs of every caller ▪ Leverage the expertise of the Center to translate written materials with a strong emphasis on quality control that helps to ensure translations will be both linguistically and culturally competent and effective
Providing personalized service when residents have limited or no access to regular transportation	▪ Bring information to potential enrollees through social media, including Facebook and Twitter as an extension of our overall marketing and outreach campaign ▪ Work with DHHR and community groups to identify venues that are most accessible to those with limited transportation access ▪ Record and maintain an updated mailing address in MAXeb so we can make certain that individuals receive written enrollment materials ▪ Initiate aggressive telephone outreach to provide education, choice counseling, and enrollment assistance to help members make informed, voluntary managed care choices

Exhibit 4.1.1-1: Enrollment Strategies Best Suited to Address Unique Needs. *We use targeted enrollment channels and outreach strategies to help overcome barriers to enrollment.*

By using these multiple enrollment channels in other states, along with targeted methods to address unique enrollment needs, MAXIMUS has been successful in maintaining a low average auto-assignment rate of 28 percent among those required to enroll in Medicaid managed care across our projects. In following these same best practices in West Virginia, we expect to maximize choice enrollments and minimize the auto-assignment rate. Individual choice selection as opposed to auto-assignment is a valuable way of measuring consumers' engagement in their healthcare decisions. In *Section 4.1.6: Multiple Approaches for Members to Enroll* we provide detailed information about our plan for using multiple enrollment channels.

Other factors affecting our proposed enrollment plan and our methods for addressing certain county-specific circumstances include:

▪ **The Distribution of MCO and PAAS in the County**: Because the availability of MCO and PAAS providers is not uniform statewide, it is important that consumers only receive available enrollment options based on their residential location. When Helpline Information Specialists take enrollments through the call center or staff enters hard copy enrollments, MAXeb presents a list of available MCO and PAAS enrollment options. This helps ensure we do not present MCO or PAAS options that do not exist or enter choices that are not allowed. When consumers apply for benefits using the online

enrollment website, the system has similar functionality to what is included in MAXeb – consumers are only presented with valid enrollment options based on their entered residential address. Outreach and Education Specialists also carry a supply of resources showing each county's available enrollment options when providing in person assistance.

- **Rural / Urban Location:** Targeted outreach strategies vary based on whether potential enrollees are located in rural or urban locations. For example, while potential enrollees in urban centers in the larger cities may have easy access to computers, telephone, and transportation services, often this is not the case in many rural locations. As a result, we require staff to visit sites throughout their counties rather than going only to the 'easy' places within close proximity to their office. While travel to outlying areas can be time consuming, we consider it important when trying to reach as many potential enrollees as possible so they receive the education and assistance they need to choose an MCO or PAAS provider.

- **The Number of Medicaid Enrollees**: The number of Medicaid enrollees or potential enrollees is an important consideration when planning outreach events and presentations. For example, when choosing a location for presentations, we want to ensure the facility can accommodate the expected number of attendees by having sufficient space, seating, and materials available. Our Outreach and Education Specialists evaluate these factors ahead of time to plan accordingly.

- **The Number of Providers** The number of available providers affects the enrollment choices, particularly for PAAS. In our experience, providers may not accept new patients if they are at maximum capacity. To the extent that this information is included in the provider files, MAXeb uses this to restrict enrollments when providers are at maximum capacity. Our staff knows to encourage potential enrollees to choose another provider and if we notice a certain area does not have a sufficient number of providers, we offer to notify BMS in the event that they wish to increase their provider recruitment efforts.

Our Outreach and Education Specialists will provide statewide services by presenting information and answering questions about the program, enrollment process, MCOs and PAAS, and acting as an educator about the MHT program. The methods for outreach, including the types of locations we use for presentations, will vary according to need. For example, in providing IPA services in the western regions of West Virginia, our staff noticed that a number of individuals we wanted to contact actually worked in Kentucky making it hard to identify places to provide in person assistance. In addition, many of these residents particularly in Wayne and Mingo counties were largely unaware that they may qualify for health insurance under the West Virginia Medicaid expansion program. In order to contact these residents, our IPA staff went to the places where we expected to find these residents--at post offices and tax service offices. This strategy allowed us to provide the necessary outreach and education to residents and assist them in enrolling into a health plan.

Through the IPA project, we also have established working relationships with many organizations statewide, including West Virginia primary care centers, community health centers, federally qualified health centers free clinics, DHHR regional offices, hospitals, academic centers and nonprofit organizations. Our established presence in communities and with these organizations throughout West Virginia facilitates our introduction as a broker of managed care services. In *Section 4.1.10: Comprehensive Outreach and Education Strategy* we present more information about our statewide outreach and enrollment approach.

4.1.1.2 Provide Objective Information to Potential Enrollees about Available Managed Care Enrollment Options

A primary reason many states have turned to an independent enrollment broker for managed care is to ensure enrollees and potential enrollees receive objective and unbiased information on enrollment options. Consumers need to feel empowered, understand that they have important decisions to make, and receive counseling on which options might work best for their network and health needs. Impartiality is of utmost importance, and includes nondiscrimination with respect to their health status or need for certain health care services. To ensure consistent impartiality, all of the state-approved scripting, materials, and policy tools that are available to Helpline Information Specialists in the call center are also available to Outreach and Education Specialists in field locations. We also make some of the resources—such as but not limited to scripts, MCO comparison charts, program pamphlets, and member rights and responsibilities—available in hard copy to facilitate services in remote locations without Internet access.

In order to assure our state clients that we will provide objective and unbiased information we also attest to the fact that MAXIMUS is free from conflicts of interest in providing enrollment services. MAXIMUS does not perform the functions of a service provider nor do we engage in contracts or financial relationships with direct service providers.

As a provider of enrollment broker services for Medicaid managed care since 1996 in many states around the country, MAXIMUS complies with all federal and state laws and regulations governing these services. This experience enables us to meet the requirements in Title 42, Section 438.6 of the Code of Federal Regulations (42 CFR §438.6) for Contract requirements.

In the sections that follow, we discuss in greater detail our solution for making sure our staff provides objective information to potential enrollees about available managed care enrollment options.

Scripts and Documentation

During telephone enrollment, our Helpline Information Specialists follow a script designed to help the caller make an informed MCO and PCP, or PAAS provider selection. Staff are not allowed to recommend an MCO or PCP or PAAS provider to potential enrollees. Our standardized scripts, stored in the online knowledge management system, help prevent bias because the scripts walk staff through the enrollment steps which ensure they present all options to the potential enrollee. In addition, scripts help staff cover all topics required by BMS such as enrollee rights and responsibilities regarding both the enrollment process and the ensuing enrollment. Scripts, work instructions, and other procedural documentation also help staff follow State-approved processes when handling enrollment calls and acting as an educator about the MHT program. Through access to work instructions, policies and procedures, staff follow all project requirements thereby fulfilling federal and state laws and regulations. We discuss scripts further in *Section 4.1.3: Enrollment Forms and Phone Script* and our approach to monitoring staff to ensure script adherence in *Section 4.2.20: Quality Assurance*.

Provider Search

In addition to standardized scripts, we use other tools to help make sure Specialists remain impartial in assisting Medicaid enrollees with the managed care system and PCP of their choice. A driving factor in helping individuals make a health care decision is to determine if a potential enrollee has an existing or prior relationship with a PCP from whom they wish to continue to receive health care. Our staff can search for PCPs by zip code, provider name, specialty, MCO/PAAS affiliation, or other uniform

parameters, such as language, if it is contained in the provider files. We show the MAXeb flexible search functionality in *Exhibit 4.1.1-2: Provider Search Screen.* If a potential enrollee does not have an existing or prior provider relationship, our staff can provide information on all available enrollment options based on the potential enrollee's residence and other preferences.

MAXeb displays the potential enrollment options when staff enters the individual's county of residence, which meets the requirement for us to provide choice counseling and enrollment services in accordance with counties served by each MCO or PAAS Provider. Staff determine if a particular provider is associated with one or more MCO and can assist the caller even further by using an MCO Comparison Chart to explain the differences between health plans. We also use a geographic search engine, integrated in MAXeb, to provide further help to potential enrollees in selecting a health plan and PCP.
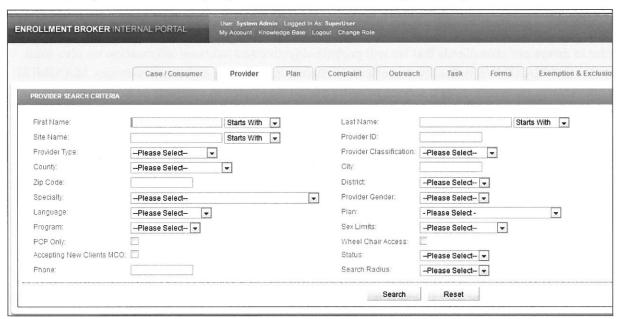
Exhibit 4.1.1-2: Provider Search Screen. *With MAXeb, Helpline Information Specialists have a powerful tool to help potential enrollees find a provider that meets their needs including information on MCO affiliation(s).* **PROPRIETARY**

This search functionality is also available online for Medicaid members who wish to self-serve or visit the website (developed and hosted by MAXIMUS), to determine their preferred MCO or PCP. We provide information concerning the online provider search capability in *Section 4.1.18: Approach for Designing and Maintaining an Enrollment Assistance Website.* Additionally, we can mail provider listings in hard copy when specifically requested by a member. However, we find it is much more cost-effective and helpful to assist a consumer in finding a provider while speaking to them than by mailing provider listings.

Quality Management of Enrollment Services

As part of our commitment to continuous quality improvement, we employ rigorous and proven reporting and quality assurance procedures to make sure our staff help individuals in an objective fashion that does not favor or discriminate against any individual, health care provider, or MCO. We do this by routinely conducting live and recorded call monitoring to assess compliance with script adherence. In addition, by offering a reporting solution that is flexible and provides visibility into program operations, we can closely monitor MCO and PCP selections by any number of factors to ensure distributions are within an expected range as defined by BMS.

In addition to these quality and reporting measures we also encourage all callers to participate in an anonymous customer satisfaction survey. When individuals contact us through the call center, they may participate in an IVR administered survey at the conclusion of their telephone call. We closely monitor results from the survey and if findings denote any issues, our management team investigates the issues further to ensure compliance. In *Section 4.2.20: Quality Assurance Plan*, we provide more detail about our approach to monitoring the quality of provided telephone services. We firmly believe that continuous quality improvement leads to better outcomes for the consumers – as indicated by a reduced auto-assignment rate.

Materials

In addition to personalized assistance, we ensure that materials we provide to potential enrollees and enrollees are objective, unbiased and include information about all available MCO and PCP options. MAXIMUS writes materials at an appropriate literacy level so members understand their rights and responsibilities during and after enrollment into the MHT program. To ensure we achieve these objectives, we established the Center for Health Literacy (the Center). The Center is uniquely qualified, in both capabilities and experience, to design, compose, revise, translate, and produce easy-to-read materials that are linguistically and culturally appropriate for West Virginia's enrollees and potential enrollees. The Center staff drafted the West Virginia enrollment form included in *Section 4.1.2: Communication with Enrollees and Potential Enrollees* and will help design the website content and layout for online enrollment. *Section 4.1.4: Development of Materials for Members* contains a detailed description of our approach to designing and distributing non-biased information through written materials.

4.1.2 Communication with Enrollees and Potential Enrollees

RFP Section 4.1.2, Pages 25 and 40-41

MAXIMUS is committed to ensuring communication with West Virginia's enrollees and potential enrollees is compliant with the requirements of 42 CFR §438.10 and is at or below a sixth grade reading level. To meet this requirements, we are prepared to work with BMS to identify the prevalent non-English languages spoken by enrollees and potential enrollees throughout the State. Barring any unforeseen circumstances, we do not expect the percentage of potential enrollees and enrollees speaking any non-English language to reach a significant level. At slightly more than 97 percent, West Virginia has the highest percentage of people whose primary language spoken in the home is English according to the 2010 census. While the census only occurs every ten years, enrollment forms ask for the primary language and this information can be one measure of the incidence of non-English speaking enrollees and potential enrollees. Additionally, our outreach and education staff will be able to obtain information about any influx of non-English speaking people into the communities they serve. We propose using all of these sources of information to determine if any non-English language has reached a significant percentage. We will give special attention to those counties with a larger, albeit small, number of non-English speakers residing in Berkeley, Cabell, Jefferson, Kanawha, and Monongalia counties.

Should a need arise, the Center 's Translation Services Group relies on the principles outlined in the MAXIMUS Translation Manual. This manual includes comprehensive guidelines for performing translations of written materials as well as a unique quality control process to:

- Mitigate translation and formatting errors
- Ensure translations are culturally appropriate

- Determine that materials meet the literacy level requirements of potential enrollees and enrollees (sixth grade level of reading or below)

We present an example of our translation capability in *Exhibit 4.1.2-1: Sample Translation from English to Spanish*. We require that all of our approved translators use this tool to ensure quality. Written translations are accompanied by a certification from the Center that the translation is accurate and complete.

Original English

Now that you are on Medicaid, you need to choose a Health Maintenance Organization (HMO). If you have Medicare coverage, you are not required to join an HMO. However, you can enroll if you want to do so.

IT IS NOW TIME TO CHOOSE AN HMO
YOU MUST CHOOSE AN HMO OR ONE WILL BE ASSIGNED TO YOU. Look over the enclosed material and decide which plan is best for you and your family.

If you do not choose by September 13, 2011, you will be assigned an HMO.

Spanish Before Revision

Siendo usted un cliente de Medicaid, necesita eligir una Organización de Mantenimiento de Salud (HMO). Si usted tiene cobertura por Medicare, usted no es requerido para participar en una HMO. Como sea, usted puede inscribirse de forma voluntaria.

AHORA ES TIEMPO DE SELECCIONAR UN HMO
Usted tiene que seleccionar un HMO ó uno le será asignado. Lea la informació que aqui le enviamos y decida cual plan es el mejor para usted y su familia.

Si usted no selecciona para el dia 13 de Septiembre de 2011, usted será asignado a un HMO.

Spanish After Revision

Ahora que está inscrito en Medicaid, usted necesita elegir una Organización de mantenimiento de la salud (HMO). Si usted tiene cobertura médica a través de Medicare, no necesita participar en una HMO. De todos modos, usted puede inscribirse si así lo desea.

ÉSTE ES EL MOMENTO DE ELIGIR UNA HMO
USTED TIENE QUE ELEGIR UNA HMO O ELEGIREMOS UNA POR USTED. Lea la información que le estamos enviando y decida cuál plan es el mejor plan de seguro médico para usted y su familia.

Si usted no elige un plan antes del día 13 de septiembre de 2011, nosotros le asignaremos un plan de seguro médico.

Our revision addressed the following problems within these paragraphs:

- A literal word-for-word translation, resulting in an awkward translation
- Multiple grammatical mistakes, including the incorrect use of prepositions
- Excessive use of the passive voice. Using the active voice serves low literate readers better, because they can identify who took (or should take) the action in the sentence.
- Incorrect use of masculine and feminine articles
- Typos
- Use of high level vocabulary

14-P13001.0054-08

Exhibit 4.1.2-1: Sample Translation from English to Spanish. *The Center provides accurate, culturally and linguistically appropriate, and effective translations of all printed and web-based program materials into other languages.*

MAXIMUS acknowledges that while enrollment materials and other correspondence may be translated, provider and other stakeholder communications may not require language translation.

In addition to written communications, it is also imperative that we have the ability to communicate verbally with callers who speak a language other than English. When a caller speaks a language other than those spoken by our staff, we assist them through Language Line translation services. This service is available during all call center operating hours and all callers are provided this service free of charge. In compliance with 42 CFR § 438.10, this service is provided regardless of whether or not BMS has designated the language as a prevalent non-English language. Language Line currently interprets more than 170 languages.

Finally, the requirements set forth in 42 CFR § 438.10 also require us to communicate in alternative formats and for those with limited reading proficiency. We strive to develop the visual layout of materials in an eye-catching, easy-to-understand format, with special attention paid to creating materials that may be adapted to other formats for use by people with special needs such as visual impairments or limited reading proficiency. All materials produced in alternative formats follow the same stringent development and quality assurance practices and procedures that we follow when developing standard materials. We will work with BMS to determine how to best address the production of materials in other formats should the need arise.

4.1.3 Enrollment Forms and Phone Script
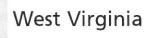
RFP Section 4.1.3, Pages 25-26 and 41; Addendum 1

Exhibit 4.1.3-1: Draft Enrollment Form and *Exhibit 4.1.3-2: Draft Phone Script*, show our initial ideas for these documents for the West Virginia EB Project. These drafts include all of the required elements as outlined in the RFP and 42 CFR § 438 Subparts A-J. We include them here in compliance with providing them to BMS. Through use of the enrollment form and scripts, we ask potential enrollees to indicate:

- Choice of MCO or PAAS provider
- The name of his/her existing provider(s)
- Race, ethnicity, primary language spoken, and health status with an indication that this information is not mandatory for enrollment
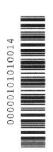
Peggy Smith
1012 Kanawha Blvd
Charleston, WV 25312

Mailing Date: July 1, 2014

West Virginia   Mountain HEALTH TRUST

NAME: Peggy Smith

MEDICAID ID: 1090485816

Enrollment Form

Use this form to choose a health plan and a primary care provider (PCP) for each person.
Then sign and date this form. When you are done, please mail this form to us in the
envelope we gave you.

1.

Peggy Smith	Date of birth **05/17/1959**	ID **1090485816**

Choose one health plan
☐ CoventryCares of West Virginia   ☐ The Health Plan of West Virginia   ☐ UniCare of West Virginia

Name of primary care provider (PCP)	That provider's ID number

*You can choose not to answer these questions, but your answers will help the health plan make sure
you get the care you need.*

Is this person pregnant? ☐ Yes ☐ No
If yes, when is the baby due?

Does this person smoke? ☐ Yes ☐ No

Does this person use smokeless tobacco?   ☐ Yes ☐ No

Does this person have ☐ asthma ☐ diabetes
                    ☐ other chronic or long-term illness
What is the name of the doctor who treats this illness?

Does this person go to a specialist for other care?
☐ Yes ☐ No
What is the name of the specialist?

What language do you speak
at home?
☐ English
☐ Spanish
☐ Other: _____

Ethnicity
Are you Hispanic or Latino?
☐ Yes ☐ No

Race
☐ Asian ☐ African-American
☐ Native American or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ White

More on the back »

DRAFT WV Enrollment Form 06/11/14

Questions? Visit **www.mountainhealthtrust.com** or call **1-800-449-8466** (TTY: 1-800-449-8466).
The call is free! You can get this information in other languages or formats, such as large print or audio.
Tenemos información en español. ¡Servicio de intérpretes gratis! Llame al 1-800-449-8466.

ID: 1090485816   Date: 07/01/14

Exhibit 4.1.3-1: Draft Enrollment Form – Front. *An uncluttered, eye-catching design and easily understood
language increases the readability of Mountain Health Trust enrollment form.* **PROPRIETARY**

2. Tell us about your other health insurance coverage.

Some people have other health insurance or prescription drug benefits through private insurance, employers, unions, TRICARE, Veterans Affairs, or state pharmaceutical assistance programs.

We need to know about any health coverage you have, including prescription discount programs.

Do you have Medicare? ☐ Yes ☐ No	
Are you enrolled in the Health Insurance Premium Program (HIPP)? ☐ Yes ☐ No	
Do you have other health coverage? ☐ Yes ☐ No *If yes,* please tell us:	
Name of plan or program	Group number
	ID number
Name of plan or program	Group number
	ID number
Name of plan or program	Group number
	ID number

3. Sign below.

Your signature	Date
Signature of anyone who helped you with this form	Date

4. Mail this form back to us in the envelope we gave you.

Mountain Health Trust
231 Capitol Street, Suite 313
Charleston, WV 25301

DRAFT WV Enrollment Form 06/11/14

Questions? Visit **www.mountainhealthtrust.com** or call **1-800-449-8466** (TTY: 1-800-449-8466). The call is free! You can get this information in other languages or formats, such as large print or audio. Tenemos información en español. ¡Servicio de intérpretes gratis! Llame al 1-800-449-8466.

Exhibit 4.1.3-1: Draft Enrollment Form – Back (continued). *An uncluttered, eye-catching design and easily understood language increases the readability of Mountain Health Trust enrollment form.* **PROPRIETARY**

Appendix C: Draft Phone Script

Greeting and Verification of Caller Identity

Thank you for calling the MOUNTAIN HEALTH TRUST Enrollment Helpline. My name is

_____.

- *Can you please verify your name?*
- *Can you also verify your Social Security Number, Date of Birth, Address or Medicaid ID Number?* (Two of the four must be verified before proceeding with the call.)

If the caller speaks a language other than English:

1. Ask the caller to hold, while you contact the Language Line.
2. Call the Language Line (See Language Line Procedures).
3. Inform the interpreter that language assistance is needed with a caller on the line.

If caller is not found in MAXeb:

- *Have you been approved for Medicaid?*

If **YES** - Proceed with processing a pending enrollment.

If **NO** – *Only people who qualify for Medicaid can enroll in MOUNTAIN HEALTH TRUST. Please contact Medicaid Member Services at 1-888-483-0797 for more information.*

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Exhibit 4.1.3-2: Draft Phone Script. *By following a phone script, Helpline Information Specialists request and provide all required information in clear, respectful, neutral, and grammatically correct language.* **PROPRIETARY**

In *Exhibit 4.1.3-2* we presented an excerpt of the phone script. Because of its length, the complete phone script is included for your review in *Appendix C: Draft Phone Script*.

MAXIMUS also acknowledges BMS anticipates approving the enrollment form and phone script 30 calendar days prior to use and that BMS has the right to alter the enrollment form and script at any time. If BMS alters the form, we acknowledge having 30 days to implement the change and that we may not make changes to the enrollment form or script without prior approval from BMS.

Our process for mailing the enrollment form and accompanying materials, as described in *Section 4.1.17: Plan for Mailings and Electronic Communications to MCO/PAAS Members*, includes subcontracting with Business Ink for mail house services. Business Ink has been a trusted subcontractor providing exceptional mail house service to MAXIMUS projects since 1997, and currently works with us on seven health-related projects. Our relationship ensures that as we engage their services for new opportunities, we can do so with economies of scale and ease, because they understand our

Business Ink has extensive experience in direct mail and fulfillment services. Business Ink processes, generates, and mails all notices and materials from data files sent by MAXIMUS.

business, have existing capability to receive and accept mail files from MAXeb and provide quality control and feedback on all mailings including the number successfully sent.

When we receive the eligibility file from the fiscal agent, MAXeb identifies potential enrollees who are due to receive the enrollment form and accompanying enrollment materials. The system generates a mail file the same day the eligibility file is received and this file is transmitted through a secure FTP server to Business Ink. Business Ink then uses information in the file to generate the mailing within two business days and using print on demand, they mail enrollment forms and accompanying materials for each potential enrollee. This ensures information is provided in the correct language and the mailing includes the correct list of managed care options available based on the individual's residence. With on-demand printing, we eliminate the need for ongoing inventory monitoring and storage. More detailed information about our approach to mailing is included in *Section 4.1.17: Plan for Mailings and Electronic Communications to MCO/PAAS Members.*

4.1.4 Development of Materials for Members

RFP Section 4.1.4, Pages 26 and 41-42; Addendum 1

MAXIMUS will meet BMS expectations to develop materials that reach and inform members about the need to select an MCO or PAAS provider within 45 calendar days to prevent provider assignment by the State by creating customer-focused educational materials. Informing materials need to be engaging, accessible, clear, understandable, and tailored to members who read at or below the sixth-grade level. To maximize member choice and facilitate timely action, resources will embrace the State's cultural and linguistic diversity to educate and encourage enrollees to take advantage of everything MHT has to offer.

We will identify, carefully consider, and address literacy, cultural, and language differences in the development of our Mountain Health Trust member education materials.

The MAXIMUS Center for Health Literacy is an exceptional resource dedicated to developing the specific materials required for MCO/PAAS members. The Center is a group of writers, designers, researchers, and translators who work together to craft clear and meaningful messages for all literacy levels and languages.

The Center creates easy-to-read materials and easy-to-use websites to communicate effectively with linguistically diverse audiences. Professionals at the Center develop digital content and print material that is well organized, visually inviting, and written in plain language. This helps members find critical health information, understand what they find, make informed decisions, and take appropriate actions. The Center concentrates specifically on helping states communicate with enrollees by rewriting complicated health care concepts in simple, straightforward language.

For the development of member resources, MAXIMUS adheres to defined guidelines when writing for adults at an appropriate reading level. We leverage the Center's expertise in plain-language writing and design for readability to keep all materials appropriate and understandable to our target audience. MAXIMUS also follows a set of materials development procedures and a detailed work plan approach presented in *Section 4.1.11: Written and Visual Materials for use in Outreach and Educational Effort.* Our established methodology delivers member materials that support consistent program messaging

across service channels and introduces efficiencies into the development and production process to help decrease costs for the State. Our approach to materials development will result in customized enrollment and education materials for the West Virginia EB Project.

In developing print materials as well as web-based resources and any additional materials produced over the course of our contract, we will follow the Center's best practices shown in *Exhibit 4.1.4-1: Writing for Readers with Limited Literacy Skills*.

BEST PRACTICES: Creating Member Materials

1 Organize the content so that it is logical from the reader's point of view

2 Write in plain language, using simple vocabulary
- Write in a polite and conversational tone
- Use short sentences and short paragraphs
- Feature only two or three key messages per page
- Explain new and/or difficult words and concepts
- Streamline the text, so that key messages stand out and are not buried in unnecessary verbiage

3 Choose a clean and uncluttered design, and use it consistently throughout the document
- Select easy-to-read fonts
- Use a readable print size
- Create headings, sections, and other navigational aids to help readers follow along
- Illustrate the text with relevant graphics or photographs to make the document friendlier and more appealing

4 Field test draft materials to be sure consumers can read and understand them

14-P13001.0054-06

Exhibit 4.1.4-1: Writing for Readers with Limited Literacy Skills. *MAXIMUS identified best practices to make certain that our written materials are at the appropriate reading level to reach our target audience.*

To produce clear, accurate, and engaging member materials, MAXIMUS implements procedures that allow for review, input, and buy-in from BMS, MCO/PAAS programs, and other key stakeholders. This is especially important since we will customize our materials to reflect West Virginia program policies and also provide the opportunity for members to participate in the development process through field testing. The Center offers the capacity to travel to West Virginia to conduct field usability tests with citizens in the Mountain State to determine the effectiveness of the draft materials we develop. To support the testing of resources, the Center will provide methodological direction for conducting focus groups and usability testing, as appropriate. We can use focus groups to gather information that provides us with an honest and candid view of members' interests and concerns related to outreach and education materials. The Center highly recommends usability field testing as the best way to confirm if materials are written at the appropriate reading level and are appealing to the target population.

MAXIMUS will validate all materials with the State and other stakeholder or community groups as directed by BMS.

Recommended Process for Accommodating Passive Enrollment

In accordance with program rules, passive enrollment entails automatically enrolling an individual in a plan and then allowing the person to transfer if they prefer a different health plan provider. MAXIMUS has experience working in Colorado and Virginia, states that use passive enrollment as part of their process for managed care enrollment.

Although we have the capacity to provide this service, we recommend the more traditional approach of aggressive outreach and education without passive enrollment because, in our experience, this approach is better suited to enable potential enrollees to make an informed health care decision and minimize the auto-assignment rate. We have a history of increasing the voluntary selection rates on numerous projects by working with states to reduce auto-assignment rates. The following MAXIMUS projects provide representative examples.

- Pennsylvania Enrollment Broker reported an auto-assignment rate of 45 percent in 2009; after working with MAXIMUS, the rate dropped to 25 percent in 2013

- Georgia Enrollment Broker reported an auto-assignment rate of 19 percent in 2009; after working with MAXIMUS, the rate dropped to 10 percent in 2012

- Indiana Enrollment Broker reported an auto-assignment rate of 8 percent in 2011, after working with MAXIMUS, the rate dropped 3 percent 2013

Because we will use enrollment materials in a variety of ways in the West Virginia EB Project, we strive to make sure materials meet readability requirements and are linguistically and culturally appropriate. From their use in the call center in the form of telephone scripts and resource materials, to the content included on the informational website including the Facebook page and Twitter postings, to mailed letters, brochures, guides, and pamphlet to posters and flyers in outreach locations throughout the State, materials are central to the operation. These materials along with other outreach strategies from the call center using outbound dialing (see *Section 4.2: Plan for Creating and Operating a Telephone Unit*) and our use of field-based staff in locations throughout the state (see *Section 4.1.10: Comprehensive Outreach and Education Strategies*) are all important in maximizing the ability of potential enrollees to choose an MCO or PAAS provider.

Process to Develop Additional Materials to Help Members Make Their Choice

Making members aware of their choices and options has been a long-standing component of MAXIMUS outreach and education initiatives conducted through telephone communication, in written materials, and during direct, personal interactions. Our training protocols, scripting, and educational resources all emphasize the importance of informed choice in the plan enrollment and provider selection process. We help clients understand what managed care means to them in the context of their health care needs and educate them about how to access services. We also conduct usability testing with potential enrollees and enrollees to help ensure the readability of MHT educational materials.

Member education includes choosing providers that meet their needs; accessing and using member handbooks and network provider listings to help obtain services; reviewing program benefits and services; identifying plans in their service area and describing the role of their plan; explaining how to contact our call center, outreach specialists, or go online for help, including the availability of free

interpretation services; discussing the role of the PCP and how to use services appropriately; and clarifying client rights related to enrollment, disenrollment, exemptions, and grievances.

To support BMS in accomplishing its goals stated in the RFP, the content developed and utilized for outreach and education materials must succeed in reaching people with clear and compelling calls to action that are linguistically and culturally relevant. For example, approximately half of the American public, including many Medicaid participants, has difficulty understanding and using information developed above the eighth-grade reading level. However, most health-related materials are written at a tenth-grade level or even higher. The Center writes in plain language using a sixth grade reading level and tailors materials for each audience. We use common words and short sentences, brief clear instructions, descriptive headlines, an encouraging tone, and other techniques that promote readability. We present an example of our inviting, clear, and consistent design in *Exhibit 4.1.4-2: HealthColorado Medicaid Health Plan Report Card Brochure,* created for Health*Colorado,* the state program administered by MAXIMUS that helps enroll Medicaid in health plans.

BEST PRACTICES | CENTER FOR HEALTH LITERACY

- Design elements are inspired by the logo and reinforce the brand image.
- A document key or other road signs clarify important information.
- Sidebar information is highlighted to help it stand out.

- The color scheme reflects the program's brand.
- Contrasting typography emphasizes categories and makes them easier to find.
- Key words are used consistently to refer to the same thing.
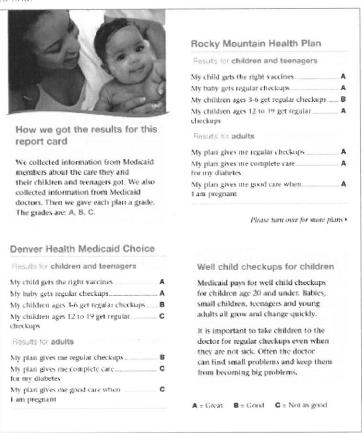
Exhibit 4.1.4-2: HealthColorado Medicaid Health Plan Report Card Brochure. *The 8.5" x 7.375" two-panel informational brochure uses a color scheme and design elements that reflect and reinforce program branding.*

Throughout our response, we provide many examples of materials we created and use in other projects to show that we can adapt and modify existing information into customized materials for the West Virginia EB Project. The advantage of this approach is that we do not have to start from scratch but can build on best practices and tested approaches—those we successfully use in West Virginia and other states—to the advantage of the MHT program. This also allows us to focus on the needs unique to West Virginia. In the following sections, we present additional examples of the types of recommendations the Center can provide to meet requirements and enhance resources with best practices applied to the development of materials that will help members make the right MCO/PAAS choices.

4.1.4.1 MCO/PAAS Availability in the Service Area (County)

RFP Section 4.1.4.1, Pages 26 and 41

With the support of the Center, we can produce resources that are easy to understand so the process of determining MCO/PAAS plans and providers available in a member's service area becomes as simple as possible. Building upon and refreshing existing information, such as the interactive MCO Options Map available on the MHT website shown in *Exhibit 4.1.4-3*, we can assist members in quickly identifying the MCOs currently serving their specific county, whether UniCare of West Virginia (UniCare), CoventryCares of West Virginia (CoventryCares - formerly Carelink), The Health Plan of the Upper Ohio Valley (The Health Plan), or PAAS.
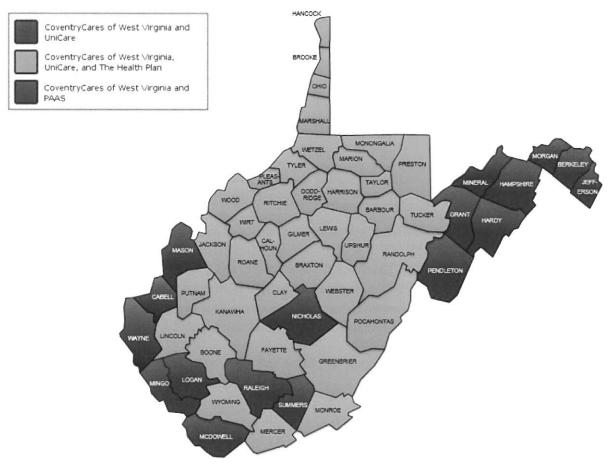
Exhibit 4.1.4-3: MCO Options Map on the MHT Website. *The Center will work with the State and program stakeholders to refresh website content with a focus on usability, accessibility, and developing content with the end user in mind.*

With the Center, we are able to create responsive websites and online portals. Our sites feature intuitive navigation, easy-to-understand digital content, and easy-to-find information about offline support. In *Exhibit 4.1.4-4: Service Delivery Area Chart* we present a sample of a similar resource we created and use in Pennsylvania.
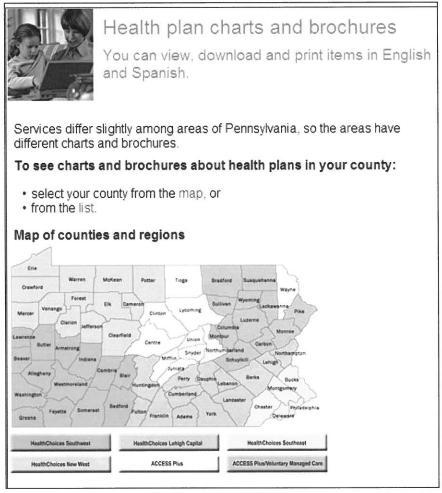
Exhibit 4.1.4-4: Service Delivery Area Chart. *By creating these resources for staff and Medicaid members, we help individuals understand their available enrollment options.*

In our development process, we follow Section 508 requirements and Web Content Accessibility Guidelines (WCAG) to make certain that online communication is accessible for people who have low vision or color blindness, or who use assistive devices. We also conduct iterative usability testing, navigation reviews, and accessibility compliance audits to validate our approach.

4.1.4.2 Information Specific to Each MCO or PAAS Program Operating in the County

RFP Section 4.1.4.2, Pages 26 and 41; Addendum 1

Based on the county of residence, MHT offers the option for enrollees to obtain most of their acute and preventive physical health care services through MCO or PAAS programs serving their specific geographic area. MCOs and PAAS also provide and manage a wide range of additional services related to accessing Medicaid benefits including prescription drugs, health service coordination, case management, health education, and outreach to plan members. We will provide information to help enrollees learn

about managed care concepts and the particular MCO or PAAS programs operating in their county including: program benefits covered; service area encompassed; and participating provider network and practice information such as names, locations, telephone numbers, languages spoken, and status for accepting new patients. Our information resources will also define terms like PCP or specialist and explain how individual MCO or PAAS programs provide access to these and other needed services such as hospital care. For example, in *Exhibit 4.1.4-5: Pennsylvania Enrollment Services Health Plan Comparison Chart* we show a health plan comparison chart developed by the Center for our enrollment broker project that provides Medicaid managed care enrollment services in Pennsylvania. We carefully consider design and format elements to promote ease of use for members.

BEST PRACTICES | CENTER FOR HEALTH LITERACY

- Descriptions are brief; less text makes it easy to find and compare benefits.

- Ample white space on both sides of each column of text help the eye navigate vertically.

- Vertical grey bars between columns reinforce the different plans.

- Lighter horizontal lines are visually aligned to compare benefits but don't run across the page, making it easier to read each plan separately.

- Typography is formatted so the hierarchy of information is clear and consistent.

- Instructions to turn the page are placed strategically with directional arrows.
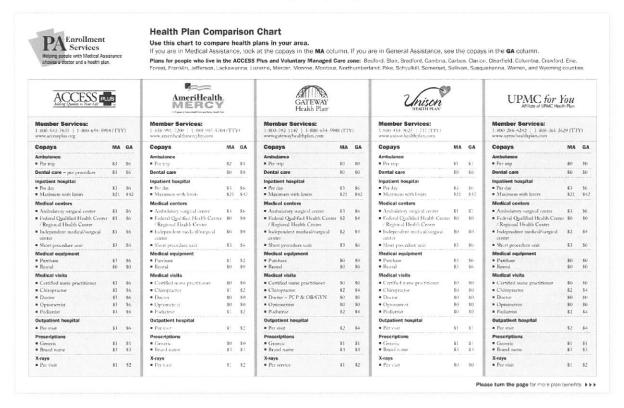
Exhibit 4.1.4-5: Pennsylvania Enrollment Services Health Plan Comparison Chart. *The 11" x 17" chart uses ample white space to support easy navigation for the reader.* PROPRIETARY

In *Exhibit 4.1.4-6: Plan-Specific Information*, we present a brochure from our Illinois Enrollment Broker Project that outlines individual health plan choices and benefits.

:HFS Illinois Department of Healthcare and Family Services

Illinois Client Enrollment Services

Your Health Plan Choices

Basic health benefits

All plans have the same health services that you get now in Medicare and Medicaid, such as:

- Behavioral health services
- Doctor services
- Eye care services
- Hearing services
- Home health care
- Hospice care
- Hospital services
- Lab tests and x-rays
- Medical supplies
- Prescriptions
- Therapy
- Transportation

All plans have extra benefits, such as **Care Coordinators** who will help you find the providers and services you need. Use this chart to compare the other services that each health plan offers:

Health Alliance CONNECT

1-866-951-0264
TTY: 1-800-526-0844
www.healthallianceconnect.org

Providers
You can choose from 539 primary care providers, 1,003 specialists, 25 hospitals, and 38 long term care facilities.

No co-pays
- $0 for doctor visits
- $0 for ER visits

Co-pays for Part D covered drugs
- LIS Level 1: $2.55 (generic); $6.35 (brand)
- LIS Level 2: $1.20 (generic); $3.60 (brand)
- LIS Level 3: $0 (generic); $0 (brand)

Extra prescription benefits
- 90 day supply of prescriptions mailed to your home

Dental
- Additional preventive and restorative dental care for adults *(for example, regular checkups and fillings)*

Telemonitoring
- You can get tools to help you check your health problems at home

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MOLINA HEALTHCARE

1-855-766-5462
TTY: 7-1-1
www.molinahealthcare.com

Providers
You can choose from 300 primary care providers, 705 specialists, 13 hospitals, and 15 long term care facilities.

No co-pays
- $0 for doctor visits
- $0 for ER visits
- $0 for hospital stays

Co-pays for Part D covered drugs
- LIS Level 1: $2.55 (generic); $6.35 (brand)
- LIS Level 2: $1.20 (generic); $3.60 (brand)
- LIS Level 3: $0 (generic); $0 (brand)

Dental
- Additional preventive and restorative dental care for adults *(for example, regular checkups and fillings)*

Please see the back of this page for more plan information »

Questions? Visit **www.EnrollHFS.Illinois.gov** or call **1-877-912-8880** (TTY: 1-866-565-8576). The call is free! You can get this information in other languages or formats, such as large print or audio. Tenemos información en español. Servicio de intérpretes gratis! Llame al 1-877-912-8880.

Exhibit 4.1.4-6: Plan-Specific Information. *We clearly describe the different plans and benefit options made available to potential enrollees based on where they live in our member materials.*

4.1.4.3 How to Obtain Services Accessed through the FFS System and Value-Added Services the MCO Provides

RFP Section 4.1.4.3, Pages 26 and 42; Addendum 1

As part of member education, we will provide information on the difference between the managed care and fee-for-service (FFS) systems, and counsel enrollees about how to access available Medicaid services not administered through MCO/PAAS programs. Examples of these services include long-term care and non-emergency transportation accessible for Medicaid participants through FFS. In *Exhibit 4.1.4-7: Brochure Cover Differentiating Managed Care and Fee-for-Service*, we show information we created for Health*Colorado* that explains the differences between the two delivery models.

In addition, because not all health plans are alike and each offers some benefits unique to their plan, we will work with the MCO/PAAS programs to identify and share information about value-added health care services provided by the individual plans. Value-added services can include member discounts, health and wellness programs, or digital tools and member portals for online viewing of documentation related to plan coverage and benefits.

4.1.4.4 Role of the Primary Care Provider in MCO/PAAS
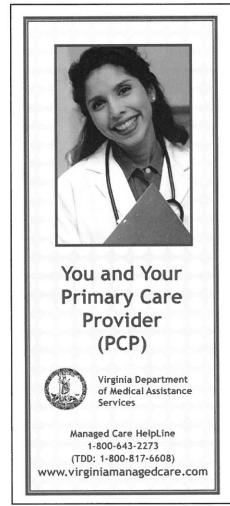
RFP Section 4.1.4.4, Pages 26 and 42; Addendum 1

A strong relationship with a PCP can help to reduce the need for costly treatment of preventable conditions and enables more effective overall management of health care services, including utilization of well-child care and other preventive services. A PCP means that members have a central location that they can count on as their first source of contact to receive health care and help ensure the coordinated delivery of all primary and preventive services. In *Exhibit 4.1.4-8: You and Your Primary Care Provider*, we present an example of a brochure we created for the Commonwealth of Virginia. We have written this pamphlet in plain language to help explain complex concepts and terms to members.

Colorado Medicaid Health Plan Choices

What are my health plan choices?

▶ There are two ways to receive your Medicaid benefits: through regular Medicaid or through a Medicaid health plan. Both offer the same basic medical benefits, but the choices of providers and services may be different.

▶ In regular Medicaid, you must find your own doctors and other providers.

▶ Medicaid health plans help you find providers and offer additional benefits. See inside this brochure for a list of the plans and their benefits.

Exhibit 4.1.4-7: Brochure Cover Differentiating Managed Care and Fee-for Service. *We can adapt existing materials to meet the specific needs of the West Virginia EB Project.*

You must have a referral (permission) from your PCP before you go to any other doctor or health care provider. If you do not have a referral, you may have to pay the bill.

You and Your Primary Care Provider (PCP)

Virginia Department of Medical Assistance Services

Managed Care HelpLine
1-800-643-2273
(TDD: 1-800-817-6608)
www.virginiamanagedcare.com

How to choose a PCP if you are in an MCO

1. If you want the doctor you have now to be your PCP, call the MCO and ask if that doctor works with them. You can also call the doctor's office to ask.

2. If you don't have a doctor now, ask a friend to recommend (tell you about) a good doctor.

3. If you don't have a doctor now, you can also call the MCO to ask for a list of doctors to choose from.

4. After you decide, call the MCO to sign up with the PCP you choose.

How to choose a PCP if you are in MEDALLION

1. If you want the doctor you have now to be your PCP, read the list that came with your letter to see if your doctor works with MEDALLION, or call the Managed Care HelpLine and ask.

2. If you don't have a doctor now, ask a friend to recommend a good doctor.

3. If you don't have a doctor now, you can choose from the list of MEDALLION PCPs that are in your area.

4. After you decide, call the Managed Care HelpLine at 1-800-643-2273 to sign up with the PCP you choose.

How to change your PCP

If you are in an MCO and want to change your PCP, call the Member Services number on your MCO card. They will help you.

If you are in MEDALLION, call the Managed Care HelpLine at 1-800-643-2273. They will help you.

Questions?

Call the
Managed Care HelpLine
at 1-800-643-2273
(TDD: 1-800-817-6608)
or visit our website at
www.virginiamanagedcare.com.

We are here to help you.
Translation service available.

Exhibit 4.1.4-8: You and Your Primary Care Provider. *Medicaid members use this brochure to help them choose a PCP that best meets their needs.*

The website that MAXIMUS created for Medicaid managed care in Louisiana (bayouhealth.com) allows potential enrollees to search on their own to select a PCP that meets their specific needs. The text on the web pages reflects the qualities that the Center has found to be most important in making a website appealing and easy to use. *Exhibit 4.1.4-9: Make It Easy to Read* shows how we use language appropriate for those with limited literacy.

Search for a provider

Choosing a Health Plan and a Provider

Comparing Health Plans

Search for Providers

How to Enroll

Enroll Online

Getting Care

Making Changes

You can search by provider's name, specialty, Health Plan, or the provider's location. You can also look for multiple specialty types (for example, if you want to find a pediatrician for your child and a family doctor for yourself). You must select at least two search parameters (Provider last name/Organization name, PCP Only, Health Plan, Provider Specialty, city, Parish/Zip) to search for a Provider.

Your search results will show a provider's address, phone number, specialty, languages spoken in the office, and which Health Plans the provider works with.

Your search may return a large number of providers. If this happens, you will be prompted to enter additional criteria (specialty, parish, city or ZIP code) to narrow your results.

Provider Last Name:

Hospital/Organization Name:

Exhibit 4.1.4-9: Make It Easy to Read. *We partner with states to create easy-to-use online provider directories with the features they want— ranging from static content to interactive search capabilities.*

MAXIMUS will give members the information and skills they need to better assess health care needs for themselves and their families, and to access care in an appropriate way. We will promote the importance of a PCP relationship for primary and preventive care, and deliver this message through multiple communication channels including online resources and written materials. Every contact with members is an opportunity to emphasize the value of the PCP relationship. Our staff will educate members on the availability of services and the important role of their PCP in providing consistent and comprehensive care.

4.1.4.5 Processes for Enrollment, Disenrollment, Exemptions, and Grievances
RFP Section 4.1.4.5, Pages 26 and 42; Addendum 1

In helping West Virginia's Medicaid managed care population choose and enroll in a health plan and become equipped to access services, it is important to provide and repeat information and messages using different communication channels in a way that is comfortable and easily understood by members. To explain the enrollment process, we will communicate online, in outreach, and in mailings to potential enrollees that they have 45 calendar days to choose a an MCO or PAAS provider. After the 45-day window expires, those who have not chosen will be auto-assigned. We will encourage potential enrollees to make a choice because when they take an active role in their health care by choosing a plan or PCP, they will be more likely to establish a medical home and to receive preventive and coordinated care. When presenting information on enrollment, we can also explain when and how a member may disenroll.

As we produce and disseminate informational materials to members, our experience shows we will receive calls from Medicaid members who are unsure about whether they have to enroll in managed care.

In providing the correct information to members about those who are mandatory and exempt from managed care in materials and through the call center, we are able to provide appropriate and accurate customer service. Not only do we train staff in these topics, but we also include immediately accessible quick lists of mandatory and excluded populations in our KMS.

We will also create materials and train West Virginia EB Project staff about the process for members to submit an appeal or initiate the grievance process. When a member contacts us for one of these reasons, we will document the contact in MAXeb. In taking this action, we record call history and capture information for required reports. In addition to the information materials, our call center Helpline Information Specialists will educate members about the process by instructing them to contact their health plan's member services representative to file a grievance or an appeal. We will provide MCO/PAAS contact information and explain the grievance, appeal, and fair hearing procedures and timeframes including how members may:

- Submit their appeal to an MCO in writing
- Learn their rights to file a grievance or request a State fair hearing
- Determine the timeframes and process for taking these actions
- Continue receiving MCO benefits during the process if filed within required timeframes
- Be present at the appeal hearing or be represented by another person

Our member information resources and West Virginia EB Project policies and procedures, work instructions, and resource guides will provide the tools needed to educate members about the requirements and processes for enrollment, disenrollment, exemptions, and grievances.

4.1.4.6 Free Oral Translation Services for Persons Who do not Understand English Materials

RFP Section 4.1.4.6, Pages 26 and 42; Addendum 1

Understanding complicated health care information is critical to making an informed decision. Being able to ask questions and receive answers in one's first language is the surest way to make certain that the information being passed back and forth is accurate and understood. Where the preferred language spoken is other than English, MAXIMUS will inform potential enrollees and members that we supply interpretive services over the phone at no charge to them. Should a caller need to speak to a Helpline Information Specialist who speaks a language other than what our call center offers, we use Language Line Solutions, an external service provider for telephone-based language interpretation and translation services in more than 170 languages. When we use the Language Line, our Specialist stays on the telephone and conducts a three-way conversation with the caller and interpreter, so the caller never has to hang up and dial another number for assistance.

The Center also supports MAXIMUS projects with developing resources by providing translation services and conducting focus group and usability testing of member materials. The Center's best practices in writing arise from over a decade of practice-based experience, and they remain informed by extensive focus group feedback regarding how enrollees and potential enrollees can most effectively be educated and informed. The Center's Translation Services Group has the capability to deliver health-related information in any language.

The Center designed the booklet shown in *Exhibit 4.1.4-10: Oregon Health Plan and Healthy Kids Green Booklet* as part of the outreach and education campaign for Oregon Healthy Kids. Healthy Kids provides no-cost, low-cost, and full-cost health coverage options for uninsured Oregon children and teens up to 19 years of age. The Center designed the Green Booklet in English and provided culturally adapted translations in Spanish, Russian, and Vietnamese.

BEST PRACTICES | CENTER FOR HEALTH LITERACY

- Translations are culturally adapted — not literal.

- Translations are written in plain language.

- The appropriate reading level is used to target the majority of readers.

- Words and examples are specific to the target audience's culture.

- The layout allows for more — or fewer — words in other languages.

- Illustrations reinforce the message and required actions.

ENGLISH

RUSSIAN

Exhibit 4.1.4-10: Oregon Health Plan and Healthy Kids Green Booklet. *The 8.5" x 11" 36-page guide to Oregon Health Plan and Healthy Kids is written in multiple, prevalent languages that match the population needs of Oregon.*

4.1.4.7 Information on the Benefits Available under the State Plan but not Covered under the Contract

RFP Section 4.1.4.7, Pages 26 and 42; Addendum 1

As guided and directed by BMS, we will create member materials to present accurate information on those benefits available under the State plan but not covered under the contract, including guidance about how and where enrollees may access these services. We will carefully script this information to be clear and concise and, once approved by BMS, will store it in our KMS for quick access by our Helpline Information Specialists and Outreach and Education Specialists.

4.1.4.8 Written Materials
RFP Section 4.1.4.8 – 4.1.4.11, Pages 26 and 42

As discussed throughout our response, to support BMS in accomplishing its defined outcomes for written outreach and education materials targeted to those eligible for Medicaid managed care, we bring to West Virginia the proven and well-respected expertise of the MAXIMUS Center for Health Literacy (the Center). Recognized nationally for developing new and innovative program materials using plain language, the Center is an essential part of the suite of corporate resources that come with a MAXIMUS partnership.

We are prepared to support West Virginia with a meaningful refresh of outreach and education materials including pamphlets, forms, letters, and other informational and promotional resources. For example, at the beginning of the West Virginia IPA Project, we developed a cover letter as well as an application form for the Offices of the Insurance Commissioner (OIC).

DHHR and BMS also shared the form by which they sought to initiate the auto enrollment process for newly eligible Medicaid enrollees under the Affordable Care Act. DHHR requested that MAXIMUS review the letter for clarity, ease of use, and effective data collection. MAXIMUS quickly turned around the form with several enhancements to increase its overall effectiveness. The Center obtained the version used by the Department on Oct 22, 2013. The Center completed the following changes in two days using the principles of "plain language" and literacy best practices to revise the form so it would be easier to read and use. The specific changes made included:

1. Removed all caps from the DHHR office address and recipient's address

2. Moved the mailing date to below the addresses so it is more noticeable

3. Added the word "Form" to the title to identify that this is the form

4. Added a salutation with the recipient's first and last name in bold (moving the name from within the body)

5. Added headings in bold in the form of questions, with the information as the answer to the question

6. Divided the instructions into two easy-numbered steps and bolded the two key words in the instructions (check and sign)

A case study

West Virginia Medicaid Automatic Enrollment Notice Redesign

The Department of Health and Human Resources (DHHR), initiated an automatic enrollment campaign to fast-track the Medicaid enrollment process for household's receiving children's Medicaid or Supplemental Nutrition Assistance Program (SNAP) benefits in the Fall of 2013. They mailed notices to Medicaid eligibles but were not getting significant number of returned forms. Anecdotes suggested the forms developed by the Department were too difficult to understand. To correct this, Jeremiah Samples, Assistant Secretary of DHHR, indicated to MAXIMUS the need for outreach materials in plain language that facilitated action on the part of those eligible for Medicaid.

The MAXIMUS Center for Health Literacy obtained the notice used by the Department on October 22, 2013 and made the necessary revisions within two days. The changes made the notice much more understandable. Jeremiah Samples told us the following, "As an FYI, we used much of your literacy recommendations on the auto enrollment letter. It goes out Nov 9." Secretary Karen Bowling also commented, "Thank you so much for sharing that information. We appreciate the quick turnaround and helping us ensure our clients understand the letter." The letter was sent out on Nov 9, 2013 to more than 80,000 individuals as the second wave of letters. As of December 23, 2013, nearly 83,000 people had been deemed eligible for Medicaid under expansion.

7. Shortened the line length to fewer than 20 words per line

8. Put the variable dates in bold at the ends of the lines where they appear

9. Used "we" "you" and "I" pronouns to address the recipient directly

10. Used active voice

11. Made all sentences brief and one topic

12. Added a "Remember!" line at the bottom, repeating the most important instruction from the top

13. Added more specific instructions as to what to do with the form (mail, fax, or take)

14. Added "listed above" to "DHHR office" in the instructions

15. Reworded the check box line to include the word "yes" along with a specific explanation of what the recipient is agreeing to by checking the box

16. Placed the consent language below the signature line

17. Added shading to the form title and the "Remember!" line

DHHR was very appreciative of the effort, which resulted in a large and diverse applicant pool that ultimately contributed to the early success of the expansion program. In fact, as an additional outreach tool, community organizations used the notice in a poster format placed in full view of visitors. Workers used the poster as a visual aid to ask people if they had received the notice, and when a person self-identified as not having received it, staff members were able to share the needed information. We show the before and after view of this letter in *Exhibit 4.1.4-11*: *"Before" and "After" Version of the Automatic Enrollment Notice*.

Before Version

DUPLICATE

DHHR BERKELEY COUNTY
433 MID-ATLANTIC PK
BOX 123
MARTINSBURG WV 25402

Mailing Date: 03/05/13

West Virginia
Department of Health
& Human Resources

Individual Name: ▮▮▮▮▮
Case PIN: ▮▮▮▮▮
Worker Name: ▮▮▮▮▮
Telephone: ▮▮▮▮▮

Medicaid Automatic Enrollment

Since your household receives Medicaid and/or Supplemental Nutrition Assistance Program (SNAP) benefits, ▮▮▮▮▮ may automatically qualify for Medicaid coverage. If you would like to be evaluated for automatic enrollment into Medicaid coverage, please sign this form and return it to your local DHHR office by *September 27, 2013*. You will be notified in writing of the eligibility decision and do not need to complete a Medicaid application. *Please understand this only enrolls the person listed above. If your household receives another automatic enrollment form on another individual, the form will also need to be returned for their evaluation.*

☐ **By checking this box, you are requesting auto-issuance of Medicaid coverage.**

Please do not contact your local office for status on your eligibility. You will be notified of your eligibility status in late December 2013.

I understand I am giving to the Medicaid agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving to the Medicaid agency rights to pursue and get medical support from a spouse or parent.

I understand if any child in the household for which I am responsible has a parent living outside of the home I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell my Caseworker and I may not have to cooperate.

Signature: _____   Date: _____

PIN: 1090485816   Date: 03/05/13   Page 1 of 1   CNAE

Exhibit 4.1.4-11: "Before" and "After" Version of the Automatic Enrollment Notice. *The Center revised this letter to make it easier for Medicaid eligible participants in West Virginia to read and use.*

After Version

DUPLICATE

DHHR BERKELEY COUNTY
433 MID-ATLANTIC PK
BOX 123
MARTINSBURG WV 25402

Mailing Date: 03/05/13

West Virginia
Department of Health
& Human Resources

Individual Name: ███████
Case PIN: ███████
Worker Name: ███████
Telephone: ███████

West Virginia Medicaid Automatic Enrollment Form

Dear ███████

Because your household gets children's Medicaid and/or Supplemental Nutrition Assistance Program (SNAP) benefits, you may qualify for automatic enrollment in Medicaid.

What do you need to do?
1. **Sign** your name at the bottom of this form.
2. Mail, fax or take this form to the DHHR office listed above by **December 18, 2013.**

What happens next?
After we get this signed form, we will decide if you qualify for Medicaid.
We will send you a letter to tell you if you have qualified by the end of **December, 2013.**
Please do not contact the DHHR office to find out if you qualify.
If you qualify, we will automatically enroll you. You won't have to fill out an application.

What if someone else in your household might also qualify?
We will send that person another form to sign and return. This form is only for you.

Remember! Mail, fax or take this signed form to your local DHHR office by **December 18, 2013.**

Signature: _____	Date: _____

By signing above, you give the Medicaid agency the right to pursue and get any money from other health insurance, legal settlements, or other third parties. You also give the Medicaid agency the right to pursue and get medical support from a spouse or parent. If any child in your household has a parent living outside of the home, you will be asked to cooperate with the agency that collects medical support from an absent parent. If you think that cooperating will harm you or your children, tell your caseworker. You may not have to cooperate.

PIN: 1090485816	Date: 03/05/13	Page 1 of 1	CNAE
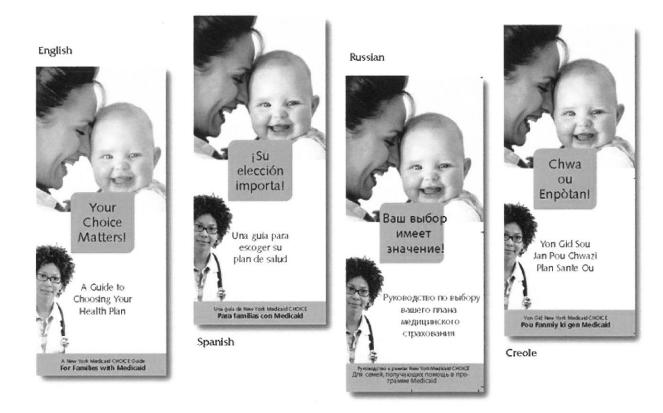
Exhibit 4.1.4-11: "Before" and "After" of the Automatic Enrollment Notice (continued). *The Center revised this letter to make it easier for Medicaid eligible participants in West Virginia to read and use.*

4.1.4.8.1   General Information Pamphlets

RFP Section 4.1.4.8, Pages 26 and 42

MAXIMUS has the capability to produce general information pamphlets for use in any of the MCO/PAAS enrolled counties. Across our projects, we develop a full range of materials to support and promote enrollment services from pamphlets, letters, fliers, and posters to display units and signage to balloons, shopping bags, pencils, and other giveaways. We have used these materials in a number of capacities designed to educate and inform recipients about Medicaid managed care programs including promoting program awareness at community organizations and local offices, encouraging enrollment by members with special needs, and serving as program takeaways at health fairs and community presentations. In the following sections, we show a variety of samples of the types of materials we have created specifically targeting managed care eligibles to support our education and outreach activities and encourage member enrollment and choice.

The first pamphlet shown in *Exhibit 4.1.4-12: New York Outreach Pamphlet* served as the New York Medicaid CHOICE Program Brochure from June 2007 to December 2010 and was available in five languages. We created and distributed the second pamphlet to increase awareness about the HIV Special Needs Plans among the 20,000 New York City Medicaid beneficiaries living with HIV/AIDS. Initially, this resource was included with our enrollment packets, and it is now available at specific locations where our outreach staff provides education and enrollment services for these participants.

English

¡Su elección importa!

Your Choice Matters!

A Guide to Choosing Your Health Plan

Una guía para escoger su plan de salud

Una guía de New York Medicaid CHOICE
Para familias con Medicaid

A New York Medicaid CHOICE Guide
For Families with Medicaid

Spanish

Russian

Ваш выбор имеет значение!

Руководство по выбору вашего плана медицинского страхования

Руководство в рамках New York Medicaid CHOICE
Для семей, получающих помощь в программе Medicaid

Chwa ou Enpòtan!

Yon Gid Sou Jan Pou Chwazi Plan Sante Ou

Yon Gid New York Medicaid CHOICE
Pou Fanmiy ki gen Medicaid

Creole

Exhibit 4.1.4-12: New York Outreach Pamphlet. *Having materials readily available from other projects allows us to create new material for the West Virginia EB Project quickly and cost effectively.*

In *Exhibit 4.1.4-13: California Pre-Existing Condition Plan Brochure* we show a brochure from PCIP, the former Pre-existing Condition Insurance Plan. PCIP was administered by the State of California as part of the federal risk pool program to provide access to health coverage for the uninsured, regardless of

health condition. We show best practices applied by the Center to the development of this brochure that address the areas of design, format, cultural relevance, and readability.

BEST PRACTICES | CENTER FOR HEALTH LITERACY

- White space allows the eye to rest, and gives structure to content.
- Images are culturally appropriate and familiar to the audience.

- The color scheme is healthy and upbeat.
- Key information is identified with visual cues, such as boxes or stars.

- Typography is formatted so the most important information reads first.
- Headings alert readers to what information is in the next section.

Exhibit 4.1.4-13: California Pre-Existing Condition Plan Brochure. *The 8.5" x 11" tri-fold informational brochure uses images that are culturally appropriate and familiar to our member audience.*

4.1.4.8.2 Pamphlets Describing Choices Available
RFP Section 4.1.4.9, Pages 26 and 42

An important component of enrollment education includes making sure potential enrollees and members understand the services provided under managed care and how to access services. As MHT offers specific MCO/PAAS plans to enrollees based on their county of residence, materials for the West Virginia EB Project will include information describing the particular choices available to enrollees depending upon where they reside. We plan to work closely with BMS and the participating MCO/PAAS plans to determine the most relevant content that is unique to each program offered by geographic location. In *Exhibit 4.1.4-14: MAXIMUS Materials Describe Covered Services* we show an example of a pamphlet we created to help Medicaid managed care potential enrollees and enrollees understand the types of services available in New York's Hudson Valley.

A **Consumer's Guide** to
Medicaid Managed Care in the Hudson Valley

Key

More stars mean better
health plan performance
★★★ Above average
★★ Average
★ Below average

Health Plan	Preventive and Well-Care for Adults and Children				Quality of Care Provided to Members with Illnesses				Patient Satisfaction with Access and Service			Overall Rating
	Child and Adolescent Care	Women's Preventive Care	Maternal Care	Adult Preventive Care	Care for Respiratory Conditions	Diabetes Care	Cardio-vascular Care	Mental Health	Satisfaction with Personal Doctor or Nurse	Getting Care Needed	Overall Satisfaction with Plan	
Affinity Health Plan	★★	★★	★★	★★	★★	★★	★★	★★★	★★	★★	★★	70%
Fidelis Care New York	★★	★	★★	★★	★★	★★	★★	★★	★★	★★	★★	64%
HIP (EmblemHealth)	★★	★★★	★★	★★	★★★	★★	★★★	★★	★★	★★	★	73%
Health Plus (Amerigroup)	★★	★★★	★★	★	★★	★★★	★★	★★★	★	★★	★★	70%
Hudson Health Plan	★★	★★	★★	★★	★★	★★	★★★	★★	★★	★★	★★★	73%
MVP	★★	★	★★	★★	★★	★	★	★★	★★	★★	★	55%
UnitedHealthcare Community Plan	★	★	★★	★★	★★	★★	★★	★★★	★★	★★	★★	64%
WellCare of New York	★	★★	★	★★	★★	★★	★	★★	★★	★★	★★	58%

Ratings are based on a comparison of plan rates to statewide averages. **Quality** ratings are from information submitted by the health plans. **Patient Satisfaction** ratings are from a member survey conducted for the Department of Health.
The quality of care measures used in this guide represent some, but not all, of the measures from health plans. For additional information about the individual measures used in each category, as well as the other quality of care measures available, please see the New York State Department of Health website: http://www.health.ny.gov

Exhibit 4.1.4-14: MAXIMUS Materials Describe Covered Services. *We outline important features of covered services to help staff and Medicaid members understand the types of health care services available under managed care in specific service areas.*

4.1.4.8.3 Other Materials that Advertise Changes in Delivery Systems and Promote Preventive Care

RFP Section 4.1.4.10 – 4.1.4.11, Pages 26 and 42

MAXIMUS has a refined and verified process for developing new resources and revising existing materials—a process that has continually improved over the course of providing of enrollment broker services. Having a tested methodology for making prompt materials revisions is particularly critical for the West Virginia EB Project, as we will require continuous maintenance and updating of our program materials including letters, notices, and flyers to advertise changes in the MHT delivery system and promote preventive care. We are capable and prepared to produce other written materials to publicize program changes and advocate for wellness services as directed by BMS.

Process to Mail Additional Materials

As described later in *Section 4.1.17: Plan for Mailings and Electronic Communications to MCO/PAAS Members*, MAXIMUS will work with our fulfillment vendor, Business Ink, to mail additional materials to members. In addition to generating mailings such as sending enrollment forms, enrollment materials, and other notices and pamphlets to MCO/PAAS members, our established mailing process will handle the distribution of other materials created by BMS or the MCO/PAAS programs to support voluntary choice by enrollees. These materials can include network provider listings when requested, approved marketing materials, examples of frequently asked questions, letters, or other relevant managed care program resources.

Sample Educational Materials

In addition to the sample educational materials presented throughout *Sections 4.1.4.8.1: General Information Pamphlets* and *4.1.4.8.2: Pamphlets Describing Choices Available*, which include a variety of pamphlets, we present a sample letter to enrollees in *Exhibit 4.1.4-15: Letter to Enrollees.*

Peggy Smith
1012 Kanawha Blvd
Charleston, WV 25312

July 1, 2014

West Virginia   Mountain **HEALTH TRUST**

NAME:	Peggy Smith
MEDICAID ID:	1090485816

Dear Peggy Smith:

You must enroll in a health plan!

To enroll (become a member), you must choose a health plan and a primary care provider (PCP). Your PCP is the doctor or clinic you go to when you are sick or need a checkup. Your health plan is the group of doctors, hospitals, and other providers who work together to give you the healthcare you need. Please read everything that came with this letter to make the best choice for you.

You must choose by October 1, 2014.

Please choose a health plan and PCP for the person listed here:

- **Peggy Smith**   Date of birth: **05/17/1959**   Medicaid ID: 1090485816

The health plans you can choose from are:

- CoventryCares of West Virginia
- The Health Plan of West Virginia
- UniCare of West Virginia

If you do not choose by October 1, 2014 we will choose for you.

It is better if you choose because you know your healthcare needs best.

There are three ways to enroll:

- Call us at **1-800-449-8466** (TTY: 1-800-449-8466). The call is free.
- Go to **www.mountainhealthtrust.com** and click "Enroll."
- Fill out the form that came with this letter. Then mail it back to us in the envelope we gave you.

After you enroll, the health plan will send you a Welcome Packet in the mail.

Thank you,
Mountain Health Trust

Questions? Visit **www.mountainhealthtrust.com** or call **1-800-449-8466** (TTY: 1-800-449-8466). The call is free! You can get this information in other languages or formats, such as large print or audio. Tenemos información en español. ¡Servicio de intérpretes gratis! Llame al 1-800-449-8466.

DRAFT WV Enrollment Letter 06/11/14

Exhibit 4.1.4-15: Letter to Enrollees. *Producing attractive, clearly written, and easy-to-read correspondence and program materials in a variety of formats enables members to make more informed health care decisions.*
PROPRIETARY

4.1.5 Approach for Reviewing MCO and PAAS Member Materials and Other Information

RFP Section 4.1.5, Pages 27 and 42

The knowledge and experience that our clients and their stakeholders bring to projects is invaluable to the process of reviewing and producing member materials. MAXIMUS will form effective partnerships with BMS, MCOS/PAAS providers, and other program constituents to benefit from our shared expertise with the development of targeted resources for Medicaid managed care members. As directed by BMS, we will assist with the review and approval of marketing materials and proposed marketing and outreach efforts. Our review of marketing materials will comply with the rigorous standards established by the MAXIMUS Center for Health Literacy, as well as the requirements of 42 CFR §438 Subpart C, the RFP, and BMS.

The Center has demonstrated its capability to effectively review and revise materials for West Virginia as discussed in *Section 4.1.4.8: Written Materials*, which describes our recent work in support of DHHR, the West Virginia IPA Project, and the Offices of the Insurance Commissioner (OIC). The Center worked collaboratively with DHHR to enhance the Medicaid Automatic Enrollment Notice developed for outreach in conjunction with Affordable Care Act efforts. MAXIMUS successfully reviewed and revised the notice with a focus on clarity, ease of use, and effective data collection.

> **"Thank you so much for sharing that information. We appreciate the quick turnaround and helping us ensure our clients understand the letter."**
>
> *- Secretary Karen Bowling, DHHR, about MAXIMUS recommendations for the West Virginia Medicaid Automatic Enrollment Notice*

Our approach to the review of MCO and PAAS member materials and other information, no matter the medium, will begin with a meeting with designated program staff and stakeholders. At this meeting, we will discuss the project goals, budget, timeline, and intended deliverables, and then work together to implement the agreed upon plan for development, review, and production. Through our initial meeting, we will also seek to understand specifically the desired content and style for the proposed material. We engage our clients as partners, not only to help ensure efficient approval of project deliverables, but to provide true ownership of the project and all of its components.

MAXIMUS collaborates with clients to develop creative communication strategies and materials that will change behaviors—whether the product is a single-page flyer or a multi-pronged statewide media campaign. We specialize in developing solutions that work within the context of a government agency's structure, providing the materials and technical assistance necessary to make certain that a marketing material or campaign remains active and effective long after our contract is completed.

Our approach for reviewing and producing member materials uses evidence-based communications practices developed by the Center over the past 14 years. The Center's writers and designers work together with our clients to create a cohesive theme for each program marketing piece, so that all the materials have the same *look and feel* and become easily recognizable. We also make recommendations on choosing appropriate illustrations and photographs, selecting those that fit the culture of the target audience. Our standard review and development steps include:

- Review the material's graphic theme to make certain that it is relevant and appealing to members and helps them recognize program communications

- Assess the organization of the proposed content and restructure as needed so that it makes sense to readers, flows logically, and serves to highlight important messages

- Review the writing style and text to make certain that it is easy to read and aligns with the nationally-recognized best practice guidelines in the Center's *Health Literacy Style Manual*

- Evaluate translations and help adapt health terms and concepts to the linguistic needs of members whose first language is other than English

- Evaluate illustrations and graphics to make certain that they aid comprehension and reflect the backgrounds and experiences of West Virginians

- Support testing of all draft materials with members as applicable to be sure the resources are easy to read and understand

- Assist with the revision of draft materials in accordance with the test results and with input and approval from program staff and other review team members

We will build on the knowledge and experience gained working on the IPA Project in West Virginia and the successful redesign of the Medicaid Automatic Enrollment Notice for DHHR to support the review of member outreach and marketing materials. MAXIMUS will work collaboratively with BMS, MCOs/PAAS, and other program stakeholders to confirm that materials are written at the appropriate reading level, appeal to the target population, and comply with all applicable requirements.

Developing Materials Understood by Members

Focus Group Review and Usability Testing of Materials

Working in close collaboration with our state clients, health plans, and other program stakeholders, MAXIMUS fine-tunes member materials through focus groups and individual usability testing. For example in New York, we tested materials targeting Supplemental Security Income (SSI) populations through focus groups with SSI participants and discussions with Local Departments of Social Services. The goal in conducting these group sessions was to make certain that these individuals understood program messages, would respond promptly, and were able to easily read the information presented in large text. Some focus group participants attempted to read the materials with and without glasses, to help assess readability for those with low vision and we adjusted material format and messaging as a result of their feedback. For example, we increased font size and changed language to help clarify that members had the option of retaining their physician if the doctor participated with an available plan.

4.1.6 Multiple Approaches for Members to Enroll

RFP Section 4.1.6, Pages 27 and 42-43; Addendum 1

Having assisted states with enrollment brokers services since 1996, MAXIMUS is in a unique position to successfully carry out all phases of the enrollment process. From receiving eligibility data to processing of enrollments to final disposition, we are set to operate as a true partner of BMS. MAXIMUS is on the forefront of enrollment brokering, currently serving more managed care consumers than any other vendor. To encourage enrollees and potential enrollees to actively choose an MCO or PAAS provider, our enrollment process will accommodate a variety of ways to enroll. Whether a Medicaid participant mails or faxes an enrollment form, makes a choice over the phone, or enrolls on the website, we provide the necessary information and on-demand assistance to cultivate understanding and empowerment.

MAXIMUS has the qualities needed to meet enrollment requirements while never losing sight of the purpose of the program and the need for assisting BMS in meeting West Virginia's fiscal goals.

The primary enrollment transactions we perform are:

- Receiving and processing weekly eligibility files
- Sending enrollment information to potential enrollees, enrollees and renewing members
- Receiving enrollments through multiple channels
- Processing enrollments
- Performing auto-assignments using the algorithm approved by BMS
- Recording the enrollment in our system and sending these transactions to MMIS
- Processing requests for disenrollment, including approving or denying requests as dictated by BMS

To meet enrollment requirements in all these areas, we define and document policies and procedures that leverage best practices from our projects across the country, yet are tailored to meet the specific needs of West Virginia. For optimal task performance, we create work instructions that are built upon policies and procedures from existing enrollment broker projects. We will create or adapt documents to fit the unique needs in West Virginia. We hire and train staff that is competent, efficient, productive and sensitive to the needs of enrollees, potential enrollees and members. Our MAXeb system and file transfer tools support the completion of enrollment processing tasks.

Receiving Enrollment Information via Multiple Channels

The enrollment process begins with the receipt of the eligibility file from the MMIS. We load this file into MAXeb and a mailing file is automatically generated. This file is sent to Business Ink, our subcontractor providing mail house services, and used for mailing welcome packets to all newly eligible participants. The welcome package includes information about the available channels for completing enrollment.

Exhibit 4.1.6-1: Processing Enrollments through Multiple Channels shows a high-level view of the enrollment process for mail, fax, phone, and web enrollments.
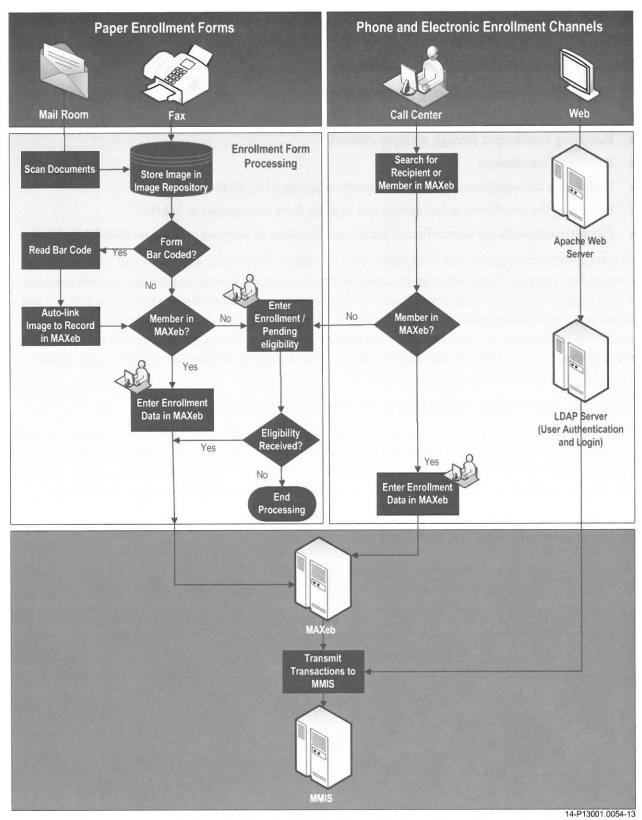
Exhibit 4.1.6-1: Processing Enrollments through Multiple Channels. *Regardless of the enrollment mode, the information is linked to a case and entered in MAXeb and transmitted to the West Virginia MMIS.* **PROPRIETARY**

Our approach to providing enrollment processing offers the same, high level of service across all channels with requests handled timely and accurately. We not only increase consumer satisfaction by our approach, we also maximize the ability of enrollees and potential enrollees to make an active health care decision using whatever method is most convenient and comfortable for each individual. We describe the channels in the following list:

- **Mail and Fax:** The Mailroom Worker/Administrator:
  - Opens and sorts mail as described in *Section 4.1.13: Approach for Sorting Enrollment Forms and Identifying Address Discrepancies*
  - Sets aside illegible forms in order to mail the documents with an accompanying letter to the return address on the envelope; if there is no return address, the mail will be shredded according to BMS guidelines
  - Prepares documents for scanning
  - Scans documents
  - If documents cannot be auto-linked through a bar code, manually searches for the applicable case and links the documents to that case (see below for how we handle not being able to locate a case)
  - Enters data in MAXeb
  - Identifies forms with missing information and sends the member's record file for the outbound dialer
  - Upon completion of data entry, the system includes the enrollment on the transaction file
- **Phone:** Helpline Information Specialist:
  - Enters information in MAXeb data entry screens
  - System includes the enrollment transaction on the file sent to the MMIS
- **Web:**
  - Populate MAXeb with data entered through the online web portal
  - System includes the enrollment transaction on the file sent to the MMIS
- **Cell phone:**
  - Because text messaging for enrollment presents certain privacy and security concerns, we offer a mobile-optimized website that can be accessed by consumers using their mobile phones or other mobile devices to complete their enrollment
  - When consumers submit an enrollment using their mobile phone, the enrollment follows the same process and enrollment path as transactions submitted over the enrollment website

When consumers submit enrollments and we cannot locate a case, we store the enrollment choice as a pending transaction within MAXeb. The enrollment is not processed until we receive a consumer's record in the weekly eligibility file. The advantage of pending enrollments is we enhance customer service by not requiring the consumer to call us back later with their enrollment choice, and reduce additional costs linked to contacting those who have not chosen an MCO or PAAS provider.

After review of the answers to questions, BMS provided us with an opportunity to suggest alternative methods for sending enrollments to the MMIS rather than through direct data entry. In other projects, we

routinely use a file transfer process to send enrollments to state MMIS systems. This approach offers efficiencies because once we enter the enrollment into MAXeb this information can be electronically provided to the MMIS, reducing the opportunity for data entry errors and discrepancies between MAXeb and the MMIS. We will work with BMS to define the specific details for implementing this approach in West Virginia.

Based on information in the RFP, we anticipate that the fiscal agent has responsibility for generating and sending health plan enrollment files to the MCOs. Should BMS require the enrollment broker to take on this responsibility at a future date, MAXIMUS has existing capacity to provide this service. In other projects, we use a rigorous process for creating HIPAA compliant transaction files for sending enrollments directly to health insurance plans. Enrollment transaction files, are stored in a proprietary format, and extracted from the application server using the MOVEit application via SFTP. Once extracted, we send the transaction files to the HIPAA server with MOVEit. The translator transforms the data into an 834 format. MOVEit picks up the 834 files from the HIPAA server and sends them to the health plan directory on the DMZ server using an SFTP connection. Should a file fail during translation or with respect to compliance on the HIPAA server, an automatic e-mail notification is sent to the project's systems staff so we can quickly remedy the error. Health plans receive an e-mail notification once their files are posted to the MOVEit server. The plans log into the MOVEit application and download the files via an SFTP connection. In presenting this example of existing file exchange capabilities in MAXeb we provide BMS with flexibility to modify existing process, as necessary. Our file exchange capabilities extend to sending enrollment transactions to the MMIS, and receiving files of accepted and rejected transactions, reconciliations and providers.

Processing Enrollment Forms within Designated Timeframe

We typically can process complete enrollment forms within one business day of receipt. If there is an error or missing information, we will contact the consumer within one business day to obtain the correct information. If we are unable to reach the consumer directly, we send a mailing indicating the issue, and asking the consumer to re-send the form with required corrections.

4.1.7 Process for Following up on Returned Mail, Including MHT and PAAS

RFP Section 4.1.7, Pages 27 and 43

Because it is fairly common for Medicaid recipients to move without notifying us, we take a proactive approach in identifying and correcting bad or invalid addresses. To minimize the amount of returned mail and maximize the efficiency and utility of returned mail processing, we include United States Postal Service (USPS) matching and address correction services, direct telephone contact with members, and MAXeb system capabilities in our solution. In collaboration with BMS, we will determine when it is appropriate to enter a new address in MMIS as the current address. We will not forward any type of mail without BMS approval.

During the outgoing mail process, our MAXeb system compares all scheduled mailings to existing recipient information to prevent duplicate mailings or mailings to an address that has proven invalid in previous attempts. We apply autocorrected information to participant records in MAXeb. In addition, we can ask all MHT callers to verify phone numbers and mailing addresses each time we interact with them,

with updates made accordingly. Our system can generate reports identifying all address discrepancies, corrected address information, and the status of mailings and we will submit this information to BMS.

United States Postal Service (USPS) Mail Services

Most routine and large-scale mailings are handled by our subcontractor, Business Ink. Their automated processes include the USPS National Change of Address (NCOA^{Link}) service and USPS Address Change Service (ACS).

Business Ink's use of the NCOA^{Link} service reduces the incidence of returned mail by automatically forwarding mail to a client's best known address when BMS permits forwarding for the type of mail. USPS assigns each piece of mail a unique bar coded serial number that is used to report which pieces were not delivered rather than returning the actual materials. In our Texas Enrollment Broker Project, use of NCOA^{Link} saves approximately $2.7 million per year in mailing costs. In Indiana, we used this same service to obtain the best known address for a hard-to-reach population – those in foster care – in order to conduct targeted outreach and education about enrollment options. The use of NCOA^{Link} in Indiana facilitated our ability to contact this population and contributed to the project's ability to meet the state's goal of an 80 percent choice rate for those in foster care.

ACS is a subscription program to handle return mail and collect new addresses for enrollees and potential enrollees that have moved. Business Ink places a postal bar code on each piece of outgoing mail containing a unique serial number that ties back to the requestID number assigned by the MAXeb system. This bar code contains no PHI; it is only a sequential number that can be used to link the requestID. When a piece cannot be delivered, the USPS will scan the bar code and report back electronically the failed delivery and the reason it could not be delivered. Each business day, Business Ink receives the electronic undeliverable mail data from the USPS and creates files for upload into MAXeb. The USPS will handle 95 percent of the undelivered mail electronically, but the balance of the mail that could not be delivered will be returned physically to Business Ink. Business Ink will then read the USPS bar code for that mail and insert those records into a file for MAXeb.

In addition to return mail, the ACS supplies new addresses for clients that have moved. This can be useful information for keeping current client addresses on file. The reporting method works the same way for forwarded mail as non-deliverable mail but, the USPS data file contains the new address that the USPS used to forward the mail. The major benefits of ACS are outlined below in *Exhibit 4.1.7-1: ACS Benefits*.

Feature	Benefits
Address Corrections	Electronic data of old address and new address
Reduced Returned Mail	95 percent will be electronically reported and shredded by the USPS
Mail Forwarding	The piece can be forwarded, and the mailer will still receive the new address information for moved clients
Database Update Method	Business Ink will have an established data connection to update MAXeb with new addresses and non-deliverable mail

Exhibit 4.1.7-1: ACS Benefits. *The ACS service is efficient and provides the required information for processing returned mail and obtaining new addresses.*

Processing Returned Mail

Actual material return is only requested for bulk orders of pre-printed materials; these materials may be returned to inventory if undamaged. Should we receive other returned mail because it does not have a bar code and thus cannot be handled electronically, we open and image returned documents, including the

outgoing envelope. The documents are automatically linked to a record in MAXeb using the bar code included on most outgoing mail. If the documents are not automatically linked, staff members link them manually. The returned mail files provided by Business Ink include information that supports auto-linking.

Once returned mail is linked to a case, a returned mail task is created in a task queue within MAXeb. If an updated address is already available within the MMIS, the Mailroom Worker/Administrator pushes the case into the outgoing mail queue as appropriate, generating new materials containing new address information. If there is a forwarding address on the returned mail, we enter the new address into the system with a code for the source of the address. Following BMS direction, we can mail the materials to the forwarding address. When we are unsuccessful in obtaining a new address from the MMIS and cannot forward the mail, we flag the case as having an incorrect address, designate the document as undeliverable mail, and suppress future mailings until we obtain a correct address.

Using the outbound dialer, we make at least two outreach attempts to obtain correct address information directly from the recipient when we have a telephone number listed in the case file. These attempts result in these possible actions:

- Document telephone numbers that have been disconnected

- Detect answering machines and deliver a message urging the recipient to call the call center to report new address information

- Make a call back to numbers that are busy, redialing multiple times and at various times in the day, as agreed upon with BMS

- Transfer calls immediately to available Helpline Information Specialists when the system detects a live voice

We use any available phone numbers to contact recipients to obtain a new address. We document each contact attempt within the case file in the MAXeb system. When we obtain a corrected address, we remove the incorrect address flag and, if the need for the mailing has not been resolved on the call, MAXeb generates an outbound mail task to the new address.

Exhibit 4.1.7-2: MAXeb Provides Returned Mail Alerts, Exhibit 4.1.7-3: Mailing History Includes Returned Mail Information, and *Exhibit 4.1.7-4: Letter Details Includes Reason for Return* are MAXeb return mail screens. Those exhibits demonstrate that we have designed MAXeb to support processing returned mail. MAXeb sets an alert for returned mail so that if the recipient is not initially reached regarding the incorrect address, staff will see the alert if the recipient calls and can request an updated address from the member.

Exhibit 4.1.7-2: MAXeb Provides Returned Mail Alerts. *This screen illustrates that when there is returned mail, MAXeb will create an alert on that recipient's case.* PROPRIETARY

| Case: | | Consumer: | |

| Case / Consumer | Enrollment | Provider | Plan | Complaint | Outreach | Task | Forms | Offices | Misc |

CASE/CONSUMER SEARCH

CASE: CASE HEAD: MVX STATUS: OPEN

State Language: Case Head Spoken Language: English ▼ Case Head Written Language: English ▼ Need Translator? No ▼ Save Demographic Changes
County: 059 - Kings (Brooklyn) Region: New York Home Phone Number: Address: Last State Update Date: 10/14/2011

| Family Members | Past Members | Addresses | Phone Numbers | Events | Notes | Alerts | Letters | Surveys | Documents |

Letter Request Id	Requested	Letter	Language	Status	Processed	Mailed	Printed On	Returned On	Response Due Date	Action
14108684	10/11/2011	CA-Auto Assignment Confirmation	English	Returned	10/12/2011	10/13/2011	10/12/2011	10/25/2011	11/30/2011	Details
13947438	09/20/2011	ID-Mandatory Intent to Default Notice	English	Mailed	09/21/2011	09/22/2011	09/21/2011		10/09/2011	Details
13815396	09/01/2011	IR-Mandatory Reminder Notice	English	Mailed	09/01/2011	09/02/2011	09/01/2011		10/03/2011	Details
13623240	08/01/2011	IA-Mandatory Welcome Letter	English	Mailed	08/02/2011	08/03/2011	08/02/2011		10/03/2011	Details
13595238	07/28/2011	IA-Mandatory Welcome Letter	English	Mailed	07/28/2011	07/29/2011	07/28/2011		09/28/2011	Details
13184029	05/11/2011	IR-Mandatory Reminder Notice	English	Returned	05/11/2011	05/12/2011	05/11/2011	05/20/2011	06/12/2011	Details
12981581	04/06/2011	IA-Mandatory Welcome Letter	English	Mailed	04/06/2011	04/07/2011	04/06/2011		06/07/2011	Details

Exhibit 4.1.7-3: Mailing History Includes Returned Mail Information. *The letters tab will reflect the mailing type and status as returned and the corresponding date.* PROPRIETARY

LETTER DETAILS - 14108684

Letter Details - 14108684

Letter Info | Details

Letter Info

Letter Request ID:	14108684	Letter Request Type:	Request for New Letter	Requested:	10/11/2011 12:31 PM
Letter Name:	CA	Letter Description:	CA-Auto Assignment Confirmation	Language:	English
Status:	Returned	Processed:	10/12/2011 03:20 AM	Printed On:	10/12/2011 12:00 AM
Returned On:	10/25/2011 07:10 PM	Return Reason:	3 - Bad Address - Not At This Address	Request Create Date:	10/11/2011 12:31 PM
Request Update Date:	10/25/2011 07:12 PM	Created By:	System, EMEVSResponseLoadJob	Updated By:	System, ReturnedMailBadAddressesJob
Response Due Date:	11/30/2011 12:00 AM	Mailed:	10/13/2011 12:00 AM	Rejected Reason:	
Rejected Source:					

Client List

Name	CIN

notes | Status History | Cancel

Exhibit 4.1.7-4: Letter Details Includes Reason for Return. *Letter information includes the materials type, status, the returned date, and return reason.* PROPRIETARY

The use of USPS services and MAXeb-enabled processes has helped us reduce our returned mail by up to 40 percent in other projects.

Even on outbound calls, the identity of all individuals is strictly verified prior to providing any Protected Health Information (PHI). Addresses are never provided to a caller. Due to the sensitive nature of address information, the Helpline Information Specialist always asks the caller to provide the address and never reads the address to the caller, even in cases of address changes.

4.1.8 Process for Educating Members on how to Access Services on the FFS System

RFP Section 4.1.8, Pages 27 and 43; Addendum 1

As discussed in *Section 4.1.4.3: How to Obtain Services Accessed through the FFS System and Value-Added Services the MCO Provides*, we will educate members about the difference between the managed care and fee-for-service (FFS) system. Members may need to avail themselves of non-MCO covered services that are available through fee-for-service (FFS) Medicaid. Based on our experience in other states, we train our Helpline Information Specialists and Outreach and Education Specialists and include BMS-approved scripts, procedures, and other information in our knowledge management system to address these services during enrollment and other phone calls. Information is also presented in written

materials, on the website, and through social media. This effort meets requirements specified in CFR §438.10, paragraphs (e)(2)(11)(E) and (f)(6)(itli).

We also train staff to listen when providing education and enrollment services for indications that enrollees and potential enrollees have a need for non-MCO covered services. For example, choice counseling may reveal a need for transportation to reach a provider's office.

Services that continue to be accessed under fee-for-service are:

- Some family planning services
- Pharmacy
- Children's dental
- Non-emergency medical transportation
- Behavioral health
- Long Term Care/Nursing Homes

BMS is in the process of transitioning behavioral health to the managed care delivery system.

If changes occur to non-MCO covered services or the process for accessing them, we will collaborate with BMS in determining if the changes warrant mailing notices or conducting outbound calls. The website will be updated to reflect any changes and, if BMS approves, social media will be used to alert members about the changes. Additionally, if desired by BMS we can use our stakeholders communication plan to inform local offices and community based organizations as necessary.

4.1.9 Collecting and Submitting Third Party Liability Information to BMS

RFP Section 4.1.9, Pages 27 and 43; Addendum 1

In support of minimizing the amount of funds that states have to expend for public health insurance programs, MAXIMUS has a well-designed process for the collection of third party liability (TPL) information and the submission of discrepancy information to the appropriate state agency. We will work closely with BMS to finalize processes and procedures to collect TPL information thereby allowing the placement of financial responsibility on the appropriate party and maximizing coordination of benefits. Integral components of our plan for meeting TPL requirements are:

- Continuing to include requests for TPL on our updated hard-copy and web-based enrollment forms
- Adjusting our experience-tested training to fit any state-specific TPL needs
- Creating MHT call scripts and other guidance for our staff in collecting TPL information
- Submission of all materials to BMS for approval

We train our Helpline Information Specialists to collect and record TPL information at every opportunity when performing education, outreach, and enrollment activities. For every member encounter, staff ask probing questions to determine if the member or a family member has access to other insurance through their employer. Enrollment forms and call center script include a statement that information about TPL, race, and health status is not required for enrollment.

When enrollees and potential enrollees provide information about the presence of other insurance, our staff compares the new information provided to information in the eligibility system to determine if there

are any discrepancies. A number of discrepancies can occur including the enrollees and potential enrollees indicating that:

- They have other insurance but the eligibility system does not show TPL
- They do not have other insurance but the eligibility system shows they have TPL
- They have insurance that is different from insurance information in the eligibility system

When any of the above conditions occur, staff marks the record as discrepant thereby triggering the inclusion of the information in a report that is submitted to the BMS Third Party Liability (TPL) unit in an agreed-upon format. Processing of the enrollment stops until we receive notification from BMS that the TPL discrepancy has been resolved and enrollment should be completed.

4.1.10 Comprehensive Outreach and Education Strategy

RFP Section 4.1.10, Pages 27 and 43; Addendum 1

MAXIMUS offers a comprehensive outreach and well-informed education strategy that aligns with BMS objectives for member enrollment services and addresses the unique needs and characteristics of West Virginia communities. We propose industry-proven strategies to strengthen local outreach and new communication methods to improve services statewide. The West Virginia EB Project will actively collaborate and engage with enrollees and potential enrollees; BMS; MCO/PAAS programs and providers; community-based partners; DHHR field offices; Primary Care Centers, Community Health Centers, and free/charitable clinics; and other stakeholders to provide accessible, clear communication across multiple channels and service entry points. In addition to our plan for the development of materials presented in *Section 4.1.4.8: Written Materials*, we describe our approach for involving stakeholders in more detail later in *Section 4.1.12: Plan for Engaging Stakeholders*. MAXIMUS will conduct targeted outreach with contacts and messaging through:

Offering one-on-one assistance helps us to gain access to hard-to-reach, special needs, and other individuals who prefer to have a personal discussion when making enrollment decisions.

- Call center services and outbound campaigns
- Enrollment assistance website resources with search capabilities, interactive functionality, and the flexibility to work with mobile devices
- Social media and mobile applications
- Print materials and digital content
- Face-to-face, personal interactions in local communities
- Coordination with community-based organizations

Our wide-ranging outreach strategy will help remove barriers to the enrollment process and support proactive, informed health plan and provider choices by members. We base our approach on historical experience with social marketing, as well as the most recent research associated with federal and state-based marketplace experience regarding the channels that consumers access and the messaging that

resonates best. For example, we have analyzed the *Enroll America* research, and while not directly analogous to Medicaid plan/provider enrollment, there are clear applications for the information gathered. The lessons learned in this research vary by the demographics of the population, providing yet another indicator of the need for targeted, strategic outreach initiatives. For instance, consumers receiving in-person assistance were about twice as likely to successfully enroll, with this type of help of particular relevance to communities of color. Channel preferences among Caucasians favored online assistance (34 percent) compared to a local assister, and hotline help (21 percent). In contrast, African Americans and Latinos preferred local assister over online help, but expressed a definite need for hotline assistance (21 percent and 16 percent, respectively).

Prior to implementation, MAXIMUS will finalize our overall strategy based on a thorough needs assessment in West Virginia and informed by our lessons learned from the operation of 19 Medicaid enrollment broker projects nationwide as well as the West Virginia IPA Project. We will submit a formal plan to BMS with our proposed outreach, education, and enrollment strategies for review, input, and approval. We will also seek feedback and consent for any revisions, changes, or adjustments that we propose for this plan at any time during the term of the contract, continuing to consult with BMS on West Virginia-specific needs. For the West Virginia EB Project, our proposed outreach approach includes:

- Using social media such as Twitter and Facebook to enable tracking of the location of our Outreach and Education Specialists, offer "followers" facts about Medicaid enrollment in West Virginia, and provide updates on where and when education and enrollment events are happening to engage all demographics and rural populations

- Networking with area organizations and establishing strategic partnerships with community-based agencies and support organizations, in conjunction with the current network of local DHHR offices, to reach members with a seamless enrollment experience and gain access to hard-to-reach, special needs, and other untapped populations statewide

- Leveraging the expertise of the Center to provide easy-to-understand, clear, and culturally sensitive education resources and written materials

- Establishing on-site information stations and presentations for groups in the community who interact directly with enrollees and potential enrollees and may have shared experiences as well as similar cultural and linguistic backgrounds

- Conducting a train-the-trainer method of outreach for preparing and educating community groups and stakeholders who have frequent and ongoing access to target populations and are seen as trusted sources of information and service

- Coordinating with local DHHR and other social services offices and community organizations to display and disseminate outreach resources and schedule discussions, personal meetings, and presentations upon request to enable enrollees and potential enrollees to easily access education and assistance in convenient and comfortable local settings

- Tracking our progress by documenting information in the MAXeb integrated outreach module, which allows us to report on where we presented; how many people participated; the demographics of who we interacted with, as appropriate; what we talked about and whether we provided face-to-face, in-person enrollment assistance, which we can link directly to a consumer's case file within MAXeb

MAXIMUS plans to offer training as well as ongoing monitoring and support for the outreach activities of our community partners, supplementing them with our Project team's outreach efforts to provide ample coverage for the variety of constituent populations statewide.

Focused Regional Presence

To support our overall plan for improving outreach and education efforts for all of West Virginia, MAXIMUS will establish a visible area presence with our centrally located office in Charleston. Our main office serves as the administrative headquarters for our call center serving members by telephone and is the home base for the coordination of our statewide outreach efforts. This office will be co-located with two other existing MAXIMUS projects, including the IPA Project, and conveniently situated one block from DHHR. Leading our project outreach activities is our Outreach and Education Supervisor, with implementation on the ground handled by three regionally based, highly mobile Outreach and Education Specialists targeting different areas of the State. Based in Charleston, the Supervisor will travel three-to-four days a week, with Specialists traveling four days a week and covering regional areas as follows:
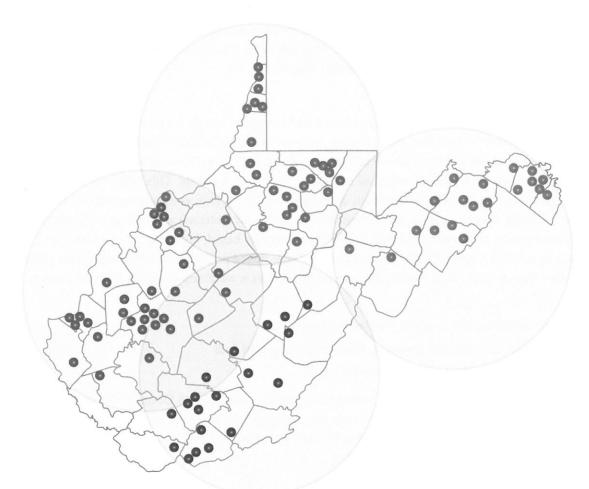
- One Specialist from the Augusta, Martinsburg area
- One Specialist from the Morgantown, Fairmont, Bridgeport area
- One Specialist from the Lewisburg, Beckley area

Based on an assessment of need, we will strategically position MAXIMUS Outreach Specialists throughout the State to provide services to every single county, such that our outreach provides necessary coverage to not only major cities, but towns and counties that are difficult to reach. Further, we will coordinate with community partners such as the:

- West Virginia Association of Free Clinics
- Association of Local Health and Human Services Departments
- Association for Affordable Health Care
- Primary Care Association
- Partnership for African American Churches
- Family Resource Networks
- Federally Qualified Health Centers

These organizations offer established relationships, locations, and scheduled events that provide ideal opportunities for outreach.

We will deploy outreach staff to travel throughout the State to develop and maintain affiliations with a variety of community partners and program stakeholders and focus on a number of specifically targeted geographic areas. Outreach and Education Specialists will cover each of West Virginia's biggest cities. The map and table in *Exhibit 4.1.10-1: Average Monthly Visits to Major Cities* are color coded to indicate which Specialist will cover each city. As presented, many of the larger cities in West Virginia are in the southwest (blue) and northwest (green) regions, while only Martinsburg falls in the northeast (orange) region. However, we have organized our Outreach and Education Specialists to be able to cover all of the counties in their region, not only the more populated areas.

Average Monthly Visits to Major Cities	Population	Average Monthly Visits
Charleston	51,371	3
Huntington	49,138	3
Parkersburg	31,492	3
Morgantown	29,660	3
Wheeling	28,486	2
Weirton	19,746	2
Fairmont	18,704	2
Beckley	17,614	2
Martinsburg	17,227	3
Clarksburg	16,578	2
South Charleston	13,450	2
Teays Valley	13,175	1
St. Albans	11,044	1
Vienna	10,749	1
Bluefield	10,447	2

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Exhibit 4.1.10-1: Average Monthly Visits to Major Cities. *We will deploy outreach staff to travel throughout the state to develop and maintain relationships with a variety of community partners and program stakeholders and focus on a number of specifically targeted geographic areas.* **PROPRIETARY**

Estimated Number of Visits Per Outreach and Education Staff Member:

- Three Specialists traveling 4 days/week, conducting 16 trips/month, and scheduling 1-2 events/day; and working 1 day to handle additional local outreach or schedule meetings/trainings

- One Supervisor traveling 3 days/week, conducting 12 trips/month, and scheduling 2-3 events/day (7 trips will be in the Charleston area, allowing them to perform more than one event in a day); working the remaining days in the Project office

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When inclement weather conditions or other circumstances hinder the ability to travel, our outreach staff will have the capability to communicate through tele-conferencing or tele-meeting options. In addition to our regular schedule of travel, Specialists will also have a presence at a variety of events such as Festival, Mountainfest, Mountain State Arts and Crafts Fair, West Virginia State Fair, Bridge Day and other popular activities across the state offering very high traffic and a great opportunity to promote our services with the general public.

Through our experience in supporting the West Virginia IPA Project, we have learned a great deal about the existing outreach landscape and see meaningful opportunities to build on the State's current success with strategies to take statewide outreach to even greater levels of achievement. We have gathered a large amount of intelligence on the various areas within the State that may be in need of targeted outreach. This knowledge will help us to reach those Medicaid members within a relatively short time span after the Project goes live, maximizing the effectiveness of our efforts "right out of the gate." Some of the lessons learned that we can adapt for the West Virginia EB Project include the following:

To complement our multi-channel outreach conducted through telephone, website, social media, and written materials, Outreach and Education Specialists help us to personally connect with members in the areas where they work and live.

- Basing staff in the local DHHR office provides a rich and valuable source of information regarding the local community and its residents, offering helpful suggestions for possible outreach venues

- Educating ourselves on the demographics of each community helps us to determine key locations that residents frequent and even reach those who are not likely to come in contact with us through information sharing among residents

- Encompassing the whole county in outreach—not just the larger population centers—helps us to focus efforts and bring information directly to smaller communities with transportation barriers and conduct targeted outreach to particularly vulnerable populations and those living in more rural areas

- Providing professional, approachable, and friendly service through informal conversations with community members enables us to build to more in-depth information sharing about our services and help people understand their health insurance options

- Thinking like consumers—recognizing and incorporating their preferences into our outreach strategies—puts resources where they are most likely to be seen and used. For example, specialists could create an outreach focus on parks, public pools, and community centers in the summer or

introduce themselves to post office staff and leave materials to increase community awareness at post offices in more rural areas where residents get their mail through a post office box rather than home delivery

- Serving as members of the communities where we live, we consider each interaction from the perspective that the individuals served are neighbors and members of our collective family

In addition to being able to apply our IPA experience to identify places in the community where outreach would be most useful, MAXIMUS will have the opportunity to recruit and hire some of our West Virginia EB Project staff from the existing pool of talented former IPAs. They can continue to leverage their reputation and word of mouth 'advertising' to encourage new customers to access the services we will provide. Staff are local to the communities served and are well known to people in the area. These individuals understand the unique health care perceptions and decision factors within and among each community and are able to personally connect with members based on known information needs about health choices rather than generalized assumptions. This invaluable staff insight will support the responsible and effective use of our outreach budget with an approach focused on proven messages, materials, and channels.

Our outreach staff will build on core alliances with public and private organizations throughout West Virginia to promote enrollment services. For example, outreach to local schools will be accomplished together with the West Virginia CHIP, DHHR, local school boards, and directly with area schools. As previously described, we also have established relationships with a variety of community-based organizations and we provide representative letters of support from ValleyHealth, Huntington and the West Virginia Primary Care Association, Charleston in *Appendix B: Community Partner Letters of Support.*

Evaluation and Reporting to Assess Effectiveness

For the West Virginia EB Project's outreach and education campaign, continuous qualitative and quantitative research and analysis by management, outreach staff, and the Center will provide the information needed for reviewing and refining the campaign against its objectives. Since 1995, MAXIMUS has incorporated outreach as an essential element of our projects and we have built a reporting module for outreach into our MAXeb system. The outreach module is fully integrated within the MAXeb enrollment system so we can directly connect enrollments to outreach efforts. We can also parse the data to analyze and report on outreach conducted by county. We actively monitor the impact and effectiveness of our outreach and education campaigns and use the results to adjust

MAXIMUS will document and meaningfully report on outreach to help determine where and how we most successfully reach members.

future strategies. We aim for quality over quantity, accomplishing measurable outcomes and continuous improvement through ongoing assessment and evaluation. For example, we have determined that conducting outreach by dropping in frequently, although adding up in numbers, does not foster the kind of relationships with participants that planned, sustained, and more personal member education is able to achieve. Project Outreach and Education Specialists will maintain an internal process for ongoing evaluation, checking in weekly with their Supervisor on the efficacy of the strategies implemented.

Additionally, the QA/Reporting Analyst will monitor trends pertaining to consumers at outreach events and meet with the Supervisor to discuss effective strategies.

MAXIMUS promotes continual monitoring and evaluation in all our projects. In particular, social marketing and outreach strategies require ongoing assessment and the ability to modify strategies based on objective metrics. These measurements gauge both the direct and indirect impact of outreach efforts. For example, a measure of direct impact of outreach activities might be the number of meetings held or presentations made, while a measure of indirect impact might be the number of enrollments completed as a result of specific outreach efforts, which we can validate with MAXeb data. An increased understanding of the target population and their needs, and measuring the effectiveness of our strategies will allow us to adjust our plan to improve the overall campaign. For instance, if we find that participation is low in a particular area or for a particular target population, we can then seek additional community partners and locations to host member counseling and information events or use different media to promote activities.

MAXIMUS will go beyond a tally of events to document and meaningfully report on outreach with the length of an event, topics covered, number of individuals reached, and participant evaluation results as applicable. This will enable us to report with more detail on customer satisfaction concerning the outreach provided and determine where and how we most successfully reach members. The West Virginia EB Project can also correlate outreach data with reports on enrollments per county to help us better target future activities. In addition, MAXIMUS will be able to measure improvements in the success of our efforts as a result of enhanced reporting on the auto-assignment rate for members. Through collection of these multiple data points, we can achieve results-based quality improvements through a more informed understanding of the most common issues identified and launch preemptive strategies to address concerns through targeted activities.

4.1.11 Written and Visual Materials for use in Outreach and Educational Efforts

RFP Section 4.1.11, Pages 27-28 and 43; Addendum 1

Written and visual materials offer an effective means of informing and motivating Medicaid members to exercise their ability to select their MCO/PAAS. This enhances the outreach approaches that involve a more personal interaction and responds to the varied preferences of consumers in the way they best receive and process information. It is also important to find the right balance in the quantity and complexity of the information included in these materials. In our proposed approach, we have taken a careful measure of what is most effective.

MAXIMUS will develop and keep up-to-date written and visual materials about any changes in the Medicaid delivery system in West Virginia as part of our comprehensive outreach and education strategy and as directed by BMS. Prior to production and dissemination, we will obtain input and approval from BMS for all materials created in any medium. In addition, MAXIMUS will assume responsibility for the costs related to production, reproduction, updates, and distribution of project outreach and education materials. We provide some examples of proposed campaign resources in *Exhibit 4.1.11-1: Sources for Targeted Outreach and Education.*

Audience	Outreach Resources
Members	■ Enrollment forms ■ Notices ■ Letters ■ Pamphlets ■ Website resources such as frequently asked questions, videos (to be determined), and provider search ■ Social media and mobile optimized websites
Community Agencies	■ On-site information stations to display and disseminate materials ■ Train-the-trainer resources ■ In-person meeting and technical assistance resources ■ Social media for timely updates on scheduled events
Providers	■ Directory listings ■ Educational resources and presentations for statewide annual provider workshops ■ Clinical roundtables or teleconferences ■ Promotion of high-quality health homes and patient-centered medical homes
DHHR Staff	■ Information displays and in-person assistance from Outreach and Education Specialists at local DHHR offices ■ Information on designated points of contact to transfer knowledge and maintain associations ■ Information conveyed via e-mail or paper mailing to keep open lines of communication ■ Performance reporting to measure the results of our strategy and maintain the ability to adjust ■ Information documented in the MAXeb integrated outreach module with standard reporting to directly connect enrollments to outreach efforts

Exhibit 4.1.11-1: Sources for Targeted Outreach and Education. *Our approach to materials development will result in customized enrollment and education materials for the West Virginia EB Project.*

Communicating with BMS-designated contacts, MAXIMUS will facilitate the exchange of information concerning all outreach and education resources. We will submit each material for BMS approval, accompanied by a brief memorandum from our Outreach and Education Supervisor summarizing the material's purpose, expected use, target audience, and printing specifications as required. This approach provides a direct communication channel between BMS and West Virginia EB Project staff to make certain that you receive, review, and approve all of our materials. Project staff leading our material development efforts will be available to BMS at all times to share information regarding each specific outreach and education piece.

We acknowledge that BMS reserves the right to edit any and all portions of West Virginia EB Project materials prior to distribution. Once we receive approval from BMS, we will proceed with the printing and production of written materials and will maintain a sufficient stock of printed resources for general distribution through our fulfillment vendor Business Ink. In addition to DHHR-approved resources, MAXIMUS will also remain responsible for supplying and distributing any pamphlets and other mailing materials supplied by the MCO/PAAS programs and the State.

For MAXIMUS, planning for the development of materials means more than just preparing. We believe the design, development, execution, and continuous quality improvement of member materials requires the ongoing evaluation and assessment of the practical implications and outcomes of our outreach efforts. MAXIMUS considers a full range of implementation issues, such as the capacity of West Virginia EB Project and BMS staff to respond to an influx of program inquiries and the degree of stakeholder involvement needed for the success of an educational resource. We will use our performance reporting to measure the results of our strategy and maintain the ability to adjust—we won't continue to do what isn't working.

As described throughout *Section 4.1.4: Development of Materials for Members*, the Center will support the development of educational materials for outreach. Our outreach and communication strategies employ social marketing techniques to interpret and address issues facing specific target audiences. Guided by the attitudes, beliefs, and needs of the target audiences, our consumer-focused approach lets us:

- Identify barriers to and opportunities for behavior change
- Determine the most effective mix of media and messages to reach individual audiences
- Craft compelling messages and materials
- Uncover operational issues that could affect the success of our outreach campaign

Verified Materials Development Process

Limited health literacy lowers an individual's ability to understand information and follow instructions. Without proper support, individuals with lower literacy abilities are less likely to ask questions or participate in the MCO and PCP decision making process. As verified with consumers, BMS and other state government clients, and program stakeholders, by using clear communication practices and removing literacy-related barriers we can improve outreach and education for all enrollees and potential enrollees regardless of their level of health literacy.

The Center follows a step-by-step development process to make certain that all of our outreach and communication materials accurately reflect state policies. Using these standard steps we will effectively develop materials and respond to program modifications, policy changes, or other adjustments requiring resource updates. Our approach, outlined in *Exhibit 4.1.11-2: Sample Work Plan,* also helps to ensure that members receive the benefit and service information, MCO/PAAS program information, and other resources needed to address their specific enrollment needs.

Sample Work Plan for Materials Design and Consumer Testing	
1 – Needs Assessment	■ Kickoff meeting with designated BMS contract managers and representatives ■ Identify program needs, communication goals, and desired outcomes ■ Estimate project resources and hours ■ Submit level of effort and timeline to BMS ■ Receive BMS approval of budget and timeline ■ Internal Kickoff with assigned staff and subcontractors, as appropriate ■ Finalize work plan and staffing allocation
2 – Concept Development	■ Review existing materials and collateral ■ Review brand guidelines and identity standards ■ Review policy and program requirements ■ Determine language and translation needs ■ Determine literacy and reading level needs ■ Determine accessibility needs ■ Determine best fit materials design for audience and message ■ Submit materials plan and consumer testing strategy to BMS ■ BMS review of materials plan and consumer testing strategy ■ BMS approval of materials plan and consumer testing strategy

Exhibit 4.1.11-2: Sample Work Plan. *Our final work plan will include all project tasks, each with a responsible team member and a deadline identified, to keep our materials development projects focused, on time, and on budget.*

Sample Work Plan for Materials Design and Consumer Testing

3 – Design Phase	■ Develop design and templates for materials ■ Develop content strategy and key messages for each audience ■ Draft content for materials ■ Internal review of draft content ■ Update draft content based on internal review ■ Submit draft materials to the BMS ■ BMS review of interim draft materials ■ BMS approval of interim draft materials
4 – Evaluation/Research	■ Identify documents and sections for consumer testing ■ Develop recruitment criteria for consumer testing ■ Identify community organizations to host testing ■ Submit consumer testing plan to BMS ■ BMS review of consumer testing plan ■ BMS approval of consumer testing plan ■ Choose sites for testing ■ Schedule consumer interviews ■ Develop research protocol, moderator guide, and data collection instrument ■ Develop demographic survey ■ Internal pretest of protocol and guide ■ Revise protocol and guide based on pretest ■ Arrange field testing logistics ■ Conduct one-on-one cognitive interviews at urban site ■ Conduct one-on-one cognitive interviews at rural site ■ Complete documentation for all consumer interviews ■ Analyze and synthesize consumer testing results ■ Assess research findings impact on BMS requirements ■ Draft summary report of findings and recommendations ■ Submit recommendations report to BMS ■ BMS review of recommendations report ■ BMS approval of recommendations report
5 – Production/ Implementation	■ Revise materials per BMS feedback and research findings ■ Deliver final materials to BMS ■ BMS review of final materials ■ BMS approval of final materials ■ Translate all approved materials into other prevalent languages, as needed ■ Finalize materials for print production

Exhibit 4.1.11-2: Sample Work Plan (continued). *Our final work plan will include all project tasks, each with a responsible team member and a deadline identified, to keep our materials development projects focused, on time, and on budget.*

MAXIMUS creates a detailed work plan to direct our activities and we will consult with BMS to develop and finalize a plan for materials design for the West Virginia EB Project, including recommended consumer testing of written and visual materials as approved by the State. We initiate each project with a thorough needs assessment. We use a standard communications assessment form to make certain that we gather key information upfront (such as specific target audiences, communications goals, and recommended distribution channels). We can meet with BMS in person or by conference call to discuss the specifics needed to draft an appropriate response within the Project's scope of work and budget.

Recommended Field Testing of Materials

In developing materials for West Virginia, MAXIMUS will follow defined guidelines for writing for adults at an appropriate reading level and field test materials to verify usability for members. We will

leverage the Center's expertise in plain language writing and design for readability, which keeps all materials appropriate and understandable to the target audience. While we often use Flesch-Kincaid software to give us a general idea of the reading level of a document based on the number of syllables, words and sentences, we do not believe Flesch-Kincaid accurately considers all of the variables that contribute to readability. Flesch-Kincaid might provide a general estimate of reading difficulty, but cannot tell you whether those who can read the words in the document can also understand what they are reading. Readability formulas are limited in scope, because they are based on mathematical calculations that don't allow for the presence or absence of other important elements of comprehensibility, such as formatting and the reader's prior experience with the subject matter. The illustrations and other stylistic elements of the materials help facilitate comprehension as do the examples and context. Clean, uncluttered designs that have plenty of white space and are well organized make text easier to read. And when readers have prior experience with topics—they can better understand new, related information when it is presented.

Whenever possible, we take the time to conduct usability testing through cognitive interviews with members of the target audience during the development of materials. These interviews are one-on-one—researcher and participant. The researcher can ask open and closed questions to determine whether or not participants can read, understand, and use the document; and observe participants during the testing, to pick up on nonverbal clues about a reader's response to the materials. Participant answers, together with our ethnographic observations, tell us whether or not they can both *read* and *understand* the materials—and if they find them useful.

The Center for Health Literacy will follow a step-by-step development process to make certain that all of our outreach and communication materials accurately reflect West Virginia policies.

Print or web materials that are informed by field testing such as this will always reach a broader audience that includes all age groups and literacy levels, and also will take into consideration consumers' cultural mores and abilities. We incorporate the research findings in revising the initial materials and writing and designing additional print publications and web content.

4.1.12 Plan for Engaging Stakeholders

RFP Section 4.1.12, Pages 28 and 43-44

Strong relationships with community organizations, health care providers, and other stakeholders are essential to the achievement of programmatic and outreach campaign success. MAXIMUS will implement a plan to engage stakeholders and develop a strong network of allies committed to attaining MHT program goals for enrollees and potential enrollees served in area communities. To reach our target audience with many contacts and repeated messages through a variety of venues, we will work with local stakeholders as trusted information resources on Medicaid managed care and the MCO/PAAS programs in West Virginia.

As described previously in *Section 4.1.10: Comprehensive Outreach and Education Strategy*, our Outreach and Education Supervisor and Specialists will conduct outreach across all 55 counties in the State. Our proposed outreach staff, presented in *Section 4.4: Key Staff*, have experience providing outreach and in-person assistance. Project staff will engage stakeholders by networking with community

groups in their assigned region and scheduling presentations and train-the-trainer sessions. Through these efforts, we will inform and support the organizations that regularly connect with individuals eligible for MCO or PAAS services. Once scheduled, we will promote and advertise our presentations via channels such as website, Twitter, and Facebook in order to raise awareness and offer a place where enrollees and community groups can seek face-to-face education and assistance.

Through our IPA Project, MAXIMUS brings experience conducting proactive outreach and assisting West Virginia consumers face-to-face. We coordinated our efforts with State Health Insurance Assistance Program (SHIP) IPA Entity staff, as well as Entity IPAs from Community Care of West Virginia, Partner's in Health Network, West Virginia Primary Care Association, and Valley Health Systems. With the joint efforts of IPA organizations, we maintained a presence in all 55 counties throughout the State and provided service in 48 State DHHR offices. We have established valuable ties with community groups as a result of this project and will continue to leverage these partnerships.

MAXIMUS will deliver presentations for the number of provider workshops conducted at various locations throughout the State as directed by BMS. We can efficiently disseminate information and communicate policy and procedure changes in an opportune manner through successful collaboration with MCO and PAAS providers by participating in statewide annual provider workshops and medical conferences hosted by organizations like the West Virginia Academy of Family Physicians and the Family Medicine Foundation of West Virginia. We will supply the educational materials we have developed, and listen to participant suggestions for improving the member/provider experience in the MHT program.

MAXIMUS will implement a plan to engage stakeholders and develop a strong network of allies committed to attaining Mountain Health Trust program goals.

Using the insightful advice and opinions gathered through these feedback touch points, we can improve program communication. For example, we have successfully used stakeholder feedback for iterative material improvements in other states, such as with the Special Advisory Panel (SAP) we convened in California from 2004–2012. MAXIMUS facilitated a series of biannual SAP focus group meetings to obtain feedback from the community on the readability, usability, and cultural competency of Healthy Families Program collateral materials. The meetings were held at regional locations and the panels reviewed materials in English, Spanish, Chinese, Vietnamese, and Korean. At the meetings, community leaders were invited to discuss the language and cultural appropriateness of program materials, report on feedback from their communities, and make suggestions for improvements based on experience working with clients in their own organizations. The SAP members represented a variety of constituencies including clinics, health centers, and insurance agencies.

The Center designed the focus group protocols, developed the SAP interview guides, facilitated the regional panel discussions, consolidated and analyzed participant feedback, and prepared summary reports for our client, the Managed Risk Medical Insurance Board (MRMIB). With input from community stakeholders, we improved the written materials with each revision, to make the resources as clear as possible for all ethnic groups and literacy levels within those groups. Well-written and effective materials—such as applications, brochures, letters, handbooks, and forms—that are easy to read and

understand help Healthy Families members understand program requirements and keep them enrolled for as long as possible.

MAXIMUS works diligently to establish excellent, ongoing relationships with providers of all types who participate in the public health insurance programs we administer. We leverage the positive experiences that enrolled providers have with us and with the Medicaid program and use it as a powerful outreach tool. Having worked on a number of collaborative projects with a variety of stakeholders, many programs within an organization, and multiple state and local agencies, we actively engage stakeholders to help define our messages and methods. We use interviews and group discussions to gather insightful advice and opinions. The ongoing linkage between outreach staff and program stakeholders serves as a constant feedback loop, helping us to further evaluate the effectiveness and impact of our overall outreach plan. MAXIMUS will work collaboratively with all program stakeholders to enhance the trust already achieved, earn the trust of new partners, and learn from each of them to work together for our common goal—to deliver cohesive, committed, and engaged Medicaid managed care services in West Virginia.

4.1.13 Approach for Sorting Enrollment Forms and Identifying Address Discrepancies

RFP Section 4.1.13, Pages 28 and 44; Addendum 1

We present our approach for performing a number of enrollment related tasks from sorting enrollment forms to outlining our strategies for identifying:

- Enrollees for outreach
- Forms that require research
- Forms that cannot be processed
- Forms that have address information that is discrepant from State systems

For each of these requirements, MAXIMUS relies on its staff to perform these services using a full-featured, task-based enrollment system, MAXeb, which automates many activities. The automation and task-based processing alerts staff about the next steps that must performed, which ensures enrollments are worked to completion, a feature that is critical in allowing us to proactively obtain choice enrollments from members and enabling BMS to minimize the auto-assignment rate. In the remaining sub-sections, we provide more detail about our solution for each enrollment related task.

4.1.13.1 Sort Enrollment Forms for Processing

We offer this solution with the understanding that enrollment forms may be received from a number of intake channels and our response addresses our approach to sorting across these various channels. Enrollments received by telephone do not require sorting because they are directly entered into MAXeb and identified in the system as an enrollment record. Similarly, when members enroll online, the information is automatically pushed to MAXeb and identified as an enrollment allowing us to segregate it from other transactions, such as case updates.

When we receive enrollment forms by mail, the Mailroom Worker/Administrator sorts these forms and batches them separately from other documents received in the mail room. We use the batch class to identify the form as an enrollment. In addition to manual sorting, enrollment forms that include a bar code also help identify the type of received document.

Enrollments received by fax are converted to images upon receipt. From there, they enter a work queue where data entry staff reviews the received image and identifies enrollment forms from other received correspondence.

Classifying or sorting documents is important because it allows us to move documents to the right work queue for subsequent processing, which in this case is data entry. While data entry staff has primary responsibility for entering forms into MAXeb, all line staff are cross-trained to perform this function to ensure backlogs do not delay enrollment processing.

4.1.13.2 Identify Forms for Follow-Up Actions

Once staff enters forms into MAXeb, the system runs automated business rules to identify any that require outreach due to missing information. When a form has missing information, MAXeb sends the member's record to the automated outbound dialer for outreach. The dialer automatically places telephone calls so our staff can obtain the missing information and complete the enrollment. When an individual answers, the system transfers the call to a Helpline Information Specialist, who provides personalized assistance. We have the ability to use broadcast messaging to leave messages or encourage member action. We strictly adhere to established business practices to protect the confidentiality of members when placing outbound telephone calls or when using broadcast messaging ensuring compliance with HIPAA and safeguarding protected health information and personally identifiable information.

While we use MAXeb to look for missing information, we also adjust business rules to allow the system to identify records that require research in order to complete the enrollment. When a member has provided Third Party Liability (TPL) information on the enrollment form that differs from the MMIS, we flag the enrollment record as discrepant thereby stopping the enrollment process, submit the TPL information to BMS, and continue the enrollment only when the issue has been resolved. We discuss this process in more detail in *Section 4.1.9: Collecting and Submitting Third Party Liability Information to BMS*.

If a member chooses a managed care option that is not available in his/her region, we reach out to the member to provide choice counseling in selecting an option that is available. When a member provides an address that does not match the address provided on the eligibility file, we follow BMS procedures for handling address changes. MAXeb contains fields that allow us to record the new address, which is helpful for storing a consumer provided mailing address. We use the new address information to generate monthly address change reports, which we submit to BMS and the fiscal agent. We do not make changes to the official address field in MAXeb until BMS approves the address update. This process helps ensure that MAXeb always mirrors address information contained in the State system.

4.1.14 Approach for Informing All County Offices of any Changes
RFP Section 4.1.14, Pages 28 and 44

Our strategy for informing all county offices of any changes in the managed care and PAAS programs or processes for enrollments is for the Outreach and Education Supervisor to disseminate this information to MAXIMUS Outreach and Education Specialists. The QA/Reporting Analyst documents changes in the online KMS, which is accessible to all staff, including those in field locations. Using a combination of e-mail messages and KMS alerts, we notify outreach staff of these changes and leverage the points of contact we have established in every county in West Virginia to communicate changes. Updates may occur through verbal or written communication. The QA/Reporting Analyst assesses compliance of

outreach staff in disseminating this information by asking county workers if they are aware of the changes and documenting their response as part of our quality assurance review.

4.1.15 Process for Providing Additional Highly Mobile Benefits Managers to Travel to all Counties

RFP Section 4.1.15, Pages 28 and 44

As described in more detail in *Section 4.1.10: Comprehensive Outreach and Education* and *Section 4.1.12: Plan for Engaging Stakeholders*, the West Virginia EB Project proposes an efficient process for providing highly mobile staff to travel as necessary to all 55 counties to educate enrollees, providers, agencies, and organizations. We will have an Outreach and Education Supervisor in our central office and three regionally based Outreach and Education Specialists ready to travel across all counties in the State. To staff our outreach positions, MAXIMUS will recruit from different parts of the State and also carefully consider individuals from our pool of already experienced former IPAs who are familiar with working remotely in West Virginia.

Through our IPA work, we have learned valuable lessons about engagement with local community partners, providers, DHHR, and other program stakeholders, as well as strategies to connect with hard-to-reach and vulnerable populations as described later in *Section 4.1.16: Outreach to Members Unable or Unwilling to Access Information*. In addition to implementing established outreach methods, we are proposing the use of innovative tools to promote and advertise our mobile Outreach and Education Specialists via channels such as the website, Twitter, and Facebook. These options will help us to raise awareness and direct enrollees and community groups to places where they can easily arrange for face-to-face education and assistance. Incorporating social media tools as part of our outreach and education strategies will deliver immediate communication options for enrollees and enable people to directly connect with our staff.

Coordinated Mobile Outreach and Education Team

Our organizational structure for outreach personnel will keep remote staff connected to the main Project office and give them a resource to ask questions and resolve problems. The Project's cohesive outreach team will be able to develop tight working relationships and share regional best practices and situational solutions from the field. This will help to mitigate the issue of having a de-centralized workforce, separated by the challenging geographic landscape of the State. This management format will build strong communication channels to the central office in Charleston, enabling us to detect potential performance problems as early as possible. It will also facilitate our ability to effectively communicate and quickly implement changes in policies and procedures in the field as they occur and roll-out refresher training, as needed.

Outreach and Education Specialists will work from region-specific locations and network with local organizations to provide presentations and train-the-trainer sessions. Specialists will use these relationships and intelligence to identify major festivals, community events, meeting places, and other venues, and coordinate with sponsors and organizers to arrange for presentations, display booths, and dissemination of educational pamphlets and other information resources. In addition, anyone in the State will be able to track and connect with Specialists using social media, with the Supervisor overseeing and managing these accounts. For example, a Specialist will be able to tweet out their location to facilitate

member awareness of our presence and notify enrollees and potential enrollees of a currently available outreach site.

MAXIMUS has direct applicable experience with mobile outreach to all counties through the West Virginia IPA Project, deploying staff to work with the DHHR field offices located in nearly every county throughout the State. IPAs created a consistent presence at well-known county office locations to accommodate the highly variable daytime schedules of consumers. We worked with the State to develop outreach hours whereby the IPA would move about their respective communities, and use social media to communicate their presence at the DHHR office and ability to help consumers with any program questions or issues they were encountering. This combination of outreach and deployment to the field offices proved to be highly successful, as it increased the overall traffic of consumers showing up at DHHR field offices to receive assistance.

For the past few years, MAXIMUS has incorporated social media tools such as Facebook, Twitter, and blogs as part of our Medicaid and Children's Health Insurance Program (CHIP) outreach and education strategies for many of our projects. We have shown our state clients how social media is an effective tool for disseminating a variety of communications to consumers. Social media will enable enrollees and potential enrollees to get the information and updates they want from the West Virginia EB Project and view these posts at a time most convenient for them. Using personal newsfeeds (daily postings from pages that an individual "likes" or "follows"), consumers are able to view up-to-the-minute status and information from selected people and organizations, such as our Outreach and Education Specialists and the Project. Each individual can decide what is most relevant and click on a topic to get more information or skip other items—tailoring the experience to personal preferences and specific needs or interests.

Social media also allows us to reach new groups of people through a "ripple effect". Members may find information that we posted because someone they know liked, shared, or commented on the post. This phenomenon allows us to reach people who may not know anything about us, but through the sharing process they learn that our services can be beneficial to them. Conversely, we can share relevant program information from other social media sites on our pages by making a site a favorite on our Facebook page or following it on Twitter. Social media offers West Virginia cost-effective, flexible, and easy-to-manage tools for program outreach.

Our website, mobile-optimized web-based resources, and social media will be key components for expanding program outreach and education for the Project. It will help us to positively influence the knowledge, attitudes, and behavior of members through direct communication and individual contact. It will also create a community of interest among individuals from similar demographic, linguistic, and cultural backgrounds. For example, in 2011, MAXIMUS created a new set of online tools to connect local and regional service providers who offer vocational rehabilitation services for citizens receiving Social Security Disability payments. We designed and created a comprehensive social media platform for the Social Security Administration's Ticket to Work Program, including Facebook and Twitter accounts, shown in *Exhibit 4.1.15-1: Innovative Social Media Services*.

Exhibit 4.1.15-1: Innovative Social Media Services. *MAXIMUS has found social media to be a useful method of communicating with and educating enrollees, potential enrollees, provider, health plan, and stakeholder communities.*

The social media accounts have been very successful in meeting the client goal of improving communications with service providers. On Facebook, more than 120 service providers decided to visit and engage with the program administrators in just one month. Several users of the community are frequent commenters and often provide useful links to resources for the other members of the community.

4.1.16 Outreach to Members Unable or Unwilling to Access Information

RFP Section 4.1.16, Pages 28 and 44

In addition to our ability to produce clear, easy-to-understand, refreshed member materials at or below a sixth grade reading level with support from the Center, MAXIMUS previous work in West Virginia will provide the State with another clear advantage for outreach. With our IPA experience and a hiring pool of former IPAs available due to the gradual downsizing of the IPA Project, we can retain and deploy skilled staff to perform outreach to all members. In particular, we can target those that, due to a variety of circumstances and barriers listed in the RFP, find MCO/PAAS program enrollment to be a challenge. Our knowledgeable staff understand the communities in West Virginia they have served, as well as how to work with at-risk populations.

Our community outreach efforts in the State demonstrate how IPA staff members have gone above and beyond to reach the vulnerable and hard-to-reach populations within their counties. Our personnel connect with other social service agencies to introduce themselves and to let people know that help is available. IPAs make it a point to provide outreach throughout their counties, rather than going only to the 'easy' places within close proximity of their offices. With how widespread a county's geography can be, travel for outreach to outlying areas can be time consuming, but our IPAs know it is an important part of their distinctive role. We provide some examples of how IPA staff members reach out to the vulnerable and hard-to reach:

- Hire local staff known to and trusted by members of their communities with whom consumers are comfortable asking questions and interacting

- Provide paper applications to those who are not comfortable with a computer or do not have access to the Internet. Staff encourages these individuals to complete the paper application in the privacy of their home or with a friend or family member and then bring the application back to us. The IPAs help potential enrollees enter information in healthcare.gov or provide contact information to enable these individuals to speak with an agent at the call center

- Schedule private appointments in DHHR offices

- Maintain sensitivity to cultural issues and literacy level of all individuals

- Take as much time as necessary to complete the application, never rushing the consumer. By demonstrating patient behavior, we encourage consumers and lessen their hesitation and fears

- Use a broad approach to our outreach, for example placing posters in local restaurants, laundromats, small businesses, social service agencies, food pantries, churches, schools (K-12, community colleges, and universities), doctor's offices, and so forth

- Work with lists of individuals who do not have insurance maintained by IPA Entity Organizations to make direct calls to invite uninsured consumers to come in to apply for insurance either through the Marketplace or Medicaid

Collectively, MAXIMUS IPAs and SHIP made more than 300 calls to consumers of ACCESS WV when they lost their coverage and our IPAs made more than 14,000 calls to individuals who had been notified by mail that they had been denied for Medicaid. We advised them of IPA contact information and invited these individuals to come in to receive education and enrollment assistance.

Also through our IPA Project, MAXIMUS monitored the number and proportion of services provided to consumers categorized as *vulnerable* and/or *hard-to-reach* in order to benchmark and assess how effectively we serve these populations. This data helps to inform recommendations to determine or re-evaluate outreach locations in order to increase contact with *vulnerable/hard-to-reach* consumers. IPAs only recorded that a consumer was *vulnerable/hard-to-reach* when the consumer volunteered that information during the course of the interaction.

The *Vulnerable* classification included the following:
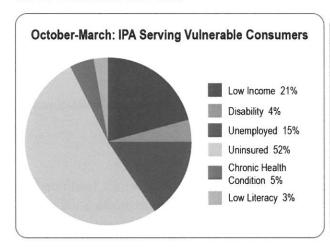
- Disability

- Unemployed

- Uninsured

- Chronic health conditions

- Low literacy
- Low-income – consumers with a household income two and a half times (250 percent) the Federal Poverty Level guidelines

The *Hard-to-Reach* classification included:

- No access to telephone
- No access to Internet
- Limited access to transportation
- No permanent residence
- Rural location

Exhibit 4.1.16-1: Vulnerable and/or Hard-to-Reach Populations served by All IPA Organizations, shows the distribution of members who self-identified themselves as falling into this classification. The data is based on contact with individuals from October 2013 through March 2014 during the enrollment period for the Affordable Care Act.
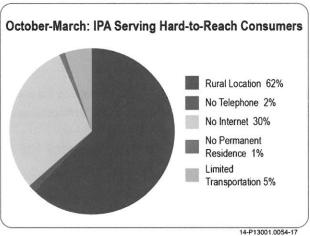
October-March: IPA Serving Vulnerable Consumers

- Low Income 21%
- Disability 4%
- Unemployed 15%
- Uninsured 52%
- Chronic Health Condition 5%
- Low Literacy 3%

October-March: IPA Serving Hard-to-Reach Consumers

- Rural Location 62%
- No Telephone 2%
- No Internet 30%
- No Permanent Residence 1%
- Limited Transportation 5%

14-P13001.0054-17

Exhibit 4.1.16-1: Vulnerable and/or Hard-to-Reach Populations Served by All IPA Organizations. *Our community outreach efforts in the State demonstrate how IPAs have gone above and beyond to reach the vulnerable and hard-to-reach populations within their counties.*

4.1.17 Plan for Mailings and Electronic Communications to MCO/PAAS Members

RFP Section 4.1.4 Pages 26-27; 4.1.17 Pages 28 and 44; Addendum 1

Our plan for mailings and electronic communications to MCO/PAAS members includes:

- **Use our trusted subcontractor, Business Ink, for "automating" mailing and fulfillment services**: Business Ink will generate mailings such as sending enrollment forms, enrollment materials, and other notices and pamphlets to MCO/PAAS members
- **Develop and maintain electronic communications via the Internet:** With input from the Center, MAXIMUS maintains an updated informational website. MAXIMUS uses Facebook and Twitter as an additional method of sending updates and other information about MHT and outreach events to potential enrollees and enrollees.

- **Leverage the expertise of the Center to Recommend Updates to the Style and Content of Mailings and Notices:** The Center has studied how customers understand and act upon written materials and will use that expertise to recommend ways to refresh and update mailing and notices to be clearly written, visually appealing, easy-to-read, and informative.

In offering these features, we provide a number of benefits to BMS, enrollees and potential enrollees, which we highlight below:

- Through a fully automated process for mailing, we increase efficiency and ensure individuals receive information timely, while also decreasing the costs incurred when manual procedures are used for mailing

- Deployment of quality control checks at key stages in fulfillment and mailing promotes accuracy and reduces the risk of members receiving materials intended for another person

- Effective use of a well-designed informational website and a project-specific Facebook site and Twitter handle provides greater opportunities to reach a broader audience, particularly those who rely on electronic communications for most of their information

- Using the services of the Center ensures materials are written at a literacy level that is easily understood by those with limited literacy skills, provides consistent messaging across notices and mailed documents which leads to less confusion among enrollees and potential enrollees, and greater comprehension regarding MHT.

We provide more detail about our approach for meeting these requirements and the benefits to BMS and potential enrollees and enrollees in the subsections that follow.

4.1.17.1 Use Trusted Subcontractor for Mailings

There are basic routine mailings for enrollment services: a welcome packet, reminder letters, confirmation notices, and transfer/disenrollment notices. For MHT, we will coordinate with BMS to produce and mail these documents in addition to other required mailings within defined timeframes. We are confident of our ability to meet West Virginia EB mailing requirements based on our experience as an enrollment broker. Bolstering our confidence is our decision to subcontract with Business Ink.

Since 1997, MAXIMUS has subcontracted mailing and fulfillment services to Business Ink. A trusted partner and our primary fulfillment vendor for many of our projects, including seven of our health-related projects, five of which provide Medicaid managed care outreach, information, and enrollment services. This experience makes Business Ink highly qualified to work with us in providing similar services for the West Virginia EB Project.

Business Ink is an ISO-certified national leader in the printing, fulfillment, and mailing industry, offering a flexible correspondence production model that is considered the most efficient and cost-effective solution available. A combined use of modern technology to improve delivery, their USPS certifications and industry expertise give Business Ink the ability to provide a low cost, quality solution. Using an advanced level of automation and functionality for mailing services, Business Ink offers a number of competitive advantages for the West Virginia EB Project without sacrificing transparency into their operation as shown in *Exhibit 4.1.17-1: Business Ink Uses the Modern Technology and Proven Business Processes in their Mailing Solution.*

Features of Business Ink	Advantages to BMS and Clients
Provides a complete system of business process outsourcing (BPO) services, including data management, imaging, printing, storage, inventory management, fulfillment, and online ordering system	■ Provides state-of-the-art mail house facility for all project-related mailing and printing services under one roof ■ Protects client PHI through full HIPAA compliance ■ ISO 9001-2008 Certified
Low-risk, cost-effective mailing services solution (seamless transition)	■ Has provided mail house services for MAXIMUS Enrollment Broker projects since 1997 ■ Has already-established knowledge and interfaces with MAXeb system, minimizing potential for transition issues ■ Serves as the mail house vendor for seven other MAXIMUS projects, providing economies of scale
USPS Certifications: Certified Presort Facility Coding Accuracy Support System (CASS) MAC™ and MAC Gold™ Manifest Mailing Certifications MASS™ Certification	■ Lowers postage costs per unit ■ Lowers costs associated with undeliverable mail ■ Provides first class delivery timeframes with bulk rates ■ Provides for timely receipt of important benefit documents by clients ■ Provides certified and accurate mailings through USPS ■ Offers systems to reduce the use of incorrect addresses
Ability to expand the file layout	■ Provides more fields to add more information for notices that require variable text
Access to bulk mail materials	■ Reduces costs to purchase mailing materials, particularly envelopes ■ Lessens risk of running low on materials
Increased print on demand functionality for enrollment and any forms for distribution	■ Reduces storage related costs ■ Reduces the reliance on costly offset printing ■ Allows more forms to be included in the group PDF for the quality assurance staff to review
Validate and track documents from production through mail processing at USPS locations	■ Helps to ensure enrollees and potential enrollees receive accurate and timely information according to BMS expectations
Tested Disaster Recovery Plan	■ Implemented a Disaster Recovery Plan in January 2008 when severe weather knocked out power to their Memphis, Tennessee facility; services were smoothly transitioned to another facility with minimal service disruption ■ Provides redundant resources across two separate production facilities to help ensure uninterrupted production in case of natural disaster or emergency ■ Helps us improve planning and preparation for emergencies and enhances our ability to receive services when emergencies occur
On-line inventory ordering	■ Provides individual ordering for specific sites ■ Provides easier tracking and ordering of inventory on an ongoing basis ■ Provides instant inventory alerts when inventory is low ■ Reduces obsolescence risks and costs

Exhibit 4.1.17-1: Business Ink Uses Modern Technology and Proven Business Processes in their Mailing Solution. *Business Ink offers the most efficient and cost-effective solution for West Virginia EB Project mailing requirements.*

MAXIMUS agrees to assume responsibility for member mailings for the managed care and PAAS programs and for coordinating all member mailings with BMS. We use MAXeb to track, coordinate, and automate member mailings. For example, when we upload the eligibility file into MAXeb, the system identifies potential enrollees who must receive an enrollment form and enrollment materials. Similarly, if a potential enrollee has not enrolled in a certain period of time, MAXeb identifies these individuals in the system and generates an enrollment reminder mailing file for use by Business Ink. The mailing file contains a record for each household mailing that includes, the address, the type of mailing required, and

other related information. Using automated processes the file is sent to a secure FTP server where it is retrieved by Business Ink. From there Business Ink creates the print files and the mailing data for each member in the file. At this time, a unique code is applied to each letter for tracking purposes. When the correspondence is printed, this unique code is represented in a Data Matrix code to the left or above the address and this information is passed to the verification database. No confidential or private information is passed to the production system, only the letter type, job identifier, and unique identifiers.

After printing the variable elements using print on demand (POD) technology, the package is constructed on an inserting machine. This machine folds and inserts the correspondence along with other documents required for the package. For example, brochures are inserted with the POD correspondence. At the end of the inserting process, and after everything is inserted into the envelope and the envelope is sealed, a scanner records the unique identifier. The scanner reads the Data Matrix Code through the envelope window next to the address and records this into the database. The verification system will report any missing pieces for the operator to correct before the mailing is complete. All of this data is available to the supervisors and quality control to review before the mail is released to the USPS.

Another component of our standard work process is to verify that all sheets printed for an envelope are accounted for and kept in sequential order. A small Data Matrix code is placed in the lower right hand corner of each sheet of paper. The code contains the sheet number and the total number of sheets. The machine gathers the sheets reading each code to verify that all sheets are accounted for and are in order. For example a three sheet letter will contain the code for 1 of 3, 2 of 3, and 3 of 3 on the bottom of each sheet. If the machine does not read what it is programmed to see, it stops and alerts the operator. Also, contained in the machine readable code is the set number to distinguish each page from another page in a different set. This validates that the page 2 of 3 in the above example is in the correct set for that envelope and not a page 3 from another set.

Quality control is integrated into every step of our incoming and outgoing mail processes. Random samples of all outgoing correspondence and processed mail receive a thorough review that follows an established checklist to identify and record all errors. A sample of notices is reviewed by Business Ink's quality control staff prior to mailing. Business Ink also sends JPEG images of a random sample of documents to our QA/Reporting Analyst for review prior to mailing. These reviews are an integral part of providing the highest quality mailings.

MAXIMUS agrees to assume the cost of the materials, printing, and postage for mailings including the cost of re-mailing returned mail, other notices sent on an individual basis – which can occur when a member cannot locate a pamphlet or the enrollment form – or those not done through the previously outlined systems process.

4.1.17.2 Develop and Maintain Electronic Communications

In our role as the enrollment broker, varied and effective communication channels promote opportunities for Medicaid consumers to receive assistance and information. Through interactive websites, we help individuals and families enroll and assist them when they need to change health plans or providers. Using Facebook and Twitter social media, we provide general education about Medicaid managed care, spread the word about outreach events, and broadcast critical program updates and alerts to consumers statewide. The combined impact of our use of program websites and social media, in addition to mail and call centers, enables us to reach an ever growing number of individuals who rely on electronic media as part

of daily living while making sure the traditional paths of communication are available to those who prefer them.

A primary means of electronic communication is the enrollment assistance website. Our proposed plans for improving the MHT website plus several examples of our current websites are included in *Section 4.1.18: Approach for Designing and Maintaining an Enrollment Assistance Website*. We propose updating the MHT website using design and navigation concepts that combine web development principles with the unique understanding of those with lower literacy levels and multi-lingual populations. We use straightforward navigation, and mobile optimization to allow consumers easy access from their cell phones and a friendly, streamlined style, so that consumers can easily find the information they need.

To keep pace with the changing ways in which consumers access information about their health care options, we propose the implementation of social medial tools that would help spread critical program information to consumers statewide. Specifically, we suggest the use of Facebook and Twitter to support MHT outreach and education activities.

- **Facebook:** Facebook is a free-access social networking website. Users can join networks organized by city, workplace, school, and region to connect and interact with other people. People can also add friends and send them messages, and update their personal profiles to notify friends about themselves. We believe a Facebook page for West Virginia Mountain Health Trust is appropriate as it allows us to meet potential enrollees through a medium with which they are already familiar and regularly use. MAXIMUS will create a profile on Facebook for the managed care program and populate it with relevant and timely information. We will design the Facebook page in a way that is easy for visitors to understand and navigate, incorporating the branding developed for the MHT program. All of our content will adhere to the MAXIMUS standards for Health Literacy. We plan to create different sections of the Facebook page to organize information, draw users in, and provide important links throughout the page. Through the Facebook page, we will direct users to the MHT website. Within the Facebook page, we plan to create a customized "Resources" component through which enrollees, potential enrollees, and other visitors can access more detailed program information such as contact information for the call center, answers to frequently asked questions, downloadable resources, and useful links to additional program information.

- **Twitter:** Twitter is a free social networking and micro-blogging service that enables its users to send and read other users' updates known as tweets. Tweets are text-based posts of up to 140 characters in length, which are displayed on the user's profile page and delivered to other users who have subscribed to them (known as followers). Senders can restrict delivery to those in their circle of friends or (by default) allow anyone to access them. Twitter's user base is expanding at an extremely rapid rate, and it is logical that we present program information through Twitter in addition to Facebook. Twitter's most celebrated strength is that it instantaneously delivers information to users. At least half of active Twitter users access tweets through their mobile phones, allowing us to deliver information directly to a user's hands no matter where he or she is. One of Twitter's most recognized uses is link dissemination, and we would channel that usefulness to direct users to the website, the Facebook page, and any other appropriate related resources. MAXIMUS will create an account with an easily recognizable name, and we will immediately begin repurposing content from other sources and, where appropriate, generating new content to suit the needs of the program. The level of engagement is completely customizable and can be adapted based on your needs. We will use very

similar content on Facebook and Twitter so that a clear and consistent message is spread across diverse media.

Updating and refining these Internet-based tools over time has reinforced the notions that:

- Managed care consumers have varied preferences in the ways in which they choose to access and act upon program information, so it is beneficial to support several information and enrollment channels
- Messaging across these channels must be consistent to facilitate enrollee understanding of programs and encourage them to make active health care decisions.

In addition to providing an overview of the managed care program and information similar to what is available through the other communication channels, social media tools allow for the rapid, widespread, and cost-effective dissemination of succinct program reminders such as the deadlines for selecting health plans and providers. Use of social media to encourage enrollment provides a cost-effective and efficient way to reach a very large number of people. Because most of the tools are free, resources are directed to creating and maintaining updated content and interaction. The sustainable nature of these online tools – they are paperless and easily updated – provides additional benefits.

We have found that one of the greatest challenges in using social media is maintaining adequate controls for privacy and security. Both from our internal MAXIMUS advisors and state government counsel, we have encountered issues and concerns that needed resolution before we began the use of social media. As a result of this dialogue and exploration of acceptable options, we offer an array of privacy and security settings for each of these tools based upon BMS' preferences. We present these options in *Exhibit 4.1.17-2: Social Media Privacy and Security Options*.

Privacy/Security	Facebook	Twitter
Level 1: Static Facebook page and Not Following on Twitter	The MAXIMUS team will be the only party able to post content. There will be no freshly updated information. The Administrator will disable any means of communication available to visitors. This will effectively be a view-only page. There will be no **Wall** posts, and visitors will be unable to utilize the **Comments** tool.	We will not **follow** anyone. Users will only see our regularly updated **tweets**. Anything they **re-tweet** or **reply to a tweet** will not go into our **feed**, but will be viewed by the visitor's followers.
Level 2: Comments on Facebook and Interacting on Twitter	Visitors will be able to post un-screened comments on our content using the **Comments** tool on Facebook. These will be regularly monitored for PHI and will be removed if they are in violation.	Following others will allow us to reply to their questions and concerns on twitter. We will be notified when a user tweets about us. When a user replies to a tweet, it will not go into our feed, but will be viewed by that user's followers.
Level 3: Enabled Facebook Wall and Interacting on Twitter	Visitors will be able to post un-screened **comments** and **content** on the Facebook **Wall**. These will be regularly monitored for PHI and will be removed if they are in violation.	Following others will allow us to reply to their questions and concerns on twitter. We will be notified when a user tweets about us. When a user replies to a tweet, it will not go into our feed, but will be viewed by that user's followers.

Exhibit 4.1.17-2: Social Media Privacy and Security Options. *We can configure West Virginia's social media tools to include a range of privacy and security controls at the discretion of BMS.*

An example of social media pages MAXIMUS maintains for another program can be found by following link on the Georgia Families website at http://www.georgia-families.com.

4.1.17.3 Leverage the Expertise of the Center for Health Literacy to Recommend Updates to the Style and Content of Mailings and Notices

In many of our projects, we rely on the expertise of the Center to review and recommend updates to the style and content of mailings and notices. We do this because all of these strategies increase the effectiveness of printed materials, something that is important for all enrollees and potential enrollees, but particularly to those who may rely solely on written materials for their information. In addition, in taking this approach we also help ensure consistent messaging and standardization with respect to the manner in which we explain health concepts, use terms, and explain program across notices including in pamphlets and other explanatory materials that accompany mailings.

The Center's designers create clean, uncluttered, and consistent materials that are appealing and make reading easier. With the generous use of white space, effective use of color, friendly and culturally appropriate illustrations and photographs, and other organizational aids such as headings and sections, the Center's designs guide readers through print materials intuitively. The Center writes materials that are conversational in tone, and written with common, easy-to-understand words. Plain language is the foundation of our consumer-centered approach. Plain language health materials make it possible for consumers to understand the key information that they need to find and use services, and understand whom to call when they have questions or concerns.

The Center also has a Translation Services Group that facilitates plain language translation in any language, so that members whose first language is not English can read and understand program materials. This capability is important, especially if BMS requires us to produce materials and other correspondence in another prevalent non-English language.

4.1.18 Approach for Designing and Maintaining an Enrollment Assistance Website

RFP Section 4.1.18, Pages 29 and 44

The MAXIMUS Center is adept at designing websites that are accessible and user-friendly, so consumers can find the information they want easily and intuitively. *Exhibit 4.1.18-1: Sample MAXIMUS Enrollment Broker Websites* demonstrates our commitment to accessible, user-friendly websites. Our sites are in compliance with federal law and accessible to all users, including those with disabilities who may need to use assistive devices.

Sample MAXIMUS Enrollment Broker Websites

New York Medicaid CHOICE
www.nymedicaidchoice.com
MAXIMUS operates a secure, interactive website that allows individuals to find answers to questions, compare health plans, search for providers, and make enrollments or changes to enrollments.

Louisiana BAYOU Health
www.bayouhealth.com
For the rapid statewide rollout of Medicaid managed care in Louisiana, we designed and deployed a website through which families can receive up-to-date program information, search for a health plan or provider, and make timely enrollment selections upon secure log-in.

Illinois Client Enrollment Services
www.enrollhfs.illinois.gov
Visitors to the Illinois Client Enrollment Services website can download brochures and charts, health plan comparison charts, get answers to FAQs, and enroll into a health plan.

Exhibit 4.1.18-1: Sample MAXIMUS Enrollment Broker Websites. *MAXIMUS health services websites emphasize ease of use to encourage enrollees and potential enrollees to take ownership of their health care choices.*

The Center makes certain that the design of our websites is easy to use for individuals with low literacy levels or cognitive disabilities. Since we design our websites to be compliant, easily adaptable, and easy-to-use, they contribute to the success of customers and others who access them. Our approach for designing a user-friendly website includes:

- Using mobile-optimization to make the website accessible from any number of web-enabled devices
- Developing a clear and consistent design, with plenty of white space
- Using print size large enough for easy reading, and a standard font
- Streamlining content so that pages are not cluttered with instructions, notes, or program information.
- Using brief instructions placed directly above or in the fill-in fields they reference
- Paring down to the most essential information, including brief explanations to help the user complete his or her task correctly and efficiently
- Including clear instructions for next steps

In the following sections, we describe in more detail our approach for designing the enrollment assistance website from the perspective of web accessibility, the type of information available, languages supported, frequency of updates, search capabilities and provider directories, and interactive functionality for member plan and PCP changes.

Web Accessibility

We design our sites using a template-based content management system to confirm readability and usability as specified in the Americans with Disabilities Act (ADA). We build every page, table, image, and link from templates engineered to meet federal accessibility standards. We utilize an accessibility assessment tool to rate each web page for its accessibility. We make reasonable accommodations on our online tools to increase web accessibility, including the ability to increase font size and accommodate assistive devices.

Type of Information Available

Our websites include both public and secure member-only access areas. The public area typically has unrestricted access to the following areas of the website:

- MCO information in a searchable format
- Provider search functions
- General program information, brochures, and forms in a downloadable PDF format
- Links to other relevant websites

Potential enrollees often visit our websites to enroll after receiving their enrollment packet or receiving an enrollment reminder letter, telephone call, or other outreach contact. Before enrolling through the website, they can compare MCOs, find answers to Frequently Asked Questions (FAQs), and perform PCP searches. Once a potential enrollee is ready to enroll, he/she uses a secure login to establish an authenticated connection to our enrollment broker system, MAXeb.

In some of our projects, we create a user PIN and send it to a potential enrollee in the enrollment packet. This unique number enables them to log into the transactional portion of the website and complete an online enrollment. Once a participant is authenticated, a user-defined password can be created for future log-ins. In other projects, the authentication procedure is based on a site visitor entering data that is

compared to system information such as a Medicaid ID or SSN in combination with a DOB and a last name. For the projects in which online credentials begin with a system-generated PIN, potential enrollees can call us to request a new one if the original one is lost or needs to be re-set.

Languages Supported

Typically, our Medicaid Enrollment Broker websites support English and Spanish. We also have the capability to accommodate any other non-english language prevalent in West Virginia. The Center has a specialized Translation Services Group that will facilitate translation of all media materials into threshold languages as identified and required by BMS. This group produces adapted translations tailored to the needs of the target audience. Adapted translations are those that reflect the content of the original, but are written in a style and at a reading level suited to the target audience. Adapted translations are written in a conversational style, using common words that readers are apt to know, and at a reading level appropriate for reaching the broadest possible audience. We show an example of a website translation in *Exhibit 4.1.18-2: Illinois Enrollment Broker Website in Spanish.*

Exhibit 4.1.18-2: Illinois Enrollment Broker Website in Spanish. *The Center develops adapted translations for our websites so that readers are more comfortable navigating the site in their native language.*

Frequency of Updates

The frequency of website updates will generally align with the release schedule of our MAXeb system. As program information changes, we will update website content to reflect changes as needed. As with updates to MAXeb, all changes must go through a series of testing and test environments before they are published to the website. Our rigorous approach to testing changes helps to ensure that we can maintain the integrity of the website for the benefit of enrollees and potential enrollees.

Search Capabilities and Provider Directories

Each of our enrollment broker websites incorporates provider search functionality using the provider directories supplied by MCOs. Visitors to our sites create customized searches based on any combination of criteria that is available from the underlying provider network data we receive from the participating MCOs such as practice location, provider type, provider speciality, gender, language, hospital affiliation,

group practice or community care site, or health plan. Searches can initially be based on provider, with all MCOs associated with a particular provider listed in the final phase of the search, or users can limit their search to only those providers associated with a particular MCO. This same iterative and user-specified search functionality can be adapted for provider groups or hospitals as the aggregating entity in relation to individual providers. Alternatively, users can search for providers that match all specified criteria.

Exhibit 4.1.18-3: New York Medicaid Choice Provider Search shows an example of the way users begin their search through provider directories. West Virginians will benefit greatly from the search capabilities inherent in our website solution, especially location-based searching based on a member's zip code, city, or county. This feature will allow a member to locate a doctor that is close to his or her residence, which then makes access to health care easier. Location-based searching will be particularly useful for members in more rural parts of West Virginia because members will be able to pinpoint the doctors who are most accessible to their residence.
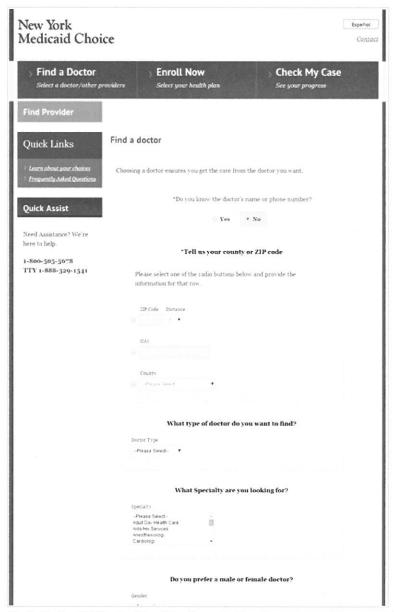
Exhibit 4.1.18-3: New York Medicaid Choice Provider Search. *Our dynamic provider search functionality allows users to search by a variety of factors to find the right doctor.*

Interactive Functionality for Member Plan and PCP Changes

To provide interactive functionality for member plan and PCP changes, we integrate our enrollment broker system, MAXeb, into our websites. When members want to make plan or PCP changes through the website, they access the secure section of the website using their credentials. We design the plan and PCP change functionality to be easily completed by members. This means that all of a member's information currently maintained in MAXeb will be displayed upon log-in. The member can then refer to this information as he or she performs plan comparisons or PCP searches using the functionality described above. *Exhibit 4.1.18-4: Interactive Website Enrollment Functionality* shows an example of our capabilities from our Illinois enrollment broker project.
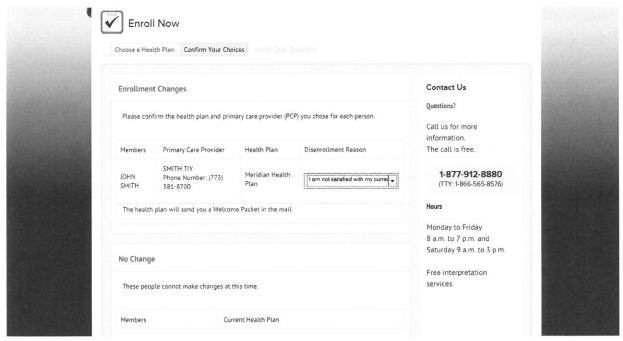
Exhibit 4.1.18-4: Interactive Website Enrollment Functionality. *Our websites are tightly integrated with MAXeb to provide a rich experience for members as they engage with the website.*

Our websites often include data validation checks to help ensure data integrity as well as to avoid providing misinformation to members. For example, if a member seeks to change his or her PCP to one with restrictions, then we can display a message to the member indicating that this PCP is not an available selection and for what reason.

4.1.19 Design Education Materials and Member Content

RFP Section 4.1.19, Pages 29 and 44

MAXIMUS will support the design of county-specific educational materials and determine the most effective mix of content, media, and messages to clearly inform members and achieve BMS communication goals. In addition, we will apply the lessons learned and knowledge gained through our operation of the IPA Project to inform the design and development of educational materials and member content customized to present the MCO/PAAS choices available to members by county.

The Center offers communication services with a unique public health perspective and singular focus on effective interactions with consumers of health and human services programs. We use evidence-based methods to identify communication barriers and opportunities to improve information resources for government programs. In the following, we describe our design methodology and propose specific content to be included in West Virginia EB Project member materials.

Design to Enhance Clarity and Promote Readability

The Center uses a deliberate approach when writing or revising education materials. We base this methodology on our experience in working with state and federal clients, and also discussing member resources with field-test participants. Steps in our process include:

- We identify the goal of the material. If we are writing or revising member resources, we communicate with our client to be sure we understand the key message and purpose of the material and any other messages that the client wants or needs to communicate.

- We identify any legal language that cannot be changed in the final product.
- The writer drafts new and revises current materials using the following best practices:
  - We organize the content so that the key message comes first, and the rest of the content follows logically to the reader.
  - We write in plain language, using common words that most adults will know—even adults with limited literacy skills.
  - We use the active voice, so readers will know who is taking the action.
  - We write short sentences, with few or no dependent clauses.
  - We "chunk" the content into easily absorbed sections, and write a descriptive header for each section. Readers will be able to scan and see what the material covers.
  - We repeat the key message or action steps, if necessary, to emphasize their importance.
  - We include an offer of help for those readers who have questions.
  - We develop a clear and consistent design using plenty of white space to improve readability; both wide margins and space between letters and lines.
  - We choose a standard font that is easy to read. Nothing fancy or unusual to distract readers.
  - Our headers are a little larger than body text, and in boldface.
  - We use a print size that is big enough for easy reading: 11-14.
- Once the writer is satisfied with the draft, he or she passes it on to another writer to edit. Together the writer and editor agree on the organization and wording.
- The material is then sent to one of the Center's graphic designers, who format it for client review and for field testing purposes.
- The material is usually sent for field testing. We field test in English and in any language of translation.
- After the field test data is analyzed, we make recommendations for revisions (if any).
- If our client approves of our recommendations, we make revisions.

For more definitive information about a document's readability and comprehensibility, we field test materials with representatives of the target population, as we propose to do with members in West Virginia. Cognitive interviews are the gold standard in determining readability and comprehensibility. We conduct usability testing as a standard component in our material development process. During one-on-one cognitive interviews, we can observe test participants as they read and use the material. We ask them open and closed questions, and we can observe their comfort level with the documents to see when they have difficulty reading or understanding.

The Center uses inviting, clear, and consistent design to enhance clarity and promote readability. We create branding, logos, and visual identities that attract interest, generate engagement, build consumer trust, and inspire action. Our illustrations, photographs, digital images, and infographics are visually compelling and culturally appropriate for the intended audience. We specialize in communicating with hard-to-reach populations, including people with Limited English Proficiency (LEP), limited literacy or technology skills, and those with disabilities. We focus on what the intended audience needs to know, how they prefer to access that information, and how easily they can understand and act upon the information.

Practice-based Recommendations for Member Material Content

MAXIMUS begins concept and content development with formative research. We conduct both qualitative and quantitative research—anything from localized surveys and Internet searches to statewide and national assessments, research projects, and evaluations—to understand the needs of program target audiences, define messages to promote program participation, and establish strategies to support and sustain healthy behavior change. For projects with a formal formative research component, this involves selecting the appropriate research-based strategy or combination of strategies to inform the campaign. For projects without a formal formative research component, we reach out through existing client networks and conduct online research. MAXIMUS utilizes every resource available to inform our recommendations for material content and education campaigns to promote success.

As a full service organization, MAXIMUS has the capability to work with our clients through all aspects of member education campaign implementation, from content development, to materials design and testing, to production and distribution. Our content development team makes certain that we develop everything with the target audience in mind—their information needs, their receptivity, their culture, and their literacy level. Every piece goes through a rigorous content development process with a minimum of two reviewers on every piece.

Building on years of experience in developing content for effective member education resources, our team works to present the best concept options to our clients. We will meet with BMS to discuss the pros and cons of each educational piece concept and work together to choose a final concept for content development, as required. Fundamental content to cover in West Virginia Medicaid managed care program member materials can include:

- What is Medicaid managed care in West Virginia?
- What managed care plans are available in my county?
  - UniCare of West Virginia Plan Overview
  - CoventryCares of West Virginia Plan Overview
  - The Health Plan of the Upper Ohio Valley Plan Overview
  - Physician Assured Access System (PAAS) Plan Overview
- Do I have to join a managed care plan?
- What is PAAS and how is that different from managed care health plans
- What are the benefits of using managed care?
- How do I enroll in a managed care plan?
- What happens after I enroll in a managed care plan?
- How do I get my medical care and what are the differences between the managed care and fee-for-service delivery models?
  - Primary and preventive care
  - Urgent care
  - Emergency care
  - Services covered by managed care plans
  - Services not covered by managed care plans

- How do I choose my primary doctor and specialty care service providers?

- How do I use my Medicaid ID and health plan cards?

- How do I receive medical transportation?

- What are my member rights and responsibilities?

- How do I file a grievance or appeal?

- Can I change my managed care plan or doctors? How do I change plans or doctors?

- What happens if I move?

- What are the hospitals, health care facilities, and community support agencies available in my county?

  - Important contact information by phone, mail, and online

  - Availability of assistance through the West Virginia EB Project – by phone, website, and face-to-face in the community

4.1.20 Educating and Engaging Enrollees in High-Quality Health Homes and Patient-Centered Medical Homes

RFP Section 4.1.20, Pages 29 and 44; Addendum 1

MAXIMUS will make recommendations and implement strategies to educate enrollees on the particulars of high-quality health homes and patient-centered medical homes to promote these models including care coordination, continuity of care, maintenance of patient records, and enhanced level of communication—all to promote the best outcomes for members. The medical home represents a health care delivery system, as well as a place where members can reliably receive care. Establishing a medical home to receive routine care allows members to connect with, and maintain, a strong relationship with a single, trusted provider or PCP. That PCP becomes the first point of contact and health care coordinator for primary, preventive, specialty, acute, emergent, or chronic care.

MAXIMUS delivers outreach and education messages through multiple communication channels including call center services, online resources, written materials, and personal interactions. Each contact with a member is an opportunity to emphasize the value of a medical home and the importance of a PCP relationship. Our staff educates members on the availability of services and the role of their PCP in providing consistent and comprehensive care. We train all project staff to offer responsive assistance that can motivate members to access important and appropriate health care services. To further engage and educate enrollees and potential enrollees, proposed strategies for implementation by the West Virginia EB Project Outreach and Education team include:

- Launching a campaign with an entire month dedicated to promoting high-quality health homes and patient-centered medical homes where we will conduct a number of local and regional events explaining and supporting these delivery models

- Coordinating training events through the Primary Care Association which offers support and training for patient-centered medical homes and those entities seeking this accreditation. Outreach and Education Specialists can provide additional enrollment education on-site to members at patient centered medical home locations

- Working with organizations such as the West Virginia Council of Home Care Agencies Inc. to participate in their clinical roundtables or teleconferences to deliver updates on how we can help, including train-the-trainer sessions

MAXIMUS will continue to forge solid relationships and provide educational opportunities through provider organizations and program stakeholders, with representative letters of support from ValleyHealth, Huntington and the West Virginia Primary Care Association, Charleston presented in *Appendix B: Community Partner Letters of Support.*

The expertise of the Center will also be a valuable resource in this area, as they have helped to design simplified, easy-to-understand medical home promotional resources for other states. For example, the Center, under contract with the Louisiana Public Health Institute, wrote, designed, and field tested materials for the State's Medicaid and LaCHIP programs. We designed posters to inform residents about the LaCHIP program and to introduce the concept of a patient-centered medical home, as shown in *Exhibit 4.1.20-1: Promoting a Medical Home.* The Center field tested these materials in communities in Louisiana to be sure that the target audiences would find them easy to read and understand and made revisions according to feedback obtained from usability test participants.

BEFORE | **AFTER**

Exhibit 4.1.20-1: Promoting a Medical Home. *Feedback from field-test participants helped us to refine the design and content of this poster to better meet the needs of the target population.*

4.2 Plan for Creating and Operating a Telephone Unit

RFP Section 4.2, Pages 29-31 and 45-46; Addendum 1

MAXIMUS offers a flexible, scalable solution for the West Virginia EB Project that we will tailor to meet specific operational requirements to support assisting enrollees and potential enrollees. Our solution includes our MAXeb enrollment system, knowledgeable West Virginia-based operations staff, and established technical infrastructure components.

We intend to co-locate the telephone unit, which we often refer to as our call center, with our existing West Virginia IPA Project in Charleston. In addition to drawing upon our current staff's call center and customer service experience and knowledge, this allows us to leverage certain infrastructure elements, such as the telephone system, as a proven foundation for the West Virginia EB Project. Our Voice over Internet Protocol (VoIP) system is easily scalable to accommodate anticipated future program changes, such as managed care expansion to additional populations. It also provides a measure of disaster recovery, for re-routing calls to another location, if necessary.

The West Virginia EB Project call center staff will:

- *Complete the enrollment of members into the MCO of their choice or PAAS PCP choice*
- *Answer enrollment questions regarding the MHT and PAAS programs asked by Medicaid members, providers, and the general community*
- *Settle complaints when possible, and escalate them if necessary*
- *Provide information on covered services*
- *Complete research as requested by BMS*

Following contract initiation, we will begin the process of building out the office space, acquiring equipment, and adding users to the MAXeb, KMS, and telephony systems. We will finalize configurations for voice and data circuit sizing and define needed telephony solution elements, including ACD requirements, automated outbound dialing capabilities, remote call monitoring, 100 percent call recording, and IVR-enabled customer satisfaction surveys. This will occur concurrently with the build-out of the facility; MAXeb systems customization; recruitment, hiring, and training of staff; creation of the KMS to support Helpline Information Specialists; and other key implementation tasks. *Section 5.2: Draft Implementation Plan* contains our implementation work plan which shows the tasks, timeframes, milestones, and resources associated with project start-up.

Exhibit 4.2-1: Overview of Telephone Unit Solution shows a high level view of the components that will contribute to a successful operation.

STAFF
- Experience in West Virginia and knowledge of programs
- Leverage former IPA staff to fill positions, including Outreach and Education Specialists
- Customer service focus through extensive training and performance monitoring
- All key staff and call center functions located in Charleston
- Staff cross-trained to answer phones, enroll callers and help them make MCO or PCP (for PAAS) choice, and data entry functions

TELEPHONY/ FACILITY
- Leverage current IPA location in Charleston
- Leverage current VoIP telephony system - scalable to accommodate growth
- ACD answers and routes calls
- Automated outbound dialer reduces auto assignment rate
- Call recording and call monitoring for quality assurance
- Customer Satisfaction Survey through IVR for callers to provide feedback
- Language Line, TTY for serving callers with communication barriers

SYSTEM
- MAXeb for enrollment, customer relationship management, complaint tracking
- Helpline Information Specialists access MAXeb and MMIS to assist callers
- Website provides enrollment information and provider lookup
- MAXDat reporting function for consolidated reporting

KNOWLEDGE MANAGEMENT
- Online, searchable repository of program information for Helpline Information Specialist to quickly and accurately help callers
- Answers to Frequently Asked Questions
- Call scripts support consistency

QUALITY
- Call recording and call monitoring for quality assurance
- ACD reporting provides telephone statistics for gauging performance
- Customer Satisfaction Survey provides feedback on customer service levels
- MAXDat reporting and business analytics leads to continuous process improvements

Potential Enrollees

Enrollees

Providers

14-P13001.0054-07

Exhibit 4.2-1: Overview of Telephone Unit Solution. *Solution elements for the West Virginia EB Project are scalable for future growth, contribute to reducing the auto-assignment rates, and are designed to promote continuous quality improvement throughout the project's life.*

Staff

Key to the success of our call centers is our well-trained, dedicated staff. For the West Virginia EB Project, we will draw upon our current West Virginia IPA Project staff for several of our key staff positions, including:

- Joshua Ruminski, Account Manager
- Ronnie Smith, Outreach and Education Supervisor
- Mark Steele, Finance Analyst

As the West Virginia IPA Project will soon be phased out, these staff members will be ready to transition to the West Virginia EB Project for implementation and operations. Any IPA staff who transfer to the West Virginia EB Project prior to the contract end date will be back filled by qualified candidates. Other

key staff members, including Project Manager Brenda Dane and Call Center and Training Supervisor Duane Jackson, have close ties with West Virginia through their family, education, and work history. MAXIMUS can also draw upon our established network of West Virginia stakeholders and community partners established through our IPA Project to assist in recruiting additional staff for the West Virginia EB Project, as needed. *Section 4.4: Key Staff* gives further detail about our proposed project staff.

Our Helpline Information Specialists, Mailroom Worker/Administrator, and one Call Center and Training Supervisor, and all call center staff are cross-trained to answer telephones, process mail, and data enter enrollments. The Supervisor manages call center staff and resolves escalated issues and complaints, in addition to overseeing all call center training. Working directly with enrollees and potential enrollees, as well as with providers who call the call center, our staff will serve in the important role as the first point of contact for program participants. Our training program includes extensive customer service training to support this. It is discussed in more detail in *Sections 4.2.15* and *4.2.16*.

Telephony/Facility

As previously mentioned and as described in *Section 4.2.21: Office Location*, we will be co-locating the project with our current West Virginia IPA Project. Our telephony solution will include an ACD that will initially answer all calls within 4 rings or 30 seconds and route them to Helpline Information Specialists. The ACD uses a VoIP platform, offering an easily scalable solution that will grow with the project. It also offers a disaster recovery solution that allows us to re-route calls to another call center in response to a prolonged disruption in services or facility availability. Additional components of our telephony solution are described here.

Automated Outbound Dialer

We use automated outbound dialing to proactively reach out to potential enrollees to encourage them to make their MCO or PAAS provider choices within the required 45-day timeframe. These reminder calls will contribute to reducing auto-assignment rates for the program. These calls will adhere to HIPAA requirements for safeguarding protected health information. In addition, we will use our dialer to collect missing information on the enrollment forms.

Remote Call Monitoring

As typically used by our many enrollment broker call centers, we are proposing monitoring of live calls for quality assurance and training purposes. An informative message is played to all callers to ensure their awareness of potential call monitoring for QA purposes. We will use call checklists to evaluate calls and to ensure staff provide accurate and appropriate information to enrollees and potential enrollees. This type of monitoring can be offered to designated BMS staff as well as to our own management, supervisory, and quality staff. Listening in on live calls and filling out a scorecard that "grades" certain aspects of the call will allow us to continually improve our customer service and efficiency. We typically monitor more calls for new staff, and a random number for experienced staff.

Live call monitoring and call recording help us gauge our customer service performance and continuously improve the assistance we provide to enrollees and potential enrollees.

Call Recording

MAXIMUS ensures call quality remains high by utilizing a call recording system which records 100 percent of inbound calls, maintaining online repositories on enterprise storage (disk) for the life of the contract. Our system offers a state-of-the art call monitoring and recording system. We are experienced in using this system for quality assurance, quality control, and training purposes. With recorded calls, the QA/Reporting Analyst and supervisory staff can select any of the calls they wish to monitor either on-site or remotely, at any time. Review of recorded calls enables us to provide direction and guidance to staff on an ongoing basis. It also allows the QA/Reporting Analyst to note trends and make recommendations for additional training in targeted areas.

Customer Satisfaction Survey

After every phone call, we will offer the caller the opportunity to participate in a brief, automated customer satisfaction survey, built using IVR technology. This survey contains general questions about the call experience. We plan to use these surveys to benchmark against different MAXIMUS projects and industry standards to identify areas where we excel and areas where we may need to improve. On other projects, we have queried callers on the key call center customer service metrics, such as: How satisfied were you with the overall quality of service you received today? Callers are given the chance to press a number that corresponds with how they rate the experience – such as "Press 1 for Very Satisfied", "Press 2 for Somewhat Satisfied", and so on.

System

MAXeb will be used for data entering enrollment information, tracking all contacts with enrollees/potential enrollees, and documenting/monitoring/resolving complaints. Our MAXDat reporting solution, provides reporting capability that will meet BMS expectations for being kept informed of project performance, including call center statistics surrounding type of caller and call reason, number of phone enrollments, and number of outbound reminder calls. Analysis of these reports can provide management with trending information and help us plan for operational impacts of any program changes. A more detailed description of MAXDat's capabilities is presented in *Section 4.3.7: Monthly Report.*

Knowledge Management System

Our internal KMS will provide all West Virginia EB Project staff with immediate access to call scripts, program policies, referral information, frequently asked questions, and other resources that will assist them in providing callers with the best customer service. The system allows the Helpline Information Specialists to search by word or phrase for immediate access to the information necessary to resolve caller issues with confidence, consistency, and accuracy.

Our Knowledge Management System will help staff answer questions quickly, accurately, and consistently, helping us to serve callers more efficiently.

Quality

For the call center, remote call monitoring and 100 percent call recording are key to our continuous process improvement efforts. We are also proposing an IVR-enabled customer satisfaction survey that will be an option offered to callers at the end of every call.

This short survey—including a simple rating of how well we helped them with their enrollment or issue—will give us valuable feedback on how well we are assisting callers. This feedback will be analyzed and recommendations formed on how we might improve, such as with additional training or modified processes. Additional information about our quality management strategy can be found in *Section 4.2.20: Quality Assurance Plan.*

In the following *Subsections 4.2.1* through *4.2.13* we present our approach to handling each of the anticipated types of calls.

4.2.1 Enrolling Enrollees into the MCO or PAAS PCP of His or Her Choice

RFP Section 4.2.1, Pages 29 and 45

With the goal of reducing auto-assignment rates, we will assist enrollees on the telephone to ensure they are enrolled and that they choose their MCO or PAAS provider. Our Helpline Information Specialists will be thoroughly trained on the enrollment and plan/provider choice process and options, and they will help enrollees understand the importance of making this choice based on their needs, the plans for which they are eligible, location, specialties, and other key factors that will enhance their health care experience. Through proactive outreach strategies, including mailing notices and outbound calls, we will help to ensure that enrollees make their selections

In order to reduce auto-assignment rates, we will send reminders and generate automated outbound calls to remind enrollees that they must choose their MCO or PAAS provider within 45 days.

within the 45-day time limit before they are auto-assigned. Enrollees will be happier when they make their own choices, and this will help improve their overall experience in receiving health care services.

4.2.2 Enrolling Newborns into the Mother's County-Appropriate Choice of MCO or PAAS Provider

RFP Section 4.2.2, Pages 29 and 45; Addendum 1

Once the MCO notifies us of a newborn, we work with the mother to enroll the newborn in a plan. Our MAXeb system has functionality to determe if the mother's provider covers newborns. If it does, we can enroll the newborn into the mother's county-appropriate choice. This information will also be a part of our plan comparison charts and available on the KMS for easy access by Helpline Information Specialists. If the mother's provider does not cover newborns or the mother is enrolled with a PAAS provider, we will help find an appropriate plan for newborn coverage. Again, we will work closely with the mother to ensure that the newborn is not auto-assigned into another plan. Additionally, we can work with BMS to tailor the auto-assignment algorithm to take into account the family member's chosen plan when assigning a plan.

4.2.3 Assisting Enrollees in Plan and Program Transfers

RFP Section 4.2.3, Pages 29 and 45; Addendum 1

MAXeb has the capability of documenting transfers from one MCO to another, from an MCO to PAAS, from PAAS to an MCO, and from one PAAS PCP to another. When an enrollee calls and wants to transfer, our Helpline Information Specialists will record the change and the reason code for the change in

MAXeb. We can build logic into MAXeb that governs when to allow transfers, lock out periods, and good cause exceptions. Enrollees can also transfer via the self service portal on the website.

As explained further in *Section 4.2.10*, reasons for a transfer from one type of program or provider to another vary with the enrollee. In some cases, eligibility factors have changed, necessitating a change from one program to the other. The enrollee might have moved to another county and needs to seek an MCO or PAAS provider that is closer to where they now live. There could be other issues such as plan changes in what is covered or simply a preference for another doctor.

Recording the reason code in MAXeb, tailoring them to fit the types of transfers that will be applicable to the West Virginia EB Project, we can report on and analyze these reasons for trends that may be important to BMS and the enrollment process. In the course of routine live and recorded call monitoring and customer satisfaction survey analysis, our quality assurance staff will help identify trends related to transferring to another plan or provider to help ensure that we are responding efficiently and with the utmost care and attention to the enrollee's needs, leading to better program outcomes.

In all cases, we ensure that the enrollee has all the new information regarding their plan or provider. Our Helpline Information Specialists will apply their knowledge in choice counseling and enrollments to assist enrollees and can refer to MCO and MHT program information and plan comparison information which is kept up to date on the KMS.

4.2.4 Processing Exemption Requests using BMS Developed Criteria
RFP Section 4.2.4, Pages 29 and 45

The approach to determining those who are eligible for exemptions and exclusions encompasses not only having accurate systems and business processing rules to identify those consumers through the daily eligibility file, but providing personalized customer service to those who request an exemption.

The MAXeb system provides the functionality for processing requests for an exemption from mandatory managed care enrollment. We will tailor the business rules to accommodate BMS-developed criteria for determining if the potential enrollee can claim an exemption. Our Helpline Information Specialists will be trained on processing exemption requests, and supporting documentation will be available on the KMS.

Typically, as in our New York Medicaid CHOICE office, callers must request an Exemption/Exclusion Form and, if they are already enrolled, they also need a Disenrollment Form. After filling out and returning the forms, the enrollee is notified when the exemption and/or disenrollment has been completed. If the exemption is denied, the enrollee can follow appeal procedures and ask for a fair hearing to review the denial.

Individuals who seek an exemption are typically facing difficult circumstances impacting their own health or that of someone within their family. Because of these realities, our staff knows that this type of processing is not just about following established guidelines to perform routine tasks, but one that requires the patience to listen to the caller's needs with a high degree of professionalism and willingness to help.

4.2.5 Assessing any Unique Health Care Needs to Ensure Appropriate Enrollment

RFP Section 4.2.5, Pages 29 and 45

The identification of individuals with unique health care needs provides strategically important information for the provision of appropriate choice counseling. Enrollees and potential enrollees may have other unique health care needs that, while not by definition Special Health Care Needs (SHCN) or covered under SSI, should be taken into account during choice counseling. We draw upon our knowledge and our experience in assessing and addressing unique health care needs in other states. Of special note, we currently provide mandatory and voluntary managed care enrollment services for people with SHCN in three of the largest Medicaid managed care programs in the nation: California's Medi-Cal programs, Texas STAR programs, and New York Medicaid Choice program.

In *Section 4.2.19: Procedures for Identifying Individuals with Special Health Needs through Health Assessment Conducted as Part of the Enrollment Process*, we provide a detailed description of our approach for West Virginia, including updating the health assessment form currently included on the back of the enrollment form and online. In the current section, we specifically discuss how we prepare and support our Helpline Information Specialists in assessing unique health care needs and using this information to provide unbiased choice counseling that helps enrollees and potential enrollees choose a plan that offers the appropriate services and providers. When enrollees and potential enrollees are able to ascertain what plan and provider best suit their needs, they most likely will register their choice. In this way, providing focused unbiased choice counseling helps to keep the auto-assignment rate down.

Using the BMS-approved health assessment, we will create a BMS-approved call script for the administration of the assessment or review of health information during an enrollment call. Our training will incorporate the health assessment and self-identification as a person with one or more special health care needs. Specialists enter health care needs information in the MMIS. Our Specialists will also be able to access a member's health assessment responses by viewing their scanned enrollment form on MAXeb. We train our Specialists to approach the issue of unique health care needs with an understanding that not all enrollees will feel comfortable answering questions about their health care needs. Stating that there are laws to protect the confidentiality of health information helps to allay fears about answering health assessment questions honestly and fully. When enrollees or potential enrollees seem especially reticent about talking about their health needs, our Specialists suggest that they may enter the information through the secure website. Our Specialists are alert to the mention of health care needs at any time throughout a call. As stated above, health care needs that are not identified as SCHN through a health assessment may still be important in the enrollment process.

During training, our Specialists learn the differences between MCOs and PAAS provider networks and how to present objective plan comparison information. The MCO plan comparison chart is readily available in our KMS. Information on availability of services such as care management programs for chronic illness and disease will be noted in the KMS. To support continuing care by the provider who has been treating the unique health care needs of an enrollee or potential enrollee, Specialists will conduct a provider search to ascertain if a particular provider participates in a health plan. The provider search function on the enrollment assistant website will allow our Specialists to quickly pull up a provider's name and all the plans in which the provider participates. Our Specialists are familiarized with the health

plan websites during training and can use the provider searches and access other plan information available on those websites as needed.

All of our initial and ongoing training places special emphasis on the need for extreme vigilance about disclosure of especially sensitive health information such as HIV/AIDS confidential information, in compliance with HIPAA regulations. Training focuses on explaining the types of disclosure that can occur and the way in which information can be intentionally or unintentionally revealed. Our staff understands that breaching confidentiality results in disciplinary actions including possible termination of employment.

4.2.6 Identifying and Maintaining Existing Enrollee/Provider Relationships

RFP Section 4.2.6, Pages 29 and 45

During the enrollment process, our Helpline Information Specialists will help callers determine if their providers are in the MCO they are enrolling into or if they are a PAAS PCP. With a robust provider lookup within MAXeb—also available on the website—we will be able to search on various provider information such as name, specialty, city, phone number, or ZIP code. By keeping their current providers, enrollees and potential enrollees can have continuity of care that is so important to achieving positive health outcomes. Scripting will help to ensure that our Helpline Information Specialists ask callers about this, and we will plan to include this information on the enrollment form both in paper and on the website.

Finding that their current health care provider can continue to provide them services is one of the most important ways we can help enrollees feel comfortable and contribute to better outcomes.

We understand the importance of the patient-provider relationship in maintaining the quality and consistency of an enrollee's health care. We will help foster continuity in health care by making callers aware that we remain ready to assist them in maintaining this relationship under their new health care program.

4.2.7 Explaining the Options Available to Individuals Depending Upon Their Place of Residence

RFP Section 4.2.7, Pages 29 and 45

Helpline Information Specialists will provide MCO and PAAS plan and provider information to enrollees and potential enrollees based on their place of residence and particular health care needs. To achieve this, MAXIMUS will leverage our experience with the West Virginia IPA Project, including our knowledge of serving West Virginia Medicaid populations throughout the state. MCO and PAAS information will be compiled and uploaded to our KMS to ensure that our staff has easy access to accurate information with which to assist callers.

Using the provider search functionality in MAXeb, Helpline Information Specialists can determine if a provider participates in a qualifying plan in the enrollee's vicinity. Consumers can also use the provider

search function on the website, empowering them to make their own important health care choices. The provider search can be used to find a doctor by a number of different criteria including name, location, specialty, and health plan affiliation. MAXIMUS has successfully implemented this functionality in other states such as Pennsylvania and New York. *Exhibit 4.2.7-1: Pennsylvania Health Care Provider Search* shows a screenshot of our website's provider search function.

Exhibit 4.2.7-1: Pennsylvania Health Care Provider Search. *Search options are made easy for enrollees and potential enrollees with drop-down boxes that list existing health plans, counties, and searchable specialties.*

MAXIMUS can provide similar functionality for West Virginia in order to simplify the process of choosing a health plan and avoid auto-assignment. During implementation, we will work with BMS to identify the best options for tailoring this solution to the unique needs of West Virginia enrollees.

4.2.8   Explaining the Health Benefit Coverage

RFP Section 4.2.8, Pages 29 and 45

Our work on enrollment broker projects across the country has informed our best practices for training our project staff to communicate effectively with the populations we serve. This is essential in order to

effectively assist callers to enroll and make their plan and provider choices, thereby avoiding auto-assignment. If the caller does not fully understand the health benefit coverage, he or she cannot make an informed choice. Our Helpline Information Specialists will be trained to explain the various programs and insurance basics using carefully scripted language that will be easily understood by callers. Although this may take somewhat more time initially, we have found this approach results in a better understanding by callers and, therefore, more timely and appropriate choices.

Making the right choice the first time helps to eliminate plan and provider transfers and changes later, resulting in more efficient operations and more satisfied enrollees.

In support of our call center efforts to clearly and thoroughly explain health benefit coverage, our enrollee materials for West Virginia—to include enrollment packets, general mailings, and materials made available at various community outreach activities—will be written in plain language at the sixth grade reading level or lower. Additional information about how our Center for Health Literacy develops these materials can be found in *Section 4.1.4: Development of Materials for Members*.

Our Helpline Information Specialists will effectively guide callers through the enrollment and MCO or PCP choice process using clear, easy-to-understand language.

4.2.9 Providing Specific Information about each MCO and PAAS Option

RFP Section 4.2.9, Pages 29 and 45; Addendum 1

Enrollees and potential enrollees will receive the detailed information compiled in MAXeb for each of the MCO or PAAS plans they are eligible for from the Helpline Information Specialists. We will update provider data on a monthly basis when we receive a file from a MCO and the fiscal agent for PAAS providers. The information provided typically includes which providers and facilities participate in the plan, languages spoken, office locations, hours and telephone numbers, wheelchair accessibility, and panel availability.

If Helpline Information Specialists determine during a call that an enrollee or potential enrollee needs further information in order to choose an MCO or PAAS provider, written material will be sent to the enrollee. We will leverage our considerable enrollment broker experience and our nationally recognized Center for Health Literacy to create printed materials which will provide a clear comparison between the different plans in a manner that is easy to understand to consumers of different academic levels.

Exhibit 4.2.9-1: Sample Plan Comparison Chart shows a comparison chart for the health plans available through our New York Medicaid CHOICE project. The information on the chart was provided by the health plans, and the ratings were provided by the New York State Department of Health. This chart provides a significant amount of information in a clear and simple visual layout which enrollees can easily understand at a glance.

A Consumer's Guide to
Medicaid Managed Care in Central New York

Key

More stars mean better
health plan performance

★★★ Above average
★★ Average
★ Below average

Health Plan	Preventive and Well-Care for Adults and Children				Quality of Care Provided to Members with Illnesses				Patient Satisfaction with Access and Service			Overall Rating
	Child and Adolescent Care	Women's Preventive Care	Maternal Care	Adult Preventive Care	Care for Respiratory Conditions	Diabetes Care	Cardio-vascular Care	Mental Health	Satisfaction with Personal Doctor or Nurse	Getting Care Needed	Overall Satisfaction with Plan	
CDPHP	★	★	★★	★★	★★	★★	★	★★	★★★	★★★	★★★	67%
Excellus BlueCross BlueShield	★	★	★★	★	★	★★	★★	★★★	★★	★★★	★★	61%
Fidelis Care New York	★★	★	★★	★★	★★	★★	★★	★★	★★	★★	★★	64%
Total Care	★	★	★★	★	★★	★★	★★	★★	★	★★	★	52%
UnitedHealthcare Community Plan	★	★	★★	★★	★★	★★	★★	★★★	★★	★★	★★	64%

Ratings are based on a comparison of plan rates to statewide averages. **Quality** ratings are from information submitted by the health plans. **Patient Satisfaction** ratings are from a member survey conducted for the Department of Health. The quality of care measures used in this guide represent some, but not all, of the measures from health plans. For additional information about the individual measures used in each category, as well as the other quality of care measures available, please see the New York State Department of Health website: http://www.health.ny.gov

Exhibit 4.2.9-1: Sample Plan Comparison Chart. *The Center for Health Literacy has extensive experience creating clear, easy-to-read materials that support enrollees in making informed choices, and they will be instrumental in helping develop plan comparison charts for the West Virginia EB Project.*

For more information on how MAXIMUS and the Center for Health Literacy will create understandable, informative and compelling materials for the West Virginia EB Project, please see *Section 4.1.4: Development of Materials for Members*.

4.2.10 Documenting Reasons for Changes in MCO and/or PAAS Enrollment and Including Change Information in Monthly Reports to BMS

RFP Section 4.2.10, Pages 30 and 45

Our Helpline Information Specialists will document all phone interactions in MAXeb, particularly the reasons for an enrollee's change of MCO or PAAS plan or provider enrollment. The reasons for these changes will be identified by numbered reason codes that represent reasons such as:

- Disagree with auto-assignment
- No doctors who serve my language
- Physically unable to get to doctor's office
- Prior care relationship
- Not enough available appointment times
- Wait in doctor's office too long
- Services not covered by plan
- Poor choice of doctors/drug stores/other
- Could not choose doctor wanted
- Doctor did not meet enrollee's needs

- Does not like the doctor
- Plan discontinued services
- Difficulty getting in touch with plan
- Plan refused to give services I need
- Do not like staff at doctor's office
- Doctor's office is not clean/safe
- Plan unclear about what I was signing up for
- Hard time with referral/denied referral
- Hard time with family planning services
- Do not like rules of my plan

- Lost Medicaid eligibility
- Enrolled in error
- Moved out of plan area

The reason code assigned becomes part of the enrollee's profile stored in MAXeb for analysis and reporting purposes. Our QA/Reporting Analyst will oversee gathering and documenting enrollee health plan change data and analyze it to provide project leadership with valuable insights into trends and performance issues affecting the different health plans serving West Virginia. These changes and reasons for changes will be reported to BMS as part of our monthly reporting requirements, described further in *Section 4.3.7: Monthly Report*.

4.2.11 Explaining Medicaid Covered Services and Freedom of Choice for Access to Family Planning Services

RFP Section 4.2.11, Pages 30 and 45

As part of the assistance we provide callers, we will thoroughly explain the Medicaid-covered family planning services and Freedom of Choice for access to these services and supplies. This information will be incorporated as part of our call center scripting and program information posted to our KMS.

4.2.12 Referring Enrollees to the Correct Human Service Agency if Calls Received are Outside the Scope of the Managed Care Programs

RFP Section 4.2.12, Pages 30 and 45

With our West Virginia IPA Project experience, we have worked with many health and human services agencies in the state. We can build upon this knowledge to compile a list of health and human service agencies and contact information, posting it to our KMS for quick and easy access by Helpline Information Specialists. In this way, we can refer callers, as needed, to the appropriate agency when their calls require services that are outside the scope of our contract.

4.2.13 "Triaging" Enrollee Calls to Service Representatives and Medical Hotlines when Necessary, and Resolving Complaints and Acting as Troubleshooter and Enrollee "Ombudsman" for Enrollees in the Program

RFP Section 4.2.13, Pages 30 and 46

Helpline Information Specialists will be properly trained to recognize when an enrollee's request, issue, or complaint is beyond our scope of work. When this happens, we function as an ombudsman by educating the consumer on their rights and helping troubleshoot the problem. If we cannot resolve the complaint or problem, our staff will either escalate the call to their supervisor for further assistance, or refer the consumer to the appropriate authority. Our commitment to provide thorough support to West Virginia enrollees is part of what makes us so successful in operating enrollment broker projects in 19 states and able to meet your needs as the EB program evolves.

We will have in place, as part of our operations policies and procedures discussed in *Section 4.2.14*, well-defined procedures for handling complaints based on contractual requirements, BMS expectations, and our own best practices serving 59 percent of the Medicaid population nationwide. These procedures will include how to correctly identify, document, and resolve complaints, as well as how to appropriately

handle callers who may be upset. We include escalation procedures describing when and how to escalate certain types of calls. Helpline Information Specialists will track all such complaints in MAXeb, as shown in *Exhibit 4.2.13-1: MAXeb Complaints Screen*, where they will document the type of complaint and all pertinent supporting information.
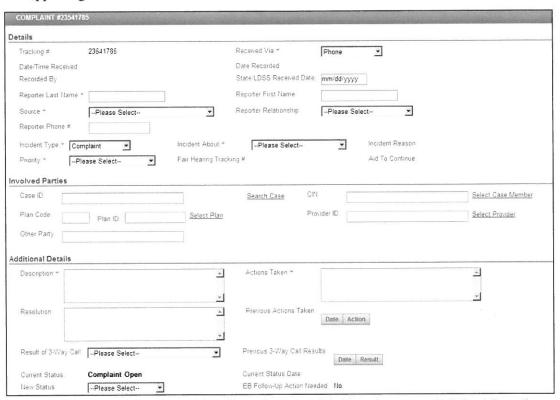
Exhibit 4.2.13-1: MAXeb Complaint Tracking. *Using the complaint data entry screen, Helpline Information Specialists record information that helps to ensure proper and timely processing and, if necessary, escalation.* **PROPRIETARY**

If there are multiple issues, each one will be tracked separately in order to allow the overall complaint to remain open until all outstanding concerns have been fully addressed. As steps are taken to resolve complaints, they will be documented in MAXeb to facilitate monthly reporting to BMS on the quantity and type of complaints as covered in *Section 4.3.7: Monthly Report*.

4.2.14 Development of Operational Procedures, Manuals, Forms and Reports Necessary for the Operation of the Telephone Unit

RFP Section 4.2.14, Pages 30 and 46

As the enrollment broker in 19 states, operating call centers in 29 states plus the District of Columbia, MAXIMUS uses International Organization for Standardization (ISO) principles as a guideline for the development and maintenance of policies and procedures, manuals, work instructions, forms, report formats, and other resources for virtually all of our projects. Our experience and use of ISO's quality standards help us to plan, develop, implement, and improve operational procedure documents in an ongoing and systematic way.

During the implementation phase of the West Virginia Enrollment Broker Project, dedicated corporate policies and procedures specialists will use our existing "model" policies and procedures as the foundation for developing these documents for West Virginia. Our project policies and procedures

typically cover risk management, communications, change control, security, emergency response, and everyday operational procedures.

Project staff will also benefit from our Project Implementation and Project Management Manuals, both of which provide templates and valuable insights into developing policies and procedures for our projects. These manuals, which are available electronically on our KMS, have been developed based on our real-life experience and proven best practices in our operation of health and human services projects. The Project Implementation Manual will be used to guide the West Virginia Enrollment Broker Project implementation phase, and the Project Management Manual will be used to guide ongoing operations, providing our project staff with a consistent foundation that can be fine-tuned to the needs of the project. These manuals, easily accessed on our web-based

Our Project Implementation Manual and Project Management Manual are available on the KMS and help guide project staff in developing policies and procedures that will enhance daily operations.

intranet, contain well-defined policies and procedures covering both internal project management and corporate oversight and requirements.

Our policies and procedures undergo intense internal reviews, modifications, and further scrutiny prior to being submitted to BMS for review, feedback, modification, and approval. Policies and procedures are posted to our on-line KMS for easy access by staff. Our considerable library of documents gives us a head start in creating operating procedures for all aspects of the project. Finalized policies and procedures will be uploaded to our KMS, ensuring they are easily accessible to staff. This allows staff to register for alerts ia e-mails when content changes, as well as to search documents for phrases or topics of interest.

4.2.15 Approach to Staffing the Telephone Unit and Training Personnel on all Relevant Issues on an Ongoing Basis
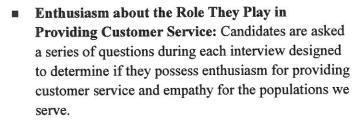
RFP Section 4.2.15, Pages 30 and 46

Providing highly qualified, skilled, and motivated staff members will be crucial to the success of the West Virginia Enrollment Broker Project. Staff members will be on the front line, representing BMS to enrollees and potential enrollees. Helpline Information Specialists will speak with these callers every day, helping them through the process of identifying and selecting appropriate coverage and plans that meet their health care needs. Therefore, we dedicate the necessary resources to ensure our recruiting, hiring, and training efforts are effective. This means having the appropriate number of staff members and making certain that they possess the required qualifications and receive the education, training, and tools necessary to provide efficient and effective customer service to the individuals we serve.

For the West Virginia Enrollment Broker Project call center, our Helpline Information Specialists handling telephone calls from 8:00 a.m. to 6:00 p.m., Monday through Friday, excluding state holidays. There will also be a Call Center and Training Supervisor who supervises the Helpline Information Specialists and a Mailroom Worker/Administrator who will process incoming mail and data enter enrollment information into MAXeb. All call center staff will be cross trained to perform data entry and answer telephone calls.

Our staffing for the telephone unit is based on our staff modeling which considers call volumes, mail volumes, length and complexity of various types of calls, and data entry requirements. Our modeling tools also draw upon our extensive experience operating 19 enrollment broker projects and call centers in 29 states and the District of Columbia to arrive at optimal staffing numbers for West Virginia.

Because MAXIMUS operates large-scale health and human service projects, we know how to select call center staff with the ability to handle complex public program inquiries in a culturally competent manner. We look for call center staff possessing the following qualifications and capabilities:

Our training staff conducts new hire and ongoing refresher training for our staff, including sessions focused on how to deliver professional, quality customer assistance.

- **Enthusiasm about the Role They Play in Providing Customer Service:** Candidates are asked a series of questions during each interview designed to determine if they possess enthusiasm for providing customer service and empathy for the populations we serve.

- **Ability to Comprehend Diverse and Complex Programs:** Each program handled by the West Virginia Enrollment Broker Project has its own unique processes and requirements. We look for people with a background in public health programs because we recognize the importance of understanding the subtleties of each program. Regardless of their background, successful candidates must demonstrate the ability to quickly learn accurate and factual information that will be conveyed.

- **Ability to Use Computer Systems:** For positions requiring computer skills, candidates may be asked to perform a series of exercises on a computer as part of the interview process to make certain they have an understanding of Personal Computer (PC) menus and Microsoft applications. Successful candidates must have the ability to use multiple computer systems to access and input data, such as MAXeb and the MMIS.

- **Excellent Verbal Communication and Language Skills:** Because individuals interact with the public and interact with State systems, they must possess verbal and written communication skills appropriate for their job responsibilities. This encompasses telephone communications and email. Those responsible for developing notices and materials related to the program—in this case, the Center for Health Literacy—must have demonstrated experience and skill in writing, editing, and designing effective health information materials.

- **Excellent Interpersonal and Communication Skills:** We evaluate how the candidate presents himself or herself both in person and over the telephone. Staff members must have the ability to act professionally and responsibly in stressful situations.

- **Appreciation for the Importance of Confidentiality:** MAXIMUS stresses the importance of confidentiality in all new hire training sessions, and we require all employees to sign confidentiality agreements and adhere to program regulations. In addition, all employees are required to pass annual HIPAA and Security refresher training modules.

- **Knowledge of the Community They Will Be Serving:** The project will be based in Charleston, and we will recruit line staff with roots in the local community. Outreach staff throughout the state will have knowledge of the areas for which they are responsible.

A complete description of our recruitment and hiring best practices appears in the *Qualifications and Experience - Proposed Staffing Plan* section at the beginning of our response to *Attachment A*.

During the implementation of the West Virginia EB Project, we will train our call center staff on the programs covered by the contract, customer service, HIPAA and other security and confidentiality requirements, performance expectations and QA requirements, how to use supporting systems and technology (MAXeb, MMIS, KMS, ACD, outbound dialer, IVR-based customer satisfaction survey, TTY, and Language Line services), cultural diversity and sensitivity, call scripts and handling different types of calls and callers, operational policies and procedures, and other pertinent topics as may be identified in collaboration with BMS.

We have training best practices in place that draw upon experience with the enrollment broker projects we currently operate in 19 states. The West Virginia EB Project will benefit from this information sharing.

We recognize that training is not a one-time event. In addition to the initial new hire training our call center staff must attend, we require the following stages of training throughout the life of the contract.

- **Ongoing:** Training staff conducts ongoing training on an as-needed basis when changes to programs, policies, procedures, processes, or technology occur.

- **Remedial:** When quality assurance monitoring and coaching indicates a performance issue, we provide immediate, on-the-job training to address gaps in individual performance.

- **Refresher:** Refresher training reinforces previous training and customer service principles. Topics for refresher training come from call monitoring and quality assurance results, as well as from customer satisfaction surveys and the Call Center and Training Supervisor who can help pinpoint topics that seem to present particular challenges for the West Virginia EB Project. In addition to refresher training conducted at the project, the MAXIMUS corporate office requires all staff to complete annual courses on security, privacy, and ethics.

Our projects are supported by our corporate Center for Employee Development, who provides shared best practices, training techniques, training development assistance, and continuing education for staff via webinars and online courses.

4.2.16 Procedures to Ensure that Telephone Operators Treat all Callers with Dignity and Respect the Callers' Need for Privacy

RFP Section 4.2.16, Pages 30 and 46

In addition to training our call center staff on West Virginia health care programs, we consider it just as important to train them on providing exceptional customer service. We design and deliver training that ensures our staff effectively communicates with enrollees and potential enrollees, treating them with the dignity they deserve and respecting their privacy per state and federal laws.

As we currently operate 19 managed care enrollment broker projects, a large portion of required training modules for the West Virginia Enrollment Broker Project are already identified and developed, requiring only minor customization to fit project-specific requirements.

Customer service training is a key area of focus, providing Helpline Information Specialists with information on how best to deal with challenging situations and people in a calm, informative, respectful manner, including:

> **The excellent performance of the Indiana MAXIMUS account helped raise the expectations of the other Indiana contractors. Routinely it would be stated in operational meetings that 'We (the State) need to push our other contractors to a higher level of performance to meet the standard service that MAXIMUS currently provides to us.' MAXIMUS performance became the standard by which other contractors were judged.**
>
> *- Indiana Enrollment Broker State Client*

- **Let callers finish what they are saying:** Often, important thoughts or thoughts that are difficult to verbalize are spoken at the end of a sentence. By not listening to the entire thought, staff may miss important information.

- **Listen without judgment:** Our staff does not judge what callers say or how they say it. Even if they dislike what someone says, they withhold judgment in order to listen to what is being said and respond professionally and appropriately in order to best serve the caller.

- **Be an active listener:** Helpline Information Specialists are involved in the discussion to fully understand what the enrollee is saying or asking. They ask questions if they do not understand something the caller is saying. They repeat or rephrase what they heard until they are certain that they heard and interpreted the information completely and correctly.

- **First impressions are important:** Our staff is friendly and personable, and they establish a rapport with the caller. This allows them to work efficiently when discussing health care needs and when assisting the enrollee. Since there is no visual contact when talking with enrollees over the telephone, the spoken word may communicate more than just the word's meaning.

- **When the caller is confused:** If at any time during the telephone call the Helpline Information Specialist believes that the enrollee is confused and does not understand what is being discussed, then the specialist will direct them to a field enrollment event happening in their area, as well as inform them that Twitter and Facebook provide information about such events. We always make sure the enrollee has the toll free number, and instruct the enrollee to call back if he or she has any future questions or issues.

- **Be attuned to cultural nuances:** Understanding the diversity of West Virginia, we train our staff to be sensitive to various cultural nuances that may affect how individuals communicate; this extends to differences between urban and rural customers. The knowledge we have gained on the West Virginia IPA Project will be invaluable in customizing this module.

The MAXIMUS commitment to adhering to privacy and security requirements is evident in our Information Security Awareness and HIPAA compliance modules. Every MAXIMUS employee working at the corporate office and in our project locations throughout the United States attends an orientation session that includes the review of confidentiality issues inherent to the health services line of work. Armed with appropriate knowledge, our staff is keenly aware of policies and laws governing appropriate handling and disclosure of confidential information.

We educate our employees on all aspects of privacy and security-related policies, provide them with online access to all applicable corporate and project policies, and test their knowledge related to the material taught. Training includes project site safety and emergency response procedures to security threats. Employees are required to take all compliance training before receiving their security badges and access, and regular refresher training and situational reminders to reinforce the importance of constant compliance.

4.2.17 Procedures for Providing Access to Oral Translation Services that to Enrollees Who do not Understand English

RFP Section 4.2.17, Pages 30 and 46

Understanding complicated health care information is critical to making an informed enrollment choice. Being able to ask questions and receive answers in one's native language is the surest way to make certain that the information being provided is accurate and understood by the enrollee or potential enrollee. Where the language spoken is not English, MAXIMUS will supply interpretive services for such activities as outreach and education, enrollment communications, explanations of health care benefits and requirements, MCO and PCP selection activity, phone calls to the call center, and any other key communications.

If after working with BMS we have identified any prevalent non-English languages, we will make every effort to seek staff who speak the identified language(s). Should a caller need to speak to a Helpline Information Specialist who speaks a language other than what our call center offers, we use the Language Line, an external service provider who enables us to provide access to telephone-based language interpretation and translation services in more than 170 languages. Language Line has been a proven, trusted provider of secure interpretive services to MAXIMUS for many years, and we work with them in many of our health services call centers. This service is available during call center operating hours. When we use the Language Line, our staff stays on the line and conducts a three-way conversation with the enrollee and interpreter, so the caller never has to hang up and call another number for assistance.

4.2.18 Provide Special Services Necessary to Accommodate Medicaid Members

RFP Section 4.2.18, Pages 30 and 46

MAXIMUS is familiar with the potential barriers that West Virginia's enrollees and potential enrollees face in choosing an MCO or PAAS provider. Socioeconomic status, education level, primary language,

and specific disabilities can all be obstructions to enrollees and potential enrollees seeking health information. It affects where they look for the information, what type of information they prefer, and how they understand and use that information. Therefore, it is imperative that we provide all enrollees and potential enrollees with high quality materials that are best suited to their individual needs, and meet the standards defined in 42 CFR 438.10 (c).

People with disabilities often have specific communication needs. For example, the visually limited or visually impaired community may require written materials be provided in large print, Braille, or as audio recordings, in addition to the option of having a Helpline Information Specialist carefully read through and review the materials with the enrollee or potential enrollee. Those with limited English proficiency or learning disabilities often learn best through a combination of listening and watching; therefore, using alternative formats and new information technologies that are more visual and interactive provide individuals of all literacy levels with more opportunity to access and comprehend critical information about their health care. MAXIMUS seeks to provide individuals with special communication needs an equal opportunity to interact with our Helpline Information Specialists and obtain the information and assistance.

We provide accessibility for hearing- and speech-impaired callers through the use of a software-based Teletype (TTY) system. We communicate with TTY callers through an intuitive, user-friendly computer-based interface. We will offer a separate, dedicated toll-free number for TTY calls, which transfers these calls directly to our TTY system. Incoming TTY calls are announced with a screen-pop and audible ring alert to the Helpline Information Specialist. Our TTY system uses an on-screen "chat window" interface facilitating effective response to callers.

Our staff is trained to follow appropriate TTY etiquette, such as not interrupting (as might be more easily tolerated during a spoken conversation). We use industry-standard abbreviations or "short hand," such as *GA* for "go ahead" which indicates you are finished and the other party can begin typing their response and *SK* for "stop keying" used by both parties to end the call. With the exception of these and other abbreviations commonly used and accepted by the TTY community, all other conversational content is spelled out fully to avoid introducing any confusion.

Our Helpline Information Specialists complete training specific to the populations we serve so they are well prepared to assist enrollees with special communication needs.

Our program materials will be offered to enrollees and potential enrollees in the languages specified by BMS. This will help those whose first language is not English to read and understand the services and programs available to them. In addition, although we will make attempts to hire Helping Information Specialists who are bilingual, we intend to use the Language Line to assist callers who speak languages our staff does not speak.

We will coordinate with local organizations, non-profits, religious groups, and other community groups to offer train-the-trainer informational sessions, and give them pamphlets and other materials to ensure we reach potential enrollees throughout the state, including refugee communities, blind and literacy challenged, and others who may need additional assistance in understanding their health care options and

making an informed decision. Additional information about our outreach program is provided throughout *Section 4.1: Plan to Provide Choice Counseling to and Enroll Eligible Participants*.

4.2.19 Procedures for Identifying Individuals with Special Health Needs through Health Assessment Conducted as Part of the Enrollment Process

RFP Section 4.2.19, Pages 30 and 46; Addendum 1

Providing unbiased choice counseling involves helping enrollees and potential enrollees to identify plans and providers that fit their health care needs. West Virginia applied for and was approved for a waiver that allows inclusion in managed care for Medicaid participants with special health care needs (SHCN). MAXIMUS serves as the enrollment broker in other states that also have recognized the potential benefits of managed care for those with SHCN. Managed care can lead to improved health care quality especially for those with chronic conditions or special needs by having a medical home providing synchronicity between the primary care provider and specialists. Each MAXIMUS worker involved in any phase of the enrollment process is trained to emphasize the benefits of managed care and to be particularly attentive to enrollees and potential enrollees with special needs.

It is essential to identify those who do indeed have special health needs. The most direct method of gathering information about health issues is simply to ask the enrollee or potential enrollee about their health care needs. Currently, there is a risk assessment questionnaire that is included in the enrollment packet and the online enrollment form. With BMS approval, we will update the health assessments conducted as part of the enrollment process. The revised assessment will be presented to BMS for approval prior to use. We propose adding the straightforward question, "Do you have a special health care need?" In addition, we will expand the list of conditions to include all of the most prevalent chronic conditions in West Virginia: pulmonary conditions, cancers, diabetes, heart diseases, hypertension, mental disorders, and stroke. We will retain the questions about pregnancy and smoking that are in the current assessment and ensure that we work with BMS to achieve their goals in performing the health assessment.

The application for eligibility includes a question about pregnancy and another about the existence of physical, mental, or emotional health conditions that limit the person carrying out activities such as bathing and daily chores, and about living in a medical facility or nursing home. The question about limitations is commonly used in instruments to identify people with special health care needs. We, therefore, suggest that this question also be included in the revised health assessment conducted as part of the enrollment process. A process will need to be developed for handling discrepancies between what enrollees and potential enrollees stated on their application forms and what they say during the enrollment phase.

Once BMS has approved the health assessment, we will include it with the enrollment form on the website described in *Section 4.1.18: Approach for Designing and Maintaining an Enrollment Assistance Website*.

We review all health assessments and enter them in the MMIS. In the MMIS, we enter information about medical conditions, physician preferences, and potential health problems. Our Helpline Information Specialists can also enter answers received while conducting phone enrollments. The assessment data from the online enrollment form can also be loaded into MAXeb. The information gathered about health care needs is used to inform choice counseling.

There are options for providing health assessment data and forms to appropriate parties. We will collaborate with BMS, the MCOs and the fiscal agent to determine the appropriate option and define the appropriate methodology. All correspondence we receive is scanned and stored as images, and the health assessment data will be entered directly into the MMIS system. The most efficient and cost-effective manner in which to provide paper forms to the fiscal agent is to deliver the electronic images. We suggest that the information collected over the phone and through the website be presented in a file of an agreed-upon format. In our experience, the use of electronic images and data files is well received by MCOs and providers. The benefits of this method include being able to electronically transmit health assessments to other involved providers. If a hard copy of the form is required, then it may be printed from the image. The preference for the use of electronic forms will continue to increase as the use of electronic health records increases. Indeed, using electronic forms and other data exchange fits with the West Virginia Medicaid Electronic Health Record Provider Incentive Program.

4.2.20 Quality Assurance Plan

RFP Section 4.2.20, Pages 30-31 and 46

To deliver high quality customer service that facilitates consumer choice, we must provide the right information, via the right channels, at the right times. The QA Plan helps make sure the project achieves these objectives. The plan is comprehensive, describes the requirements of the QA program, and is dynamic. We recommend that the plan be updated and submitted to BMS for written approval prior to commencement of project activities and once per year thereafter. The Plan addresses all aspects of project performance. The specific quality activities we undertake vary by project function. This section discusses how our Plan addresses all telephone functions for the West Virginia EB Project.

The QA/Reporting Analyst will be responsible for coordinating and conducting all performance monitoring and QA activities as defined in the QA Plan. The Call Center and Training Supervisor also will conduct monitoring as part of supervising the Helpline Information Specialists and as dictated by the QA Plan and the QA/Reporting Analyst.

The QA Plan specifies:

- Quality standards to which we adhere in each functional area
- Procedures we follow to monitor, document, and evaluate individual and group performance
- Frequency of quality activities
- Examples of evaluation tools

Key functions of the project are monitored and evaluated regularly to identify, correct, and prevent errors using our BMS-approved tools and methodologies.

Monitoring Performance

Our QA approach for telephone unit (call center) operations includes conducting continuous assessment of quantitative data and regularly monitoring, documenting, and evaluating calls. Our call center systems provide a variety of tools that we use to support QA activities. These tools include ACD reports, live call monitoring, and audio call recording.

By analyzing call center metrics, we are able to keep our infrastructure and staffing proportional to expected call volumes at various times of the day and week and our performance in alignment with our state clients' expectations. This provides the foundation for meeting call center performance standards and

creating a work environment in which our Specialists are able to handle their workloads efficiently and productively.

We have effective monitoring techniques and tools to evaluate and assess Specialists' performance. In addition to monitoring live calls, we record calls. Our proposed call recording application, Telstrat Engage™, is a fully-integrated and fully-supported call recording solution. We review recorded calls to ensure that responses are accurate and thorough, and that calls are conducted with professionalism and courtesy, and in compliance with confidentiality regulations. In monitoring calls, we also assess Specialists' responses for such characteristics as embodying sensitivity to cultural barriers and addressing language needs. In their review of recorded calls, the QA/Reporting Analyst notes trends and make recommendations for additional training in targeted areas. Project management uses results from monitoring activities to address deficiencies on an individual and systemic level. At the individual level, our actions include discussing the issue with the Specialist, increasing monitoring, provide individual refresher training, and may even lead to disciplinary action. At the system level, we may conduct refresher training classes for all staff, revise our scripts and other materials, carry out further process and workforce analysis, and so on. We further discuss our response to deficiencies in *Identification and Response to Performance Issues* below.

By regularly monitoring calls, our supervisors and QA staff are able to evaluate Specialist performance and provide direction and guidance to Specialists on an ongoing basis to continually improve our service delivery. At the onset of each call, as answered by the ACD, callers hear a pre-recorded message that their conversation is subject to monitoring and recording for QA and training purposes. Our supervisors view real-time service statistics on their desktops and are able to initiate silent monitoring of a live call in progress at any time. A feature in their phone allows them to silently join a call in progress by selecting the specific Specialist's extension code. Supervisors also have the ability to provide coaching to the Specialist or even take over the call if it seems that the Specialist needs help assisting the caller. In this way, we can immediately assist the Specialist in providing appropriate help to the caller to avoid potential issues surrounding incorrect information or inaccurate responses.

Call recording is integral to our QA process and is a valuable means to assess and ensure program compliance and optimal customer service. By recording all inbound and outbound calls to the call center, we support careful review of calls in such areas as the inclusion of relevant consent language and any sign of caller displeasure. This is particularly important when a call has been escalated as we are able to ascertain if our staff's actions and handling of the caller were appropriate to the situation.

A user-friendly web-based application allows our Call Center and Training Supervisor and QA/Reporting Analyst to view and retrieve recorded calls for playback and monitoring directly from their desktop making it easy and convenient to use. Only authorized users have access to recorded calls, which are stored in an encrypted format on the call recording server or other network-based storage device. Recorded calls can be sorted by a number of criteria, including inbound numbers dialed, telephone extension number, date/time range, and call duration.

We will develop specific criteria for evaluating Specialists' customer service skills for the West Virginia EB Project call center. Some areas of focus will include:

- **Maintaining Courteous and Respectful Demeanor:** Our Specialists are extensively trained in customer service. The training includes methods for assisting challenging callers while maintaining a

calm and courteous manner. Supervisors and QA staff monitor the Specialist's voice, inflection, tone, and words to ensure that the caller is treated with the utmost respect.

- **Listening and Understanding Callers' Issues:** Specialists are trained to actively listen to the caller and ask questions, if needed, to clarify a caller's request. It is of particular importance that we monitor Specialists' listening skills to ensure they understand and respond to the needs of every caller in a compassionate, appropriate manner.

- **Communicating Clearly:** Specialists are instructed to ask questions to ensure that callers understand what is being communicated. Positive responses to these questions are a very strong indication that the communication was clear. In addition, our call center scripts, written at the sixth grade level, are designed to help Specialists communicate clearly and consistently with callers.

- **Addressing Callers' Concerns:** It is vital that Specialists understand, acknowledge, and address callers' issues. We monitor each of the concerns that arise on the call to ensure that appropriate answers and assistance has been provided to callers.

- **Providing Correct Information:** We monitor to ensure that the correct information is provided to callers. Our supervisors and QA staff are experts on program policies; they also have immediate access to the project policies and procedures and other program information maintained online for quick, searchable access in our KMS.

- **Taking Correct Actions:** We review entries in our systems, if appropriate, to check that Specialists take correct actions based on the phone call and request.

- **Presenting Unbiased Information:** We monitor calls to ensure that staff remains unbiased while assisting the caller. In addition, we monitor reports over time to confirm that there are not a disproportionate number of enrollments being processed by any Specialist for any specific plan.

We use a call monitoring checklist to objectively evaluate each monitored call, scoring Specialists on their performance in meeting criteria such as using the proper greeting, collecting and verifying appropriate information, and providing accurate and clear information.

Exhibit 4.2.20-1: Sample Call Monitoring Checklists shows two monitoring tools—one used by our Georgia Families call center and one by our New York Medicaid CHOICE enrollment broker call center. Specialists for the West Virginia EB Project call center will be scored using a similar tool, customized to fit your specific program requirements. Scores are documented and appropriate action is taken to improve Specialist responses to callers as appropriate.

Greeting/Verification		Points	Score or N/A
Q1	The EC used the appropriate greeting	1	
Q2	The EC appropriately answered call within 3 seconds of ringing in	1	
Q3	The EC used correct procedure to verify caller's identity	5	
Q4	The EC used correct procedure to verify case Identity(ies)	2	
Accuracy of Information		**Points**	**Score or N/A**
Q5	The EC accurately and clearly explained the GF program	4	
Q6	The EC accurately and clearly presented all plan options	2	
Q7	The EC accurately & clearly explained the auto enrollment process	5	
Q8	The EC appropriately assisted the caller in enrolling/transferring into a plan	5	
Q9	The EC appropriately assisted with enrolling/transferring with a PCP	5	
Q10	The EC accurately & clearly explained the effective date	3	
Q11	The EC accurately & clearly explained the 90-day choice period	4	
Q12	The EC accurately & clearly explained the continuous enrollment period	4	
Q13	The EC accurately & clearly explained delivery of the Confirmation letter (enrollment / transfer)	2	
Q14	The EC accurately & clearly explained delivery of Plan Handbook	2	
Q15	The EC accurately & clearly explained what to do if caller received a medical bill	2	
Q16	The EC accurately & clearly explained the usage of Medicaid Cards and new ID cards.	2	
Q17	The EC accurately & clearly explained additional insurance process	2	
Q18	The EC accurately & clearly explained the Open Enrollment process to the member (60-day choice, 15th to 15th, remain in plan until anniv)	4	
Q19	The EC executed both effective customer communications & Systematic data entry processes	7	
Variable Information		**Points**	**Score or N/A**
Q20	The EC accurately & clearly explained the Health Check program	3	
Q21	The EC properly assisted member with Survey Information	1	
Q22	The EC properly inquired about GAPP, Match, & CMS	3	
Q23	The EC accurately & clearly explained Newborn enrollment process.	2	
Q24	The EC properly assisted member with complaint process	1	
Customer Service Skills		**Points**	**Score or N/A**
Q25	The EC avoided the use of slang, jargon and extra conversation	10	
Q26	The EC used active listening skills	10	
Q27	The EC had appropriate tone, volume, demeanor, and did not interrupt	15	
Q28	The EC addressed all member concerns	10	
Q29	The EC used correct holding procedures	7	
Q30	The EC properly escalated call to supervisor / lead staff	7	
MAX-e Documentation		**Points**	**Score or N/A**
Q31	The EC correctly documented the Caller Name	1	
Q32	The EC correctly documented the Caller Type	1	
Q33	The EC correctly documented the Reason / Subreason	1	
Q34	The EC correctly documented the Category Code	1	
Q35	The EC correctly documented How Heard	2	
Q36	The EC correctly documented Notes in MAXe	1	
Q37	The EC correctly documented the transfer reason code	1	
Q38	The EC correctly enrolled or transferred member into the correct plan	5	
Q39	The EC correctly enrolled member with the PCP requested	5	
Q40	The EC correctly documented Special Cases (children's programs, dups)	1	
Q41	The EC updated the member's address/phone correctly, if necessary	4	
Q42	The EC documented complaint correctly, if necessary	1	
Call Closure		**Points**	**Score or N/A**
Q43	The EC provided member with accurate information	8	
Q44	The EC offered the website address	3	
Q45	The EC offered additional assistance before closing the call	1	
Q46	The EC used proper closing procedures	1	

Exhibit 4.2.20-1: Sample Call Monitoring Checklists. *It is imperative that calls are monitored to assess Specialist skills and customer service levels. This checklist is used to evaluate the performance of our enrollment counselors (ECs) at our Georgia Families project call center.*

Service Skills	1	2	3
1. * Clear Introduction and Closing of Call			
2. * Maintains Apropriate Tone, Volume and Demeanor			
3. * Courteous and Professional			
4.* Excessive Hold Time			
5. * Clear in Communicating Info			
6. * Allow Caller to Express their Issues			
7. * Keep Caller Inform of Actions			
8. Call Handling Time			
9. Transfer Call Appropriately			
10. *CSR Applied Active Listening Skills			
Accuracy of Information	**1**	**2**	**3**
11. Obtain Appropriate Consumer Information			
12. Answers Simply Explained			
13.*Answers were Correct			
14. *Record Plan and PCP Correctly			
15. *All MAXeb Data Entered Correctly (5 pt deduction)			
16.*Call Documented in MAXeb (5 pt deduction)			
17.*Call Description Documented Accurately (5 pt deduction)			
18.*CSR Documented During the Call.			
19. CSR followed Complaint Protocol			
20.*CSR Reviewed ALL Required Tabs (5 pt deduction)			
21. CSR Reviewed Appropriate Tabs (5 pt deduction)			
22. Quoted Exemption/Exclusion Process Appropriately			
23.*Solves Consumer Issues/Refers to Appropriate Department			
24. Enrollment Counselor Did Not Steer Consumer to Plan			
25. Fast Alerts (5 pt deduction)			
26. Provide Appropriate Information on Phone Transaction			
27.*Maintain Confidentiality (5 pt deduction)			
28. CSR ask Probing Questions (5 pt deduction)			
29. Personal Calls (5 pt deduction)			
30. Unauthorized Activity (5 point deduction)			

Exhibit 4.2.20-1: Sample Call Monitoring Checklists (continued). *It is imperative that calls are monitored to assess Specialist skills and customer service levels. This example shows the evaluation criteria used by our New York Medicaid CHOICE enrollment broker call center.*

Typically, we adjust the volume of calls monitored based on staff tenure and staff performance. For example, we find it more effective to monitor new staff members with greater intensity than our veteran top performers. Also, if a staff member demonstrates superior efforts for a specified period, we minimize the monitoring time for that staff member as long as quality standards continue to be met. If there is a drop in performance, we can quickly adjust the frequency of monitoring. In addition, QA reports on

monitored calls allow us to drill down to the Specialist level, pull back to the unit level or zero in on a key programmatic area. This allows us to focus on areas in which performance is slipping, either by individuals within groups or subject area, and in turn, target training to address the problem areas.

Because the quality of customer service is fundamental to enrollment services, many of our projects are now adopting post-call customer satisfaction surveys, conducted via IVR, to monitor the "voice of the customer." After every call, the Helpline Information Specialist asks callers if they would like to complete a short survey. Callers who accept are transferred to an IVR application that conducts the survey automatically. Our QA procedures include active call monitoring to ensure that the Specialists offer the opportunity to complete a survey to all callers, and are not selective of which callers are offered the survey. Surveys are brief, and callers can complete them using their touch tone phone. The survey gathers information on callers' perceptions about the quality of the service provided and how they were treated. Using IVR reports, our QA/Reporting Analyst creates and submits a customer satisfaction report to BMS.

Identification and Response to Performance Issues

Our QA Plan includes the following methodology to help us identify, analyze, respond to, and continuously improve our performance and quality of service provided to potential enrollees and enrollees.

- **Monitor Performance and Identify any Issues:** Management meets regularly to discuss compliance with contract performance standards. Through this step, potential problems are identified. Our extensive management reporting capability is structured to point out faltering performance before it becomes unacceptable. Hence, we are able to intervene before a standard is not met. The next step in identifying a potential deficiency is to determine whether the problem is related to staffing levels or productivity, program policies and procedures, systems or telecommunications technology, lack of training for the staff, and so forth, recognizing that the deficiency may be a result of a combination of these.

- **Analyze Potential Solutions:** Once the cause of the deficiency is understood, alternative solutions to the problem are developed for implementation. These proposed solutions could occur in regular meetings or in a special ad hoc corrective action-planning meeting with the Project Manager.

- **Implement the Solution:** The next step is to implement the chosen solution. The implementation plan lists the tasks and the members responsible for completing the tasks. In the early stages of the implementation, close monitoring by the management team occurs and modifications are made as necessary.

- **Evaluate the Results:** The final step involves determining the impact or outcome of the newly implemented solution. Regular, intensive monitoring is conducted to evaluate the results and determine the effectiveness of the solution. If improvement is deemed insufficient, the process starts all over again.

To maintain high quality services, our proactive approach to call monitoring, documentation, and subsequent analysis of the results helps us identify areas of potential concern or areas that may need improvement. Once identified, we take appropriate action to remedy the situation and update our policies and procedures if necessary. In this way, monitoring results contributes to our continuous process improvement for call center performance and service delivery. For the West Virginia EB Project call center, we will model our approach based on these proven best practices as used by our other call centers:

- **Remedial/Refresher Training:** On a regular basis, we share the results and scores of our QA monitoring efforts with appropriate management and supervisory staff. We use these results to identify training needs and areas for improvement. Based on these findings, staff members who have not met the expected scores and standards must attend further training. When quality assurance monitoring and coaching indicates a performance issue, we provide immediate, on-the-job remedial training to address gaps in individual performance.

  An important aspect of an effective approach to refresher training is the participation of the right resources. The QA/Reporting Analyst attends the session to address any questions or concerns the group may have regarding monitoring activities and scores. In addition, supervisors and/or managers will attend to lend support and observe the session. During the session, the trainers present a review of policies and procedures and related notifications for the designated topics as identified by QA monitoring results. In an effort to encourage teamwork, sharing of ideas, and increased understanding, we use a variety of activities as training tools, including a "Jeopardy"-style game, written activities, and the mapping out of call scenarios. We follow these activities with a quiz to validate participant understanding of the session. We share quiz scores with project management and the staff member's respective supervisor. Those staff members who score 85 percent or below must receive additional coaching from their supervisor.

- **Topic-Driven Refresher Training:** We conduct topic-driven refresher training when we identify a more pervasive issue, for example, misinterpretation of script guidelines by a significant number of staff. We may identify the need for topic-driven refresher training through a number of channels, including call monitoring results. Examples include:
  - Handling caller requests through careful listening and compassionate concern
  - Showing sensitivity to cultural and linguistic needs
  - Understanding and using call script guidelines
  - Using resources and tools for presenting complete and accurate information to callers
  - Following HIPAA and confidentiality of Protected Health Information (PHI) regulations

- **Knowledge Management System and Policies and Procedures Updates:** Our KMS provides Specialists a searchable electronic repository of program information, call scripts, manuals, policies and procedures, checklists, and other information specific to the project. This easy-to-navigate system has the ability to notify staff of urgent information with an electronic alert, and enables us to share procedural updates and support refresher training efficiently and cost-effectively. Through ready access to detailed work instructions, we are able to improve consistency and quality in the services we provide. If our call monitoring and other QA efforts have identified an area needing improvement, we update the KMS to make information more easily found and update policies and procedures as appropriate to accommodate a streamlined or more efficient approach to our procedures.

- **Progressive Discipline Process:** Should a staff member exhibit unacceptable levels of workplace performance or behavior, we begin the progressive disciplinary process. The process moves from verbal counsel to disciplinary action. Each step in the process is designed to make sure that the staff member understands the specific job performance concern(s), required performance expectations, and expected performance results. Fortunately, due to the care we take in hiring and training, there are few occasions requiring us to implement all stages of the discipline process. By clearly defining the process, we provide our project managers with the information and guidance to uniformly address any performance issues.

Careful and continuous review of Specialist phone interactions and the resultant appropriate response to areas of concern help to ensure a pleasant, informative, and meaningful caller experience.

Promptness and Quality Standards

We strive to consistently meet both internal and external performance standards. In collaboration with BMS, we will define standards for the West Virginia EB Project call center. In the following table, *Exhibit 4.2.20-2: MAXIMUS Approach to Call Center Performance Standards*, we present some preliminary standards and our approach to meeting these standards.

Performance Standard	MAXIMUS Approach to Compliance
The call abandonment rate will not exceed 5%.	■ Our ACD system quickly routes callers to an available Specialist ■ Accurate forecasting and workforce management supports appropriate Specialist staffing levels to match call volumes to minimize wait time and thereby reduce the likelihood that callers will hang up
95% of calls will be connected with a Specialist within 5 minutes.	■ Our Call Center and Training Supervisor and QA/Reporting Analyst access data reports to assess our performance ■ We cross train our staff to handle phone, data entry, and mail tasks thereby allowing us to reallocate staff in response to changes in volume in any area.
All calls will be answered by the ACD within 4 rings or 30 seconds.	■ Our use of VOIP technology that is scalable to meet changing needs ■ Our Call Center and Training Supervisor and QA/Recording Analyst access ACD data reports to assess our performance against speed-to-answer metrics

Exhibit 4.2.20-2: MAXIMUS Approach to Call Center Performance Standards. *Our telephony solution, MAXeb system, and QA program are all used to help ensure compliance with call center performance standards.*

Having answered more than 100 million calls, we are a national leader in providing customer service and enrollment broker services for Medicaid managed care programs throughout the country. Our track record in meeting rigorous performance standards applying to metrics like "time on hold" or "abandoned calls" is uniformly exemplary. As an example, in our California Healthy Families contract, we answer over 200,000 calls per month and meet or exceed some of the tightest performance standards in the nation.

4.2.21 Office Location

RFP Section 4.2.21, Pages 31 and 46

MAXIMUS will co-locate the West Virginia EB Project with our currently operating Child Support Enforcement and IPA projects at 231 Capitol Street in Charleston. This established facility is just a block from the BMS offices on Capitol Street and will house all project staff, including our telephone call center.

To maintain a strong area presence, create local jobs, and enable recruitment of staff that represent the communities and values of West Virginia and the demographics of enrollees and potential enrollees we will serve, we think beyond just providing office space for staff to work. We will provide a convenient, safe, and professional working environment, leveraging not only the existing infrastructure and telephony,

231 Capitol Street
Charleston, West Virginia

but also build upon the knowledge of our current local staff to help prepare the West Virginia EB Project for successful operations. Our project site features:

- Entrance security
- Cubicles/offices with work space, chair, telephone and headset, monitor/computer workstation, network and telephone drop and cables, lighting, file and other storage
- Training space to support startup and ongoing operations
- Conference area and networked printers, fax servers, and copiers
- Security and fire suppression systems/equipment
- Adequate, accessible, well-lighted parking garage for staff and visitors

Beyond the convenience and amenities of our office location, it must be a facility that meets the needs of a dynamic call center environment, allowing for future growth and providing space for a technology infrastructure that promotes efficiency while maintaining security. Our past experience scaling up and down for enrollment broker projects in California, Texas, New York, Pennsylvania, Virginia, and other states prepares us to capably meet possible future expansion of services in West Virginia. We build our solutions with scalability in mind. It is rare that our state clients do not come to us to accommodate their needs for program expansion, planned and unexpected increases in caseloads, and new reforms with their programs. MAXIMUS has an organizational structure and governance process that supports project growth – planned and unplanned.

Enrollment Broker Project Growth

Since 1998, MAXIMUS has provided services for one of the largest managed care enrollment programs in the country, New York Medicaid CHOICE. What began as a program serving only New York City has expanded statewide and doubled its customer base through program expansions to new enrollment programs and populations. Our facilities, staffing, and infrastructure have grown throughout the years to accommodate these expanded service delivery requirements.

During project implementation, MAXIMUS will use proven strategies to implement appropriate build-out activities to meet the operational requirements for the project. We will be responsible for all logistics including finalizing build out, ensuring connectivity, and the purchase and installation of required furniture, equipment, and supplies. This includes telephones, fax, paper products, personal computers, printers, and other necessary office supplies.

We offer BMS flexible, scalable facilities and a thoughtful infrastructure design to accommodate the project's needs now and in the future as the program continues to evolve.

4.3 Systems Development and Ongoing Communication

RFP Section 4.3, Pages 31-33 and 47-49; Addendum 1

MAXIMUS has developed a core system, MAXe, to serve the needs of our health and human services government clients. Developed by the MAXIMUS Health & Human Services System (H&HSS) team, it is the latest iteration in a long history of systems purpose-built for health and human services projects. Aligned to Medicaid Information Technology Architecture (MITA) standards, its modularity allows innovations developed for one project to be shared across project implementations so that each government client benefits from the collective knowledge and enhancements of every other project. To maximize benefits, we designed our solution in three conceptual groups, as shown in *Exhibit 4.3-1: MAXIMUS Health and Human Services Systems Design Approach* and described below.

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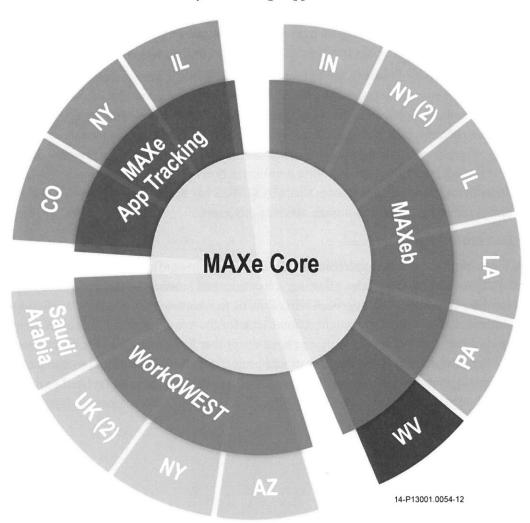
Exhibit 4.3-1: MAXIMUS Health and Human Services Systems Design Approach. *Our design approach yields the best mix of purpose-built enrollment broker functionality and flexibility to include the enhancements from the collective knowledge of our 14 project implementations.*

- **MAXe Core:** This core system contains all common functionality, such as the structural components of many of the modules, across each type of health and human services project we manage, including workforce services, enrollment broker, and CHIP administrative services. It is a modular design we

enhance through both strategic systems development and project innovations. Our two-fold enhancement strategy allows for a dynamic core solution that includes the best of each project as well as innovative enhancements from each project as the health and human services playing field evolves.

- **Product:** For each type of project, we have designed specific products that share the common functionality contained in the core system, but also include features specific to those projects. For example, our Medicaid Administrative Services product, MAXe App Tracking, includes a robust document matching module to link application documents with the right applicant using proximal matching; our MAXeb enrollment broker product includes an auto-assignment module with a configurable rules engine designed to accommodate both Medicaid and CHIP enrollment rules.

  These products reflect the inherent differences in the requirements of different government programs. A welfare-to-work program does not need an enrollment module, and an enrollment broker program does not need an employment tracking module. By designing specific products, we drastically reduce the amount of time required to configure a product for an implementation because systems analysts do not need to turn off superfluous functionality. This leads to time and cost savings for you.

- **Project:** From our MAXe Products, we implement project-specific versions configured for the unique policy and program environments of our clients. The true value enhancement of our approach to systems design and development is the flexibility to incorporate the best of every project into the product or core baseline, which then feeds all other projects with new enhancements. The collective experiences of numerous states and programs will inform the features and functionality of the West Virginia EB Project and its system. No other enrollment broker service provider can provide BMS with the breadth and depth of experiences that MAXIMUS has designing, developing, and maintaining systems for health and human services programs.

Systems Development

MAXIMUS uses a project-specific implementation methodology to configure MAXeb to clients' unique requirements and processes that includes planning, execution, and monitoring and control of both requirements and configuration. Our approach will allow us to complete requirements, configuration, testing, and implementation within the required timeframe for the West Virginia EB Project, helping to ensure that our design and development activities have the proper focus and allow for the continuous development of the solution. Coordination of staff and project activities are essential to our successful project-specific implementations of MAXeb in each of our enrollment broker and related projects. We show our approach to systems development in *Exhibit 4.3-2: MAXIMUS Development Approach,* and a brief description of each step follows the exhibit.
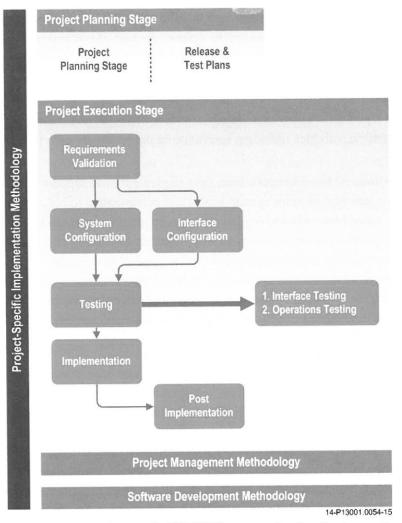
Exhibit 4.3-2: MAXIMUS Development Approach. *MAXIMUS uses an iterative development approach that allows for accelerated configuration activities – leading to early testing and lower risk for BMS.*

Our systems development approach includes these steps:

- **Project Planning:** Before meeting with BMS, our implementation team analyzes the requirements and timeline from the RFP and develops a detailed level of effort estimate to establish preliminary release and test plans.

- **Requirements Validation:** Shortly after contract award, we will engage BMS in Joint Application Development (JAD) sessions to finalize requirements with an emphasis on interface definitions and West Virginia Medicaid policy. We will also work with BMS to enhance the auto-assignment algorithm by incorporating factors that may include quality measurements or satisfaction rating which incentivizes higher quality care from the MCOs.

- **System/Interface Configuration:** With validated requirements, we configure MAXeb Product to the West Virginia Enrollment Broker project requirements using an approach of simultaneous system development for many requirements. For those requirements with dependencies, our H&HSS support systems representative, who will support us throughout the project lifecycle, coordinates the multiple software development and systems analyst resources to help ensure that development stays on schedule.

- **Testing:** Testing requires a systematic approach to validating features and functionality as well as finding, documenting, correcting, and re-testing defects. As part of our approach, we will conduct interface and operations testing to help ensure the solution is capable of supporting all requirements. Test scenarios will cover all aspects of the scope of work to ensure that the system and its components are operationally ready prior to implementation.

- **Implementation:** Upon satisfactory completion of user acceptance and end-to-end testing, we execute implementation activities including activation of the production environment and any final data conversion.

- **Post-Implementation:** BMS will benefit from post-implementation support from our H&HSS analysts and developers who monitor system health and performance to help ensure that the implementation achieved its goals and objectives. As adjustments or research requests come in from project personnel, our analysts and developers work together to identify and resolve tickets. Post-implementation support also includes periodic baseline Product code updates that often times include enhancements developed for another enrollment broker project, but potentially useful for the West Virginia EB Project. Our Product-Project approach gives BMS access to the shared experiences, lessons learned, and innovations of projects with similar scope and complexity.

Ongoing Communication

An integral component of our systems development approach is constant, consistent, and direct communication with our client and stakeholders to help ensure that the implementation proceeds on time, in budget, and in scope. Our ongoing communication approach is a component of our larger management best practices which include integration, scope, time, quality, human resource, and risk management strategies. These strategies stem from Project Management Body of Knowledge (PMBOK®) methodology and standards established by the Project Management Institute (PMI). We ground our entire project management methodology, including communication management, in best practices and industry standards, but we also recognize that BMS has a unique environment and specific requirements. To provide optimal contract performance, we tailor our approach to meet your needs.

Our on-site Implementation Manager, in conjunction with the Project Manager, is responsible for developing a communication plan that establishes contact methods, communication protocols, and team meeting schedules. The plan will include our approach to maintaining direct and ongoing communication with both BMS and the MCOs. It is critical that each stakeholder receives and shares knowledge in an open, transparent, and timely manner. This is not just important at leadership levels or for upward communication, but also in downward communication to keep the project staff informed and updated as well.

In the following sections, we describe our approach to systems development, and ongoing communication with BMS, and other relevant stakeholders.

4.3.1 Maintain Direct, Ongoing Communication with BMS

RFP Section 4.3.1, Pages 31 and 47

MAXIMUS will maintain direct and ongoing communication with BMS regarding our enrollment broker activities by developing and adhering to an agreed-upon communication plan. The communication plan will establish procedures for conference calls, e-mails, instant messaging, text message notifications, collaboration workspaces, online meetings, and/or video conferencing. The plan also will address how the

Implementation Manager and Project Manager communicate the project's status on a routine basis, and any unforeseen issues as they occur, to BMS.

Our typical approach to communication with our clients includes formal and informal communication. For formal communication, we will establish regular recurring in-person meetings with BMS on an agreed-to schedule. These meetings will provide an opportunity to discuss reports, progress, and any program or policy changes. For informal communication, we will establish points of communication for different parts of the project. For example, our Information Technology Specialist will be the point of contact for technical assistance. These points of contact serve as quick resources for ongoing communication. We consider this informal communication because we intend for these points of contacts to develop relationships with our clients so that they can pick up the phone or send an email whenever they need assistance. This is most true with our Project Manager, Brenda Dane, who will be based full time in our Charleston office, as well as our Account Manager, Joshua Ruminski, who will routinely visit the office and establish relationships to help build a strong partnership with BMS.

4.3.2 Meet with the MCOs after Contract Award

RFP Section 4.3.2, Pages 31 and 47

Having a robust relationship with MCOs is important to a successful enrollment broker operation. Our initial meeting with the MCOs may primarily focus on discovering the extent of the interface requirements between the enrollment broker and the MCOs through Joint Application Design (JAD) sessions. Interactive JAD sessions clarify the requirements, refine the design and business flows, and review the specific needs of the critical interfaces, if any, between the enrollment broker and the MCOs. The JAD documents serve as the requirements specifications that govern the interface implementation of MAXeb.

On an ongoing basis, we will meet with the MCOs to confirm or identify changes to systems, processes, or policies that will have an impact on enrollment broker operations. Our Call Center and Training Supervisor will serve as the MCO Liaison, the primary point of contact for formal and informal ongoing communication with the MCOs. We have used a similar liaison model in our Pennsylvania enrollment broker project with great success.

4.3.3 Provide Training and Technical Assistance to all Designated DHHR and BMS Staff

RFP Section 4.3.3, Pages 31 and 47; Addendum 1

MAXIMUS will provide training and technical assistance to all designated DHHR and BMS staff and contractors as required by providing access to our training materials and by sending our outreach staff out to train DHHR and BMS staff in all 55 counties. These staff members will also have access to our Information Technology Specialist for technical assistance support. Our Information Technology Specialist has more than 10 years of working with the state of West Virginia as an employee and consultant.

For those DHHR or BMS staff members who will access MAXeb, we will use a train the trainer model that will allow us to reach staff members in all 55 counties. We will train our outreach staff using the same training that we provide to our Helpline Information Specialists. The outreach staff will then travel to DHHR offices in the field for training. In the event that DHHR or BMS staff members require

technical assistance with MAXeb, our Information Technology Specialist will work with them to resolve the issue. BMS will benefit from our H&HSS corporate resources that provide additional technical assistance as needed. The H&HSS analysts and developers are intimately familiar with MAXeb down to the data model. Their assistance can include troubleshooting of interfaces and research on questions about members.

4.3.4 Forward any Complaints Concerning its Staff to BMS with an Explanation

RFP Section 4.3.4, Pages 31 and 47

MAXIMUS maintains a proactive approach to complaints. The experience that an enrollee or potential enrollee has can greatly influence their likelihood to continue to engage with the program. The MAXeb incident module allows us to document, track, and resolve or escalate complaints and disputes when they occur, including complaints concerning our staff. We will forward any complaint concerning our staff to BMS with an explanation. For serious or repeated complaints about a particular staff member, we acknowledge that BMS may recommend removal of the staff member.

MAXeb accepts incident events by various channels, including telephone, mail, fax, and in person. Through any channel, MAXeb captures the incident, an explanation, and a priority level. Specialists use the incident module to record and classify each complaint or incident by program type, complaint type, priority status, and reason for the complaint, including those having to do with our staff. *Exhibit 4.3.4-1: Registering a Complaint* shows data entry screen for recording and tracking complaints.

Exhibit 4.3.4-1: Registering a Complaint. *The incident module captures and tracks information about the person making the complaint, the complaint reason, complaint description, resolution actions taken, and current status. This information will be provided to BMS.* **PROPRIETARY**

MAXeb automatically generates both the date and time that the complaint is recorded as well as a tracking number, which we use for internal and external tracking and monitoring purposes. Staff members enter all actions taken to resolve a complaint along with the appropriate resolution or escalation code.

MAXeb then routes and tracks the complaint task in accordance with our defined escalation processes, including escalating to BMS if the complaint concerns our staff, or if follow-up action is required. MAXeb maintains full histories of all consumer interactions. If a consumer calls with an issue or complaint, the history maintains all subsequent calls and actions associated with the specific concern. MAXeb will display an alert anytime there is an open complaint or incident associated with the consumer's case. This alert will help staff immediately identify if the caller has had previous contact with us, review the purpose of the previous activity and actions taken, and ascertain whether the contact was associated with the specific complaint currently being handled.

4.3.5 Notify BMS of any Discrepancies Found on the Enrollment Form
RFP Section 4.3.5, Pages 31 and 47; Addendum 1

As we process enrollment forms and encounter discrepancies between the information contained in the enrollment form and the information maintained in MAXeb, our staff will utilize the manual case action feature of MAXeb to document the discrepancy. This feature allows us to instantly tie a discrepancy to the correct case with an audit trail of the event and the description. If needed, the manual case action can trigger a configurable action to alert the Call Center and Training Supervisor of the discrepancy. The Helpline Information Specialist will provide the specific discrepancy, such as name spelling, date of birth, number of family members in the home, address, and so on, for future reference when we notify BMS in the monthly report. *Exhibit 4.3.5-1: MAXeb Manual Case Action* shows the feature that we will use to track discrepancies found on enrollment forms.

Case Events

Results per page 10 ▾			Displaying 1 - 10 of 41 results		
Event Type	Level	Create Date	Created By	Comments	Participant
Terminate AutoAssignment	4	01/08/2014 10:29 AM	System, ManualEventCreationJob		SMITH, JOHN
Enrollment Eligibility Status (M/V/X) changed	1	01/08/2014 10:29 AM	System, ManualEventCreationJob		SMITH, JOHN
Terminate AutoAssignment	4	01/08/2014 10:27 AM	System, ManualEventCreationJob		SMITH, JOSIAH
Enrollment Eligibility Status (M/V/X) changed	1	01/08/2014 10:27 AM	System, ManualEventCreationJob		SMITH, JOSIAH
re-calculate the enrollment status	4	08/19/2013 04:06 AM	System, DailyEligiblesJobStar		SMITH, JOHN
re-calculate the enrollment status	4	08/19/2013 04:06 AM	System, DailyEligiblesJobStar		SMITH, JOSIAH
Eligibility Information Updated	1	08/19/2013 04:06 AM	System, DailyEligiblesJobStar		SMITH, JOHN
Eligibility Information Updated	1	08/19/2013 04:06 AM	System, DailyEligiblesJobStar		SMITH, JOSIAH
re-calculate the enrollment status	4	07/19/2013 03:59 AM	System, DailyEligiblesJobStar		SMITH, JOHN
re-calculate the enrollment status	4	07/19/2013 03:59 AM	System, DailyEligiblesJobStar		SMITH, JOSIAH

Case Manual Action

Case Manual Action: --Please Select-- ▾   Notes:

--Please Select--
Call Back
Supervisor Escalation
Enrollment Form Incomplete - Callback Required
PCP from Enrollment Form Not Found
Auth Rep / Legal Documentation Pending
HOC Does Not Want to Receive Mailings
HOC Issue

Add Events

Exhibit 4.3.5-1: MAXeb Manual Case Action. *MAXeb will track discrepancies found on enrollment forms through our configurable manual case action feature, providing a clear, concise description for BMS.* **PROPRIETARY**

After we identify and aggregate discrepancies into a monthly report, the QA/Reporting Analyst will notify BMS and work with them, the MCOs, and our corporate H&HSS group to reconcile the discrepancies with the monthly list of enrollees for each MCO. A key component of our review and research of discrepancies will be the analysis of the report generated by the fiscal agent, which the

QA/Reporting Analyst will monitor upon receipt. MAXIMUS has experience reconciling discrepancies in our other enrollment broker projects, and we will apply our best practices to the West Virginia EB Project. Often times, an outbound call to the enrollee can quickly clarify a discrepancy. Other times, our project personnel work with the H&HSS group to identify any potential data changes from month to month as a root cause of the discrepancy. If necessary, we will work with the MMIS vendor to reconcile discrepancies that may arise out of the system-of-record.

Discrepancies in Approved Materials

Using the baseline functionality for complaints tracking previously described, our staff will document discrepancies between approved materials and actual practices as reported by members. For example, if a member notices that a process described on our website does not reflect his or her experience enrolling into an MCO and brings this to our attention, we will select the "Discrepancy" incident type in our incidents module and document the description as provided.

As required, the QA/Reporting Analyst can generate reports on discrepancies in approved materials through MAXDat, our reporting solution described in *Section 4.3.7: Provide BMS with a Monthly Report of Key Activities*. We then forward this report to BMS for disposition. Since MAXeb baseline functionality includes a user interface and workflow to generate and to escalate incidents, these discrepancies will be easily tracked and maintained without additional software development. MAXeb provides BMS with the optimal mix of robust functionality for the West Virginia EB Project and flexibility to adapt to the unique features or additional requirements of the project.

4.3.6 Approach for Implementing and Performing the Systems Development Tasks

RFP Section 4.3.6, Pages 31-32 and 47; Addendum 1

In the following subsections, we describe our approach to the specific implementation and systems development tasks listed in this section. Our timeline for completing these tasks can be found in our draft implementation plan in *Section 5.2: Draft Implementation Plan*. It is important to note that we are familiar with these tasks due to our prior implementations of enrollment broker projects. The implementation team assigned to the project has recent and relevant experience coordinating and performing these tasks. Using our experiences, we will work as a partner with BMS to bring the project in line with the most efficient and effective projects in the country.

4.3.6.1 Establish and Maintain Databases and Systems to Support the Enrollment Operation

RFP Section 4.3.6.1, Pages 31 and 47; Addendum 1

The MAXIMUS approach to designing systems solutions for health and human services government clients includes a conceptual separation between the core platform, product solutions, and project implementations. This Product-Project approach to establishing project-specific systems offers flexibility and innovation for each project implementation due to the modularity of the code. From a physical infrastructure perspective, we have designed our approach to establishing and maintaining the databases and systems to support project operations in a shared infrastructure framework. This allows us to scale to project requirements and volumes, and to maintain strict data security through a centralized support network that is augmented by on-site technical assistance for day-to-day maintenance of the local

operation network. *Exhibit 4.3.6-1: MAXIMUS Solution Leverages Existing Resources* depicts the database and systems components of our technical solution.
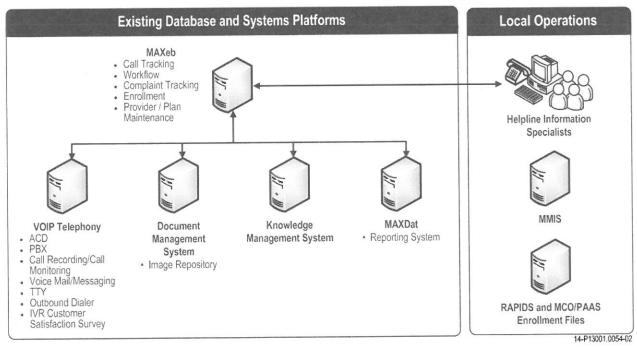
Exhibit 4.3.6-1: MAXIMUS Solution Leverages Existing Resources. *Our solution leverages our existing technical platform, yet provides flexibility and expansion for the future.* PROPRIETARY

The H&HSS group will work with other corporate resources including our Infrastructure, Telephony, and Security and Audit teams to configure separate, secure database and testing environments for the West Virginia EB Project. We will leverage our corporate data center in Reston, Virginia for all database and systems infrastructure not located in West Virginia. The data center provides sufficient capacity for the existing requirements as well as future expansions of the managed care population. Since it was built on an extensible architecture, capacity can be scaled appropriately for future needs. By leveraging a centralized solution, we can efficiently maintain database and system upgrades on a consistent and reliable basis to ensure continued performance and security. The approach described above is our standard implementation configuration for enrollment brokers, so BMS can be confident in MAXIMUS ability to deliver a robust and secure solution for the project.

4.3.6.2 Work with BMS to Learn the Data Entry Screens Within the MMIS
RFP Section 4.3.6.2, Pages 32 and 47-48

Using knowledge gained from our enrollment broker projects, MAXIMUS can work with BMS to learn the data entry screens in the MMIS. Alternatively, we propose working with BMS to develop an interface between the MMIS and MAXeb that would systematically transfer enrollment requests received over the phone, through the mail, in person, or on our enrollment website through a daily batch file. An automated interface between MAXeb and the MMIS would allow BMS to take advantage of our configurable enrollment rules engine that can quickly adapt to new policies stemming from additional populations being served by the West Virginia EB Project. It would also centralize the processing of enrollments with the enrollment broker so that we could ensure timely enrollments. For example, if a member calls in to make a selection but then also visits our website to submit a transaction, MAXeb only submits a single

transaction to the MMIS. The data validation and interface requirements to deploy a systematic solution for enrollments is already a part of the MAXeb Product, which means that we would only need to customize the interface to fit the specific data and interface requirements of the MMIS. This not only increases the efficiency of the project but more importantly systematically improves the accuracy and quality of enrollment information.

Whether we use the data entry screens or develop an interface between the MMIS and MAXeb, BMS will benefit from our experience working in other states' MMIS and similar information systems. Some of our enrollment broker and other projects in which we use states' information systems on a regular basis include:

- **Pennsylvania Enrollment Assistance Program:** In Pennsylvania, we use the Client Information System (CIS) for confirmation of members' demographic, eligibility, and enrollment information as well as for research to respond to member inquiries.

- **Vermont Green Mountain Care:** In Vermont, we use multiple state information systems to serve members. To provide the highest quality customer experience, we have developed a desktop interface that links multiple state information systems with our call center technology. This interface significantly reduces the amount of time required to navigate disparate information systems in the course of answering customer inquiries.

- **New York Enrollment Center:** In this Medicaid Renewal Application Processing project, we extensively use the state-developed Healthcare Eligibility Assessment and Renewal Tool (HEART), which is the system-of-record for Medicaid renewal applications. Since HEART was still in development when our contract began, we were able to work closely with the state systems team to best understand their underlying data model as well as fit our processes to work well with the system. Additionally, we were able to establish both batch and on-demand systems interfaces with HEART so that we maintained data integrity between MAXe Application Tracking and HEART.

RAPIDS linkage with MAXeb

MAXIMUS also will develop a linkage via VPN to RAPIDs to facilitate research. While the specific requirements for the connection can only be finalized upon the conclusion of JAD sessions, we envision access to RAPIDS to facilitate research. We are accustomed to working with states' eligibility systems, and have some experience working with RAPIDs in our In-Person Assistance program.

4.3.6.3 Work with BMS and the Fiscal Agent to Identify any Modifications Needed
RFP Section 4.3.6.3, Pages 32 and 48

As described in *Section 4.3.6.2: Work with BMS to Learn the Data Entry Screens Within the MMIS*, we have identified one modification already, developing an interface between the MMIS and MAXeb. It will enhance the West Virginia EB Project operations by increasing quality through an existing enrollment rules engine that confirms a member's information prior to submitting the enrollment request. Using our own continuous process improvement methodology as a baseline approach, we will work with BMS and the fiscal agent to define this modification and to identify any modifications needed. Our methodology allows us to think through systems and processes from an holistic perspective, which will translate into modifications that increase data integrity, process efficiency, and ultimately customer satisfaction. The general tenets of our baseline approach which we will broadly apply to this task take the form of an

iterative process that includes feedback, planning, doing, studying, and acting, as shown in *Exhibit 4.3.6-2: MAXIMUS Approach to Continuous Process Improvement.*
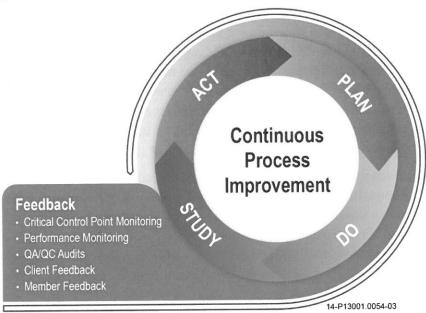
Exhibit 4.3.6-2: MAXIMUS Approach to Continuous Process Improvement. *Based on input from internal monitoring, BMS, members, and other sources, we move from defining repeatable processes to controlling and sustaining improvements.*

Specifically, the steps in our approach include:

■ **Feedback – Consolidate Perspectives:** We monitor Critical Control Points, key points in a given process, performance and quality assurance/control data, and stakeholder feedback including BMS and member inputs. We consolidate these inputs to identify patterns in user experience that will provide insight into our successes or challenges.

■ **Plan – Define Repeatable Processes:** In this phase, we define how a given process works and achieve a common understanding of the process to ensure it is being followed consistently.

■ **Do – Identify Proactive Business Process Controls:** We define the performance metrics or other process controls to monitor how successfully a given process is operating in real time. It is important to identify early on in a process when bottlenecks may occur. By providing early warning, we can avoid process breakdown.

■ **Study – Monitor the Process:** We continuously track process outcomes against the defined performance metrics to ensure that we are achieving desired outputs. After modifying a process, we continue to monitor to confirm that process changes have achieved the anticipated improvement.

■ **Act – Control and Sustain Improvements:** If the information gathered during the Study Step reveals a significant difference between actual and planned results, we incorporate additional feedback. The process continues until improvement has been attained and sustained.

Using this methodology to identify needed modifications, we can provide true value enhancements to the enrollment broker processes. For the West Virginia EB Project, we will rely on data derived from call monitoring, call recording, and customer satisfaction surveys to inform our quality assurance processes.

4.3.6.4 Work with BMS Staff in Refining the Default Auto-Assignment Algorithm and Responding to County-Specific Algorithm Needs

RFP Section 4.3.6.4, Pages 32 and 48

To refine the default auto-assignment algorithm and to respond to county-specific algorithm needs, MAXIMUS will work with BMS staff at the outset of the project, leveraging the collective experience of our 19 enrollment broker projects. We propose that MAXeb run the auto-assignment algorithm and send all default enrollments to the MMIS through the same daily interface that we have proposed in *Section 4.3.6.2: Work with BMS to Learn the Data Entry Screens Within the MMIS*. This will benefit BMS because our specialists will be able to focus on helping enrollees and potential enrollees learn more about the program instead of spending time entering enrollment request data manually into the MMIS.

We have developed auto-assignment algorithms on some of the largest enrollment broker projects in the nation, including California, Illinois, Louisiana, Michigan, New York, and Texas. We also manage the auto-assignment process on numerous other projects where the algorithm was developed by the state, such as Pennsylvania and Virginia. While many of our projects incorporate auto-assignment functionality, the parameters of the algorithms differ based on each state's policies and health plan contractual framework. Whether we develop and maintain the algorithm or help our clients refine their own, we rely on our unmatched experience with auto-assignment, which is typified in two projects, New York Medicaid CHOICE and Texas Enrollment Broker Services.

- **New York Medicaid CHOICE:** This project has grown and evolved since 1998 and has required numerous modifications to the auto-assignment algorithm during that time. We have worked with the New York Department of Health to roll out new counties, programs, and populations into managed care, as shown in *Exhibit 4.3.6-3: Successful Modifications to the New York Department of Health Auto-Assignment Algorithm*. When new counties were included in managed care, we made sure consumers, community groups, and the Local Department of Social Services offices understood and were aware of the impact of auto-assignment. To make certain we properly managed the auto-assignment process, we maintained relevant and accurate data; incorporated relevant factors for each potential enrollee; and ensured that the algorithm conformed to New York's policies and procedures.

- **Texas Enrollment Broker:** We worked closely with our client to apply a variety of auto-assignment factors based on managed care program type, population, and active choice timeline for both medical and dental managed care enrollments. Based on identifying factors, we developed separate choice timelines for specific populations with the Medicaid program. Potential enrollees in the traditional Medicaid program were given 15 days to pick a plan, but those who live in the Dallas area were given 30 days to select a behavioral health plan. Our experience in Texas demonstrates our ability to accommodate region-specific auto-assignment requirements that are substantially similar to county-specific requirements.
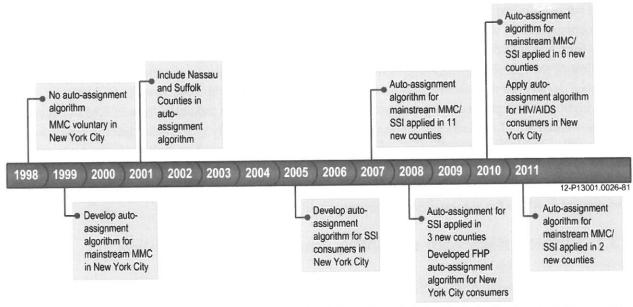
Exhibit 4.3.6-3: Successful Modifications to the New York Department of Health Auto-Assignment Algorithm. *Accurate and efficient updates to the auto-assignment algorithm allow us to modify MAXeb to adjust to new requirements and programs implemented in New York.*

4.3.6.5 Work with BMS Staff in Supporting any Additional Auto-Assignment Strategies

RFP Section 4.3.6.5, Pages 32 and 48

MAXIMUS will support BMS staff as they consider additional auto-assignment strategies, including passive enrollment and performance-based approaches, relying on our diversity of experiences with auto-assignment strategies. We acknowledge that BMS reserves the right to modify the auto-assignment methodology at any time. Our enrollment broker system includes an auto-assignment rules engine with configurable decision tables that has provided the flexibility necessary to support our clients' additional strategies. In supporting BMS, we will draw upon our experiences in Michigan, Texas, California, New York, and Louisiana as shown in *Exhibit 4.3.6-4: Additional Auto-Assignment Strategies.*

Auto-Assignment Strategies	Select Enrollment Broker Projects with Auto-Assignment				
	CA Health Care Options	LA BAYOU Health	MI ENROLLS	NY Medicaid CHOICE	TX EB Services/ Health Steps
Existing Provider-Potential Enrollee relationships based upon claims data	●	●	●	●	●
Relative location of Potential Enrollee and Provider office				●	●
Assignments of other case members	●	●		●	●
Performance-based factor (plan quality)				●	
Panel capacity limits		●	●	●	●
Eligibility of Provider for auto-assignment		●			●
Participation of Provider in an available Health Plan		●			●
Any ratio criteria to be maintained among individual Health Plans	●	●		●	●

Exhibit 4.3.6-4: Additional Auto-Assignment Strategies. *Our experience with developing auto-assignments includes numerous strategies, including a performance-based factor.*

Beyond supporting BMS with our expertise in the varying strategies that can be employed in an auto-assignment algorithm, we can provide valuable insight into the development process. One such insight is that the form and substance of data used in the algorithm is just as important as the algorithm design. Regardless of the specific strategy, auto-assignment algorithms require relevant and accurate data. Our experience developing the auto-assignment algorithm and process for the Louisiana BAYOU Health project highlights the importance of data quality assurance. During the transition from PCCM to managed care, we worked with Louisiana and the health plans to resolve a variety of provider data discrepancies and anomalies. Without standardization, one provider could have appeared as multiple individuals, which would have skewed the algorithm's parameters. Through workgroups, development of the template, line-by-line reviews of the auto-assignment data sources, and interface reviews, we created an operational environment in which the auto-assignment process could function as required.

4.3.7 Provide BMS with a Monthly Report of Key Activities
RFP Section 4.3.7, Pages 32-33 and 48

MAXIMUS is prepared to offer BMS the transparency, quality, and accountability they expect and need from a monthly reporting system for the West Virginia EB Project. Over the years, we have developed proven methods for reporting on project activities that bring the oversight and tools necessary to monitor projects like the West Virginia EB Project. This work has culminated into the development of our MAXDat reporting solution. Built on a customizable Freeform SQL (FFSQL) platform, MAXDat is an in-house system that works hand-in-hand with our MAXe Core Product and can pull data from our enrollment system, MAXeb. This means that the extract-transform-load (ETL) processes that feed data from MAXeb to MAXDat already exist, have been deployed, and have been tested successfully, requiring little to no development for West Virginia.

The measure of a solid reporting system comes not only from its ability to track critical performance measures, but also from its capability to assist in the performance of consistent project management, such as uncovering the reasons behind an event, aiding in the definition of internal processes and facilitating discussions around project improvements. Our reporting system, MAXDat, amply meets that test.

MAXIMUS understands how important it is to use accurate and easily accessible reporting tools to facilitate oversight of project operations. Our successful implementation of enrollment broker programs in 19 states gives us the operational experience and technical expertise to offer BMS a reporting solution that provides the right information at the right time, thereby creating meaningful and thought-driven reports instead of generic, canned feedback. We believe that a reporting system that is able to generate reports and track project performance at a granular level will provide BMS exactly what it is seeking.

Our approach to reporting will not only meet the current West Virginia enrollment broker program standards, but will expand and adapt as the program evolves. This includes the ability to monitor call center contacts, as well as the capability to report on outreach activities, identify trends, and discover the underlying causes of certain interactions. Our goal for reporting is to provide detailed information on project performance, including reports on project operations, enrollments, and outreach data such as consumers reached per county for each outreach task. Using a combination of data pulled from MAXeb and ACD, we will put in place an effective toolset that contributes to our continued improvement.

Our solution leverages an iteration of the MAXDat reporting platform currently in use at our Texas Enrollment Broker, Illinois Client Enrollment Services, Colorado Eligibility and Enrollment Services for

Medical Assistance Programs, New York Health Insurance Exchange Contact Center, Hawaii Health Insurance Exchange Contact Center, Florida Child Health Insurance Program, and California Healthy Families Projects.

The West Virginia EB Project's MAXDat instance is a cost-conscious solution that provides powerful capability through the MicroStrategy demonstration layer that our customers have come to expect. Our proven solution includes the following:

- **Tailored Reporting:** The Implementation Team and the QA/Reporting Analyst will work with BMS to identify key performance indicators, define, develop, produce, and deploy reports, alerts, and other types of presentation objects needed for the West Virginia EB. These reports will serve as the basis for mandatory state reports and best practice data visualizations. BMS staff will be able to subscribe to certain reports, receiving the information via e-mail.

- **Business Process-Centric Data Management:** The QA/Reporting Analyst will consolidate data from our MAXeb application, ACD, call recording, and other tools, such as our IVR customer satisfaction surveys, to provide information on historical trending and continuous quality improvement, including identifying trending call reasons that could be reduced by providing clearer information in the KMS.

- **Change Management:** The QA/Reporting Analyst will have the ability to respond to and manage requests for new reports and additional detail on activities within 10 business days.

Meaningful Reporting

MAXIMUS will provide a reporting solution that goes above and beyond the reporting requirements of this RFP. By leveraging the capabilities of MAXDat, the QA/Reporting Analyst will provide reports of historical data and trends, pulled from project data, in a manner that will allow users to view what is happening within their business processes, act on it, and improve the project over time.

BMS will benefit from our capability to manage operational performance and answer questions regarding program objectives, while maintaining our commitment to quality and transparency. Our specialized technology establishes a reporting solution that is geared towards answering questions such as: What really happened in the past? Why did it happen? What is most likely to happen in the future? How significant have our outreach efforts been? What has been the impact on consumers? Who are we successfully reaching out to and when? By obtaining answers to these questions, the West Virginia EB Project will be better able to understand enrollee behavior and project operations. This understanding will allow for trends to be recognized, recommendations formulated, and processes optimized.

The MAXDat application will allow for the collection of enrollment broker data to report on:

- Key performance standards
- Mandatory and compliance reporting
- Additional reporting measures as requested

Sample Monthly Report

MAXIMUS will monitor project operations consistent with BMS's need for program oversight. Projects such as the West Virginia EB Project are held to high performance standards because of their impact on the community and populations served. Therefore, it is our policy that all enrollment broker projects generate routine, yet comprehensive reports and track performance. This provides our project management team a means to evaluate a project's health and ensure we are providing high quality

services. Our commitment to quality through ongoing monitoring of performance and process excellence fits well with the reporting needs of BMS.

The QA/Reporting Analyst will have the ability to tailor the MAXDat FFSQL code, if necessary, while following a stringent methodology for importing data into the predetermined format to capture the most critical metrics and to create appropriate monthly reports. In addition, the QA/Reporting Analyst will have the capability to create automated email alerts for key stakeholders. Depending on the parameters chosen for the alerts, they could be triggered when specific key performance indicators are nearing defined thresholds or when certain milestones are completed.

In *Exhibit 4.3.7-1: West Virginia Reporting Requirements*, we display specific data that the QA/Reporting Analyst will be able to capture through our MAXDat platform.

Activity	Required Reporting Metric	Frequency	Data Source	RFP Reference Section
Enrollment	Enrollee Mailings	Monthly	MAXeb	4.3.7.1
Outreach	Number of Enrollees Mailed to	Monthly	MAXeb	4.3.7.2
Outreach	Reason and Date for Mailing	Monthly	MAXeb	4.3.7.2
Outreach	Number of Enrollees Contacted Through Electronic Methods	Monthly	MAXeb	4.3.7.2
Outreach	Reason and Date of Contact	Monthly	MAXeb	4.3.7.2
Enrollment	Number of Total Newborn Enrollments	Monthly	MAXeb	4.3.7.3
Enrollment	Total Number of Enrollments	Monthly	MAXeb	4.3.7.4
Enrollment	Auto-Assignment Rate	Monthly	MAXeb	4.3.7.5
Enrollment	Number of Defaulted Enrollments	Monthly	MAXeb	4.3.7.6
Enrollment	Number of Choice Enrollments	Monthly	MAXeb	4.3.7.7
Enrollment	Number of Changes in Existing Enrollment and Reason for Change	Monthly	MAXeb	4.3.7.8
Enrollment	Number and Percentage of Choice Enrollments that are Processed Accurately within Two Business Days of Receipt of Completed Application	Monthly	MAXeb	4.3.7.9
Problems Reported and Complaints	Problems Reported by Counties or Providers and the Number and Types of Questions Asked	Monthly	MAXeb	4.3.7.10
Problems Reported and Complaints	Number and Type of Complaints About Outreach and Materials	Monthly	MAXeb	4.3.7.11
Problems Reported and Complaints	Number and Type of Complaints About the Vendor	Monthly	MAXeb	4.3.7.12
Problems Reported and Complaints	Number of Complaints Resolved	Monthly	MAXeb	4.3.7.12
Problems Reported and Complaints	How the Complaints Were Resolved	Monthly	MAXeb	4.3.7.12
Problems Reported and Complaints	Average Length of Time it Took to Resolve	Monthly	MAXeb	4.3.7.12
Enrollment	Number of Enrollees in the Various Benefits Packages by Eligibility Groups	Monthly	MAXeb	4.3.7.13
Enrollment Activities by County, Program, and MCO	Number of Enrollment Forms and Enrollment Phone Calls Received Per Day	Monthly	ACD, MAXeb	4.3.7.14

Exhibit 4.3.7-1: West Virginia Reporting Requirements. *MAXIMUS currently provides the reports requested by BMS on other call and contact center projects. We will work closely with BMS to tailor the reports to meet the needs of the West Virginia EB Project.*

Activity	Required Reporting Metric	Frequency	Data Source	RFP Reference Section
Enrollment Activities by County, Program, and MCO	Number of Enrollment Forms and Enrollment Phone Calls Received Per Day that Were Processed	Monthly	MAXeb	4.3.7.14
Enrollment Activities by County, Program, and MCO	Number of Contacts Made	Monthly	MAXeb	4.3.7.14
Enrollment Activities by County, Program, and MCO	Number of Forms Returned	Monthly	MAXeb	4.3.7.14
Enrollment Activities by County, Program, and MCO	Reason Forms Were Returned	Monthly	MAXeb	4.3.7.14
Telephone Activities	Number of Days Telephone Unit was Operational	Monthly	ACD, MAXeb	4.3.7.15 – 4.3.7.16
Telephone Activities	Number of Telephone Calls Received by All Operators and by Each Operator Per Day, Week and Month	Monthly	ACD, MAXeb	4.3.7.17
Telephone Activities	Number of Phone Calls Answered Regarding Enrollment by All Operators and by Each Operator Per Day, Week and Month	Monthly	ACD, MAXeb	4.3.7.18
Telephone Activities	Number of Calls Abandoned and Abandonment Rate by All Operators and by Each Operator Per Day, Week and Month	Monthly	ACD, MAXeb	4.3.7.19
Telephone Activities	Average Length of Call by All Operators and by Each Operator Per Day, Week and Month	Monthly	ACD, MAXeb	4.3.7.20
Telephone Activities	Number of Calls in Queue at Peak Times	Monthly	ACD, MAXeb	4.3.7.21
Telephone Activities	Average Wait Times for Calls in Queue Per Operator Per Day, Week, and Month	Monthly	ACD, MAXeb	4.3.7.22
Telephone Activities	Number of Calls Resulting in Information Generated to BMS's TPL Unit and Whether Previously Unknown Resources Were Referred or if TPL Resources Were Coded on the System that are no Longer Valid	Monthly	ACD, MAXeb	4.3.7.23
Telephone Activities	Active Time and Inactive Time for Each Operator's Line	Monthly	ACD, MAXeb	4.3.7.24
Telephone Activities	Log of Requests for Presentations for Stakeholders, Including Meeting Details and Content Presented	Monthly	MAXeb	4.3.7.25
Outreach *	Location of Outreach Events	Monthly	MAXeb	
Outreach *	Number of Outreach Events	Monthly	MAXeb	
Outreach *	Attendance at Outreach Events	Monthly	MAXeb	
Telephone Activities *	Call Type	Monthly	ACD, MAXeb	
Telephone Activities *	Call Action	Monthly	ACD, MAXeb	
Telephone Activities *	Call Resolution	Monthly	ACD, MAXeb	

Reports Above and Beyond RFP (*)
These standard MAXIMUS reports go beyond what is required in the RFP for the West Virginia EB Project
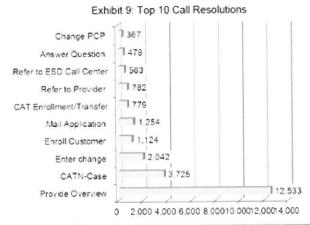
Exhibit 4.3.7-1: West Virginia Reporting Requirements (continued). *MAXIMUS currently provides the reports requested by BMS on other call and contact center projects. We will work closely with BMS to tailor the reports to meet the needs of the West Virginia EB Project.*

MAXIMUS has a proven track record of building enrollment broker reports across multiple projects for multiple states of varying sizes. Our understanding of data elements and structures that are unique to enrollment broker systems enables us to seamlessly produce reports in a manner that best fit a project. This allows full transparency and offers a greater sense of flexibility when the time comes to generate reports that capture the information presented in *Exhibit 4.3.7-1*. We are ready to meet BMS's reporting requirements as they are currently, and based on our past experiences running similar enrollment broker projects, we are also able to capture data that goes above and beyond the RFP requirements.

To show MAXDat's range of capabilities, we have included in this section samples of reporting interfaces from other MAXIMUS enrollment broker projects. We will work with BMS during the implementation period to ensure that the correct key indicators are approved and the report formats are optimized to meet your needs.

Exhibit 4.3.7-2: Sample Pages from Monthly Report – Vermont contains pages from a monthly client report for our Vermont Green Mountain Care Enrollment Broker Project. The first page displays top call reasons, and the second page contains the number of calls by program type. Not only do these sample reports display our approach and ability to meet the requirements stipulated in the RFP, but they also demonstrate our use of graphics that concisely display the most relevant and important information.

Exhibit 9: Top 10 Call Resolutions

Change PCP	367
Answer Question	478
Refer to ESD Call Center	563
Refer to Provider	782
CAT Enrollment/Transfer	779
Mail Application	1,254
Enroll Customer	1,124
Enter change	2,042
CATN-Case	3,725
Provide Overview	12,533

0 2,000 4,000 6,000 8,000 10,000 12,000 14,000

Exhibit 10: Other Call Resolutions

	Total	Percentage
Mail Information	231	0.9%
File GAC	16	0.1%
Reorder Premium Hierarchy	27	0.1%
File incident report	15	0.1%
Submit TPL	144	0.5%
Resolve Billing/System Issue	40	0.2%
Issue card	191	0.7%
Refer to Medicare/SHIP/PDP	149	0.6%
Refer to DVHA	219	0.8%
Refer to Eligibility Worker	431	1.6%
Transfer to supervisor	93	0.4%
Refer to HP/Medmetrics	375	1.4%
Refer to Catamount plans	242	0.9%
Refer to website	413	1.6%
Refer to other resource/agency	228	0.9%

Exhibit 4.3.7-2: Sample Pages from Monthly Report – Vermont. *BMS will receive summary reports that transform enrollment broker data into visually appealing and easy-to-understand charts, tables, and graphs.* **PROPRIETARY**

Program Type

Exhibit 5: Percent of Calls by Program
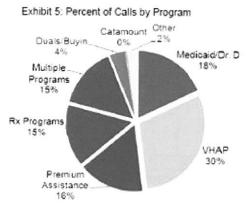
Exhibit 5: Percent of Calls by Program graphically displays the percent of Helpline calls received by program. In Exhibit 6: Incoming Calls by Program, we report the number of calls received by DVHA programs. Medicaid and Dr. Dynasaur calls made up 18% of calls received for a combined total of 4,750 calls. VHAP managed care and VHAP-Limited calls accounted for a combined total of 30% of total call volume. Premium Assistance calls accounted for 16% of total calls. Calls regarding pharmacy programs numbered 3,978 this month, compared to 3,811 last month, and accounted for 15% of all calls. Of the pharmacy calls, 913 were in regards to the Healthy Vermonters Program.

Exhibit 6: Incoming Calls By Program

	Total	Percentage
Medicaid/DrD Managed Care	3,583	13.5%
Medicaid FFS	923	3.5%
Dr. Dynasaur FFS	244	0.9%
VHAP Managed Care	6,957	26.3%
VHAP Limited	999	3.8%
Multiple Programs	3,868	14.6%
Vpharm-1	1,682	6.4%
Vpharm-2	634	2.4%
Vpharm-3	746	2.8%
VHAP Rx, VScript, VScript-Ex	3	0.0%
Medicare/Medicaid (duals)	732	2.8%
Healthy Vermonters	913	3.5%
Citizenship/Identity	16	0.1%
Non-Program Related	575	2.2%
Catamount	75	0.3%
ESIA	272	1.0%
VHAP-ESIA	169	0.6%
CHAP	3,795	14.3%
BUYIN	275	1.0%
TOTAL	26,461	100%

Exhibit 4.3.7-2: Sample Pages from Monthly Report – Vermont (continued). *BMS will receive summary reports that transform enrollment broker data into visually appealing and easy-to-understand charts, tables, and graphs.* PROPRIETARY

Exhibit 4.3.7-3: Sample Pages from Monthly Report – Illinois contains pages from a monthly client report for our Illinois Client Enrollment Services Project. The first page displays top call reasons and includes a breakdown by language. The second page contains the number of enrollee assignments by program and plan, including a breakdown of voluntary assignments, plan changes and auto assignments. The third page contains the number of enrollees who disenrolled by program, plan, county and reason. These are perfect examples of the detailed reporting capabilities MAXIMUS will provide to BMS and the State.

iHFS ILLINOIS DEPARTMENT OF Healthcare and Family Services

Illinois Client Enrollment Services
Call Reasons Report (202)
May 1, 2014 - May 31, 2014

MAXIMUS
HELPING GOVERNMENT SERVE THE PEOPLE*

Run Date: 06/09/2014

Language / Call Action	English	Spanish	Other	Total
A Form request was submitted	471	42	17	530
Address Added	1,445	83	22	1550
Attempt Passive enrollment/disregard pending txn	183	21	2	206
Change Case Address	66	6	0	72
Change Case Phone Number	385	58	15	458
Choice form Enrollment	25,923	2,682	246	28851
Client Will Call Back	1	0	0	1
Complaint Initiated	10	0	0	10
Disregard AA	1,467	136	19	1622
Letter Request Resend	3	4	0	7
Letter Requested	5,602	707	31	6340
Link Client / Case to call record	184	22	1	207
Lost Eligibility	37	0	1	38
PCP Search	1	0	0	1
Phone Number Added	9,947	1,031	144	11122
Program Eligibility	1	0	0	1
re-calculate the enrollment status	5,642	711	32	6385
Spoken Language Updated	246	335	169	750
Start MMAI Outreach	156	18	2	176
Survey Completed	20,334	2,186	236	22756
Written Language Updated	153	1,016	182	1351
Total	**72,257**	**9,058**	**1,119**	**82434**

Exhibit 4.3.7-3: Sample Pages from Monthly Report – Illinois. *BMS will receive customized summary reports containing detailed information regarding performance indicators on key activities that meet the specific needs of the West Virginia EB.* **PROPRIETARY**

ILLINOIS DEPARTMENT OF
iHFS Healthcare and Family Services

Illinois Client Enrollment Services
Enrollee Assignment Report (101)
May 01, 2014 - May 31, 2014
Run Date: 06/09/2014

MAXIMUS
HELPING GOVERNMENT SERVE THE PEOPLE
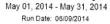
Program	Plan Name	Choice Enrollments	Plan Changes	AutoAssignments
ICP	Aetna-ICP	1,092	280	1,996
	Blue cross community ICP	413	98	438
	CCAI	402	128	2,085
	Cigna-HealthSpring Inc ICP	113	41	63
	Health Alliance- ICP	79	5	154
	Humana ICP	79	27	199
	IlliniCare-ICP	906	262	903
	Meridian-ICP	146	73	858
	Molina-ICP	28	2	97
	Total	3,258	916	6,793
PCCM	IHC - PCCM	28,883	2,049	26,991
	Total	28,883	2,049	26,991
VMC	Family Health Network-VMC	1,084	434	0
	Harmony Health Plan-VMC	680	218	0
	Meridian - VMC	836	209	0
	Total	2,600	861	0
Total		34,741	3,826	33,784

ILLINOIS DEPARTMENT OF
iHFS Healthcare and Family Services

Illinois Client Enrollment Services
Plan Disenrollment Summary Report (301)
May 01, 2014 - May 31, 2014
Run Date: 06/09/2014

MAXIMUS
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Previous Program	Previous Plan	County Code	County	Disenrollment Reason	Count
ICP	Aetna-ICP	013	Boone	Desired PCP in a different Health Plan	1
ICP	Aetna-ICP	013	Boone	Total	1
ICP	Aetna-ICP	030	DuPage	Desired PCP in a different Health Plan	1
ICP	Aetna-ICP	030	DuPage	Dissatisfied with current Health Plan	3
ICP	Aetna-ICP	030	DuPage	Enrollee would like to try another health plan	2
ICP	Aetna-ICP	030	DuPage	Total	6
ICP	Aetna-ICP	053	Kane	Enrollee would like to try another health plan	1
ICP	Aetna-ICP	053	Kane	Total	1
ICP	Aetna-ICP	057	Lake	Desired PCP in a different Health Plan	2
ICP	Aetna-ICP	057	Lake	Dissatisfied with current Health Plan	1
ICP	Aetna-ICP	057	Lake	Enrollee would like to try another health plan	1
ICP	Aetna-ICP	057	Lake	Total	4
ICP	Aetna-ICP	109	Winnebago	Requires different PCP for special needs	1
ICP	Aetna-ICP	109	Winnebago	Total	1

Exhibit 4.3.7-3: Sample Pages from Monthly Report – Illinois (continued). *BMS will receive customized summary reports containing detailed information regarding performance indicators on key activities that meet the specific needs of the West Virginia EB.* **PROPRIETARY**

To view an example of a comprehensive and detailed report similar to what MAXIMUS will produce for the West Virginia EB Project please refer to *Appendix D: Sample Monthly Report.*

Additional Detail on Activities as Requested

RFP Section 4.3.7, Pages 33 and 49

We know from our experience in providing enrollment services in 19 other states how important it is to establish a reporting solution that is flexible enough to enable quick turnaround of report changes and new reports. Adhering to the requirements set out in the RFP, MAXIMUS will respond to BMS requests for additional detail on activities within 10 business days. Our goal in these situations is to generate timely and accurate reports that are immediately useful to the Agency, and which provide the qualitative data necessary to fully understand project outcomes. The data should be digestible and accessible while still providing a certain depth of insight into project operations. Our reporting capability will not only tell us the "what" and "when" around an event, such as the number of inbound calls received or the number of outreach interactions, but also the "who" and the "why" – the individual the interaction occurred with and what was talked about. The answers to those questions provide the greatest level of insight into project operations. So, whether BMS is requesting these additional reports on activities to pinpoint bottlenecks, monitor performance levels more closely, or adjust business processes, our well-trained QA/Reporting Analyst has the capability to provide the necessary additional details with proper notice.

4.4 Key Staff

RFP Section 4.4, Pages 33-34 and 49-50

MAXIMUS brings BMS a proven approach to staffing the West Virginia EB Project, tested by more than 20 years of experience operating Medicaid managed care enrollment broker programs in 19 states. Providing high quality, competent staff is a crucial component in accomplishing BMS goals to improve access to Medicaid managed care and PAAS services, and to ensure that those who are eligible are effectively educated and have chosen an MCO or PCP. With these goals in mind, our staffing approach for the West Virginia EB Project includes the features provided in *Exhibit 4.4-1: Staffing Plan Highlights*.

Feature	Benefit
Project leadership team with more than 45 years of combined experience delivering services in Medicaid and health programs	■ Promotes an understanding of the unique requirements of the program ■ Gives us the ability to hit the ground running, and meet project milestones and go-live dates
Key staff candidates bring first-hand knowledge of the unique needs and challenges in West Virginia and will be based on-site in the Charleston office	■ Allows BMS easy access to Project leadership for the duration of the West Virginia EB Project ■ Key staff who live, work, and have attended schools in West Virginia understand the communities they will serve
Staffing approach that draws on MAXIMUS experience staffing hundreds of successful health and human service project engagements including Medicaid, CHIP, and Health Insurance Exchanges	■ Brings industry-wide recruiting, staffing and retention best practices to the West Virginia EB Project ■ Supports operational efficiencies through established staff modeling strategies used to optimize staffing needs for the project size and scope ■ Provides oversight and direction to project staffing needs and strategic planning through MAXIMUS Human Resources Corporate Support
Leveraging resources from the West Virginia In Person Assister (IPA) Project including key staff, existing recruitment network, and hiring former IPA staff as field-based Outreach and Education Specialists	■ Guarantees our staff is familiar with West Virginia and the unique needs of the Medicaid population ■ Brings tried and trusted project staff to implement and operate the West Virginia EB Project
A company-wide focus on training, promoting, and retaining high performing staff and project leadership	■ Encourages low staff turnover ■ Provides BMS with a reliable and stable partner in administering the Project ■ Ensures an environment of continuous improvement in project and staff performance

Exhibit 4.4-1: Staffing Plan Highlights. *The MAXIMUS staffing approach represents best practices gained from our extensive experience providing Medicaid enrollment support and operating call centers across the country.*

Key Staff and Resumes

RFP Section 4.4, Pages 33-34 and 49-50

MAXIMUS views our project staff as one of our greatest assets. They work directly with Medicaid enrollees, providers and the community, serving as the voice of the West Virginia EB Project. Our staffing approach provides project leaders with experience in Medicaid and health program enrollment. We have identified key staff candidates who come from the IPA Project or other similar projects that provide outreach and education to medically vulnerable populations in West Virginia. Together, our candidates bring 45 years of collective experience working in health care and Medicaid service delivery at the local, state and federal level.

In addition to experience working with Medicaid or health care programs, our key staff represent more than 65 years of combined project management and leadership experience, serving in senior leadership roles in both public and private organizations. We present these qualified candidates as key staff in *Exhibit 4.4-2: Key Staff Qualifications*.

Name and Title	Responsibilities	Qualifications
Joshua Ruminski Account Manager	■ Serves as a designated contact between BMS and MAXIMUS ■ Makes certain the West Virginia EB Project has access to the full range of MAXIMUS Corporate resources ■ Works with the Project Manager to assess and manage operational procedures, staffing, organizational structure, strategy, and budget ■ Provides strategic vision, leadership, and focus for the Project ■ Participates in key project activities and BMS meetings as necessary	■ Brings more than 12 years of Medicaid program experience working with both public and private entities ■ Experience working with BMS as the West Virginia IPA Project Account Manager ■ Previously served as an Account Executive for 12 state clients with a focus on improving Medicaid program integrity and compliance ■ Experience leading large-scale organizations and teams in both health policy development and project operations ■ Obtained a Master of Public Administration Degree at Syracuse University and a Bachelor of Arts Degree from University of Connecticut
Brenda Dane Project Manager	■ Coordinates with the Account Manager to ensure that all appropriate corporate resources are available to support project activities ■ Establishes and maintains a productive relationship with the client and key stakeholders ■ Approves project schedules, work plans and deliverables ■ Makes certain that project deliverables meet company requirements and BMS specifications as set forth in the terms and conditions of the RFP ■ Oversees all contract administrative functions including Finance and Human Resources ■ Supervises Quality Assurance/Reporting, Information Technology, Outreach and Education, and Call Center and Training functions ■ Responsible for the day-to-day management of all project operations	■ Brings 7 years of experience directing a statewide effort to connect West Virginians with health coverage ■ Policy analysis expertise in health care access and health care system funding ■ 18 years of experience providing health service delivery at the regional, state, and federal levels ■ More than 10 years of experience leading stakeholder and community engagement efforts promoting health education and health literacy ■ Extensive experience leading and directing project teams ■ Builds strategic partnerships between public and private organizations ■ Extensive personal and professional networks of health care advocates, volunteers, and experts across the state ■ Obtained a Master of Public Health from Emory University and a Bachelor of Science Degree from Saint Joseph's University

Exhibit 4.4-2: Key Staff Qualifications. *Key staff candidates bring extensive project management experience and health care knowledge to the West Virginia EB Project.* **PROPRIETARY**

Name and Title	Responsibilities	Qualifications
Duane Jackson Call Center and Training Supervisor	■ Supervises call center operations including enrollment to ensure contract compliance and quality goals are met for individual staff members ■ Develops and delivers training for all project staff working with Corporate Training staff ■ Resolves customer service issues with enrollees, providers and stakeholders ■ Resolves operational issues in coordination with Outreach and Education Supervisor, QA/Reporting Analyst, and the Project Manager ■ Monitors the performance of Helpline Information Specialists, including compliance with Service Level Agreement standards, and provides feedback and education to staff to improve performance ■ Works to maintain sufficient staffing	■ Brings 16 years of experience delivering customer service in a call center setting ■ Possesses project start-up experience, successfully launching 3 call centers within the past 10 years ■ Manages all operational aspects of a 100-seat call center that provides customer service in phone, email and web chat format ■ 16 years of experience developing training curricula ■ Experience delivering staff training ■ Experience initiating employee development and mentorship programs ■ Experience monitoring performance metrics to improve efficiency and provide superior customer service to clients ■ Obtained Master and Bachelor of Business Administration Degrees from Marshall University
Ronnie Smith Outreach and Education Supervisor	■ Develops and implements an effective outreach and education plan ■ Supervises Outreach and Education Specialists' activities across the state ■ Works closely with Call Center and Training Supervisor in delivery of training to Outreach and Education Specialists ■ Works in partnership with Quality Assurance/Reporting Analyst to document and continuously improve outreach and education activities ■ Responsible for conducting outreach and education efforts in the Charleston area ■ Develops and maintains relationships with providers, provider groups, medical societies, hospital associations, professional groups, and other stakeholders across the state ■ Resolves operational issues in coordination with Call Center and Training Supervisor and Project Manager	■ Serves as the Regional IPA Lead for the IPA Project ■ 5 years of health care program experience including Medicaid, CHIP and Health Insurance Exchanges ■ Experience helping consumers understand their health plan options ■ Develops strategic plans for public outreach and education campaigns ■ Supervises staff across multiple locations ■ 4 years of health care program design and development experience ■ Provides oversight of staff hiring, training, and monitoring ■ Conducts audits on outreach and education activity, and provides reports to the West Virginia Office of Insurance Commissioner ■ Direct care delivery experience ■ Obtained a Master of Science Degree in Healthcare Administration from Marshall University and a Bachelor of Business Administration Degree from Kentucky Christian University

Exhibit 4.4-2: Key Staff Qualifications (continued). *Key staff candidates bring extensive project management experience and health care knowledge to the West Virginia EB Project.* **PROPRIETARY**

Name and Title	Responsibilities	Qualifications
Jennifer Blizzard Information Technology Specialist	■ Serves as the central point of contact for all issues of a technical nature ■ Manages all project efforts involving telecommunications, networks, and systems ■ Coordinates technical resources to ensure that MAXeb configurations and enhancements are done correctly and on schedule ■ Serves on the Implementation Team during start-up ■ Ensures MAXIMUS Corporate Health & Human Services Systems support and resources are available to the project as needed ■ Manages project help desk responsibilities for password resets and other technical issues ■ Manages system maintenance	■ 18 years of experience in data systems management, training, and providing hardware and software technical support ■ 15 years of experience in network management, design, and implementation ■ 10 years of project management and supervisory experience ■ Coordinates Information Systems activities and resources during systems migrations, conversions, and installations ■ Previous health care experience ■ Experience planning and delivering technical training for staff and clients ■ 15 years of system administration and programming experience ■ Attended West Virginia State College
Mark Steele Finance Analyst	■ Ensures that fiscal operations for the Project are in compliance with all applicable requirements of the contract, as well as state and federal regulations and our own corporate requirements ■ Develops budgeting systems and prepares budgets, financial forecasts, and contract fiscal status reports ■ Acts as liaison to BMS regarding submission of financial reports ■ Analyzes and summarizes financial data as requested by the Project Manager	■ Serves as Finance Manager for the West Virginia IPA Services and Oversight project ■ Provided financial management and oversight of a Health and Human Services agency budget of $530 Million ■ 14 years of financial management experience ■ Experience administering public health care programs ■ Expert in state and federal financial reporting and audit requirements ■ Obtained a Bachelor of Science Degree in Business Administration from West Virginia State University

Exhibit 4.4-2: Key Staff Qualifications (continued). *Key staff candidates bring extensive project management experience and health care knowledge to the West Virginia EB Project.* **PROPRIETARY**

Our key staff candidates possess an unmatched set of project management skills and Medicaid enrollment expertise that will enable MAXIMUS to implement the West Virginia EB Project smoothly and operate it effectively. Moreover, our key staff, with the exception of the Account Manager, live in West Virginia and will carry out their responsibilities in the state. While we understand that there may be efficiencies in sharing staff among multiple states, or housing staff in a shared service location outside of West Virginia, our experience with the IPA Project and many other enrollment broker projects has taught us that a project that demands a high level of personalized service such as the West Virginia EB Project benefits from a premise-based approach for the majority of our team. We are pleased to present resumes for each key staff position, with the exception of our QA/Reporting Analyst position, for which we provide a job description.

Joshua P. Ruminski

Account Manager

EXPERIENCE

Vice President, Health Services East Division, MAXIMUS (May 2013 – Present):

- Serves as Account Executive over new contracts related to Health Insurance Exchanges and health-related contact centers
- Implements large-scale, statewide universal health care mandate and associated operational readiness activities
- Strategically implements projects focused on service delivery to consumers and business process operations associated with public sector health insurance
- Leads organization with expertise in strategic planning, project management, business process redesign, and change management

Truven Health Analytics, Director, Client Services, Boston, Massachusetts (July 2011 – May 2013):

- Served as executive owner of 12 state accounts focusing on program integrity enhancements (reduction of fraud, waste and abuse) within state Medicaid programs; direct responsibility for profit and loss related to approximately eight million dollars in annual revenue
- Achieved calendar year value-add targets and 100 percent renewal rate of contracts in 2012
- Maintained enterprise oversight (including standardization of requirements, template development, and human resources) for two major software products within the firm
- Instructed course on fraud prevention at National Health Care Anti-Fraud Association (NHCAA) training
- Presented to several existing and prospective clients on program integrity and compliance within the managed care environment at 2011 & 2012 National Association for Medicaid Program Integrity (NAMPI)
- Was solution architect and author of major portions of proposals for new work within state Medicaid programs as well as value-add opportunities

Commonwealth of Massachusetts/Executive Office of Health and Human Services, Deputy Chief Operating Officer, MassHealth, Boston, Massachusetts (April 2007 – June 2011):

- Led operational readiness activities for universal health care mandate in Massachusetts; re-engineered business process within eligibility determination operation to accommodate over 200,000 additional members
- Created the MassHealth Operations Integrity Unit, which is responsible for reducing and preventing fraud, waste, and abuse in the Medicaid program
- Led various operations stabilization activities related to the implementation of a new Medicaid management information system
- Executive oversight of a 30-million-dollar customer service contract with MAXIMUS, Inc.; established a new set of internal controls for MassHealth Contracts Office and expanded contract to include a premium billing unit, a call center capable of handling 200,000 calls monthly, and various other enhancements
- Played a pivotal role in the development and implementation of the enterprise-wide Executive Office of Health and Human Services (EOHHS) Office of Compliance
- Led negotiations for an unprecedented three-way agreement among the EOHHS, The Connector Authority, and a contracted vendor to establish a customer service platform for the Commonwealth Care program

Deputy Assistant Director of MassHealth Operations (June 2006 – April 2007):

- Successfully coordinated and led several activities in preparation for the newly established Commonwealth Care plan, including funding proposals, cost allocations, and contract management

QUALIFICATIONS

- More 12 years of Medicaid program expertise working with both public and private entities
- Currently serves as IPA Project Account Manager
- Ability to understand the bigger picture without sacrificing small details; expertise in listening and processing input to create consensus for shared strategic objectives and associated project plans
- Well versed in applying industry-recognized project management methodologies to a variety of projects varying in size and scope
- Expertise in process flow analysis, performance metric development and reporting, excellent verbal and written communication skills
- Extensive experience in leading an organization through periods of significant transition

- Created an executive-level operational report which highlighted various areas of performance throughout the organization; the report was reviewed by the Governor of Massachusetts on a monthly basis
- Appointed to an executive team that wrote and edited the 24-month strategic plan for the EOHHS

Director of Operations Support/Chief of Staff (August 2003 – June 2006):

- Led a procurement process and directed a team of eight consultants to produce a gap analysis and return on investment report for Program Integrity efforts (fighting fraud and abuse) within the Massachusetts Medicaid Program; led the effort to implement several recommendations from that report
- Authored the transition plan for the reorganization of the Medicaid Operation, effectively blending organizational and policy expertise
- Managed a full-scale office renovation for 350 staff members
- Facilitated several Senior Staff Retreats which resulted in the adoption of a mission statement and vision for MassHealth Operations
- Launched a successful recruitment campaign which brought several new, talented employees into the Secretariat

United States Government Accountability Office, Health Care Policy Analyst/Auditor, Washington, D.C. (August 2002 – August 2003):

- Analyzed highly complex data and researched background information (managing issues of varying political and confidential sensitivities) which resulted in a publication and Senate hearing on possible abuses of Medicare outpatient therapy funds
- Reviewed the FY2004 Presidential Budget and analyzed all major health-related provisions which resulted in a web-based publication and agency-wide training series for more than 90 analysts and senior management
- Represented GAO at Senate HELP Committee hearing on smallpox vaccinations, and delivered briefing/presentation to more than 40 agency executives including the Comptroller General
- Created a sophisticated database template which was used as a model for future GAO engagements
- Conducted interviews and established working relationships with several key project stakeholders, including government officials, Congressional staff, and interest group executives
- Received high performance appraisals from senior management, including excellence in oral and written communication, critical thinking, teamwork, planning, and data collection and analysis

Saint Joseph's Hospital, Health Care Consultant, Syracuse, New York (August 2001 – December 2001):

- Worked as a member of a team to assess the recent increases in Emergency Department (ED) visits
- Analyzed various databases and information sources to link demographic, historical and policy-related factors as potential reasons for ED visit increases
- Developed survey instrument to evaluate patient and community perspectives of usage of EDs
- Created written and oral presentations of potential solutions for hospital senior staff which contributed to overhaul of hospital ED policies

EDUCATION

Master of Public Administration, Maxwell School of Citizenship and Public Affairs, Syracuse University, Syracuse, New York, June 2002, GPA: 3.9/4.0
Certificate of Advanced Study in Health Systems Management and Policy, June 2002
Awards and Honors: University Graduate Assistantship and Tuition Scholarship, 2001 Donald Flaherty Scholar

Bachelor of Arts, Cum Laude, English and Spanish, University of Connecticut, Storrs, Connecticut, Dec 1998, Major GPA: 3.8/4.0 Cumulative GPA: 3.5/4.0
Awards and Honors: New England Scholar, 1997, 1998, Biography published in Leadership Profiles, '98 ed.

PROFESSIONAL AFFILIATIONS

Faculty Member, Medicaid Integrity Institute, 2007-2011
Region IV (New England) Representative, Fraud and Abuse Technical Advisory Group, Centers for Medicare and Medicaid, Appointed 2005-2011

TECHNICAL SKILLS

Microsoft Word, Excel, FrontPage, PowerPoint, Access; Adobe PageMaker, Illustrator; SPSS/SAS (statistical analysis software); highly familiar with using the internet for research purposes; familiar with PC/MAC formats
Proficiency in writing and speaking Spanish

CONTACT INFORMATION

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JoshuaPRuminski@MAXIMUS.com

Brenda A. Dane
Project Manager

EXPERIENCE

Statewide Director, West Virginia Rx, West Virginia Health Right Free Clinic, Charleston, West Virginia (Jan 2008 – Present): Currently serving as the Director of West Virginia Rx

- Designed and implemented West Virginia Rx (WVRx), a public/private partnership between the West Virginia Governor's Office and West Virginia Health Right Free Clinic, a trusted resource for health and pharmaceutical access as well as patient navigation services for medically vulnerable populations

- Serves in an executive program management capacity developing and overseeing multiple stakeholder funding streams, internal staff and multiple health care partnerships statewide

- Manages and oversees using public and private dollars to maximize social impact and ensure a return on invested dollars spent across the spectrum

- Directs staff and systems process designs and improves software for program management

- Assists both state and federal legislatures with constituent health access issues and continues strategic planning collaborations to replicate similar projects in other states

Senior Health Consultant, Heinz Family Philanthropies, PS2 - Public/Private Sector Strategies for America's Health Care Future, Washington, DC (September 2008 – May 2011):

- Advised the President & Chief of Staff on a myriad of national philanthropic venture capital projects

- Assisted public officials in analyzing health care problems, and creating/implementing real solutions

- Performed health systems analysis of current health care spending, formative/summative/process evaluations in the area of health care, pharmaceuticals and reimbursement strategies, and recommended specific blueprints/roadmaps for solution implementation

Executive Development Director, Health Literacy Foundation, Munster, Indiana (October 2004 – December 2007):

- Initiated development grant writing activities for the Health Literacy Foundation and secured multiple funding streams at the private and federal levels

- Responsible for building national stakeholder engagement, state and local partnerships, health education and literacy program development

- Developed and implemented AmeriCorps Medical Health Service Corps

Program Director, AmeriCorps, Southwest Louisiana Area Health Education Center (SWLAHEC), Lafayette, Louisiana (August 2001 – October 2004):

- Developed, implemented, managed, and expanded a 64 member AmeriCorps Health Corps across a 13-parish catchment area of Louisiana

- Provided oversight of policy and procedure development, fiscal and business partnership collaborations, funding compliance management, recruitment, personnel, and volunteers

Director of Patient Access, Nelson Medical Group, Philadelphia, Pennsylvania (May 1997 – June 2001):

- Acted as both a Health Educator and Research Assistant for a large city-wide practice with 9 community offices that served 64,000 patients, predominately African American

- Trained a team of Community Lay Educators to help patients learn about the resources in their respective communities

QUALIFICATIONS

- Founded West Virginia Rx, a Statewide charitable pharmacy and health care navigation point of entry for uninsured and underinsured West Virginians
- Executive program manager with experience in operations, staff, and financial management
- Leads innovative efforts in driving large scale change that builds organizational effectiveness
- Substantial experience in non-profit public service, medically vulnerable populations, and public policy
- Experience planning and executing multi-faceted business development campaigns designed to increase capacity and improve systems
- Adept at instigating and proliferating collaborations between the public and private sectors

EDUCATION

Masters of Public Health (MPH) defense of Thesis to confer: Rollins School of Public Health, Emory University, Atlanta, Georgia

Bachelor of Science (BS) in Sociology with Honors: Concentration: Community Health; Minor/Gender Studies, Magna Cum Laude, Saint Joseph's University, Philadelphia, Pennsylvania

CONTACT INFORMATION

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AWARDS and SPECIAL ACTIVITIES

Mutual of America National Community Partnership Award—Merit Finalist, 2012

Gaston Caperton Award for Excellence, 2010

Saint Joseph's University Honors Award for Community Service Excellence, 2001

Alpha Kappa Delta National Sociological Honor Society Honors Induction, 2001

AstraZeneca Patient Access Working Group Member: 2009-present

CBI Patient Access Conference Speaker: 2012, 2011, 2010

• 12th Annual Patient Assistance and Access Programs

• 14th Annual Patient Assistance and Access Program

NAFCC (National Association of Free & Charitable Clinics) Summit Panelist & Breakout Educator, 2007, 2008, 2009, 2010, 2011, 2012

iHOPE: Integrated Health Outcomes Pharmaceutical Engine Software Development 2008 to present

Peer-Reviewer—Centers for Disease Control, 2010; SAMSHA, 2007, 2008; Corporation for National & Community Service; 2008.

Duane Jackson
Call Center and Training Supervisor

EXPERIENCE

LogistCare, Call Center Manager, Norton, Virginia (January 2014 – Present):

- Manages a 24/7 100-seat inbound Call Center
- Mentors and develops a team of Supervisors and Customer Service Representatives to meet operational and contractual goals
- Ensures proper recruitment, training, staffing and technology to handle call volume and contractual requirements
- Monitors training needs and ensures proper CSR education occurs
- Monitors performance standards in the Call Center and recommends call center process and policy improvements to ensure performance levels are met and exceeded
- Identifies and resolves customer issues as well as participates in routine communications with clients to ensure complete customer satisfaction
- Ensures the generation and analysis of daily, weekly and monthly reports and evaluates current reporting tools and performance measurements and makes continuous improvements as needed

TLK Group, Call Center Startup, Huntington, West Virginia (October 2013 – January 2014):

- Launched inbound call center for vendor services for Comcast inbound sales services
- Facilitated interaction of internal and external service partners
- Evaluated training process and curriculum
- Identified opportunities to increase sales and improve customer service

Prestera Center for Mental Health, Supervisor of Administrative Services, Huntington, West Virginia (February 2011 – August 2013):

- Directed daily operations of seven inpatient and outpatient facilities to achieve effective utilization of personnel and financial resources
- Responsible for planning, organizing, directing, and managing resources for administrative services including performance objectives, fiscal management, management of staff efficiency, program effectiveness, quality improvement, and relationship maintenance
- Improved efficiency of daily operation of schedules, pre-registration, and client's financial responsibilities
- Initiated performance metrics to increase production, efficiency, and provide superior customer service to clients
- Developed and led customer service training initiatives
- Facilitated Behavioral Health and Physical health integration services project

AT&T Mobility, Customer Service Center Manager, Ashland, Kentucky (June 2006 – December 2010):

- Directed and managed inbound customer service, technical support, and sales work flows
- Led implementation and migration efforts in capacity management, call routing, service model enhancements, and technology solutions
- Championed improvements and changes in operations and telephony expertise in support of center and national initiatives
- Led and directed contact center solutions staff of direct reports, including call center services via telephone, email, and chat solutions
- Initiated and maintained internal and external relationships to identify and recommend operational improvements to ensure performance metric results, and quality service

QUALIFICATIONS

- 16 years of experience in leadership and management roles in a call center setting
- Well-rounded background in the call center industry, telecommunications, business process outsourcing, training, operations and health services
- Ability to direct complex projects from conception to full operational status
- Developed and implemented value added process increasing efficiency by 42%, while increasing revenue by 33%
- Profitably managed 125% growth in total market share business during first project year
- Planned and successfully launched 3 customer service centers
- Developed transitional training process which decreased attrition by 34%, and increased revenue by 39%

Western Southern Financial, Sales, Cincinnati Ohio (March 2005 – June 2006):

- Determined client-specific needs and delivered insurance and financial products through developing and maintaining relationships
- Counseled and advised prospects and policyholders on matters of protection and coverage
- Exceeded goals for volume of new business quoted and written within company guidelines

GC Services LLP, Project Manager, Huntington, West Virginia (December 1998 – March 2005):

- Managed Sprint PCS inbound Customer Service, First Union National Bank Credit Cards, Wachovia Credit Cards and Automotive loans collection and customer service departments, overseeing a direct staff of 200 employees
- Forecasted revenues, expenditures, and performance for the project center while establishing budgets
- Developed transitional bay training procedures, materials, and quality control initiative programs
- Initiated use of performance score cards, measurable goals, bonus incentives, and hiring practices to improve attrition
- Led call center launch in Little Rock, Arkansas and Saskatoon, Canada

EDUCATION

Masters of Business Administration (cum laude), Marshall University, Huntington, West Virginia (2012)
Bachelor of Business Administration, Marshall University, Huntington, West Virginia

CONTACT INFORMATION

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PROFESSIONAL AFFILIATIONS

Developmental Disabilities Council
Association of Retarded Citizens
Carroll County Literacy Council

SKILLS

Process Improvement
Problem Solving
Managing Processes
Leadership Capabilities
Sprint PCS Trainer
Carroll County Certified Tutor

Ronnie Smith, Jr., M.S.
Outreach and Education Supervisor

EXPERIENCE

MAXIMUS, Regional In Person Assister (IPA) Lead, Huntington, West Virginia (September 2013 – Present):

- Manages IPA direct reports within the region by ensuring all staff adheres to policies and standard operational procedures.
- Assists and educates IPA direct reports in understanding insurance choices, federal tax subsidies, public plans, plan benefits, co-payments and other cost-sharing expenses so that it is transparent to consumers
- Facilitates and monitors IPAs in the region to ensure staff is assisting consumers in making selections of a Qualified Health Plan and ensuring that only consumers make decisions about selecting a health plan
- Develops strategic plans to conduct public education activities and raise awareness by providing information and services in a fair, accurate, and impartial manner such as Medicaid and the Children's Health Insurance Program (CHIP)
- Conducts regional audits by gathering and researching information, verifying the customer's understanding of information, and reporting findings to the Office of Insurance Commissioner (OIC)

Caris Healthcare LP, Administrator, Sumter, South Carolina (2012 – 2013):

- Adhered to policies and procedures to ensure compliance with state and federal regulations
- Developed long and short term goals through strategic planning in order to expand the revenue performance and growth of market share
- Managed costs and assumed accountability for finance, growth, quality, people (staffing), and customer service management
- Oversaw the interviewing, hiring, orientation, training, evaluating, disciplining, and termination process
- Provided direction and guidance of direct reports in their areas of responsibility through education and evaluation
- Demonstrated leadership/management skills by maintaining high employee satisfaction and low employee turnover rates
- Ensured a high level of customer service satisfaction through surveys from patient family feedback and referral surveys from physicians and contracted facilities
- Completed systematic collection, review, and evaluation of data pertaining to hospice aspects of care and in accordance with the agencies' performance improvement plan

Prestera Center, Behavioral Rehabilitation Specialist, Huntington, West Virginia (2009 – 2012):

- Responsible for rehabilitative programs development in mental retardation & developmental disabilities
- Responsible for data entry, medical documentation, and behavioral care plans to ensure the delivery of premium service to client
- Responsible for compliance in all areas including HR, OSHA, and HIPAA
- Ensured center had all operational supplies to adequately serve the patients
- Ensured medical designate ordered all medical supplies needed
- Coordinated schedules for daily errands while maintaining relationships with clients' PCP, physician specialist, and case managers for medical status, appointments, and new medications

Huntington Health & Rehab, Nursing Home Administrator Intern, Huntington, West Virginia (2009 – 2010):

- Assisted the Nursing Home Administrator in directing day-to-day functions of a 186-bed facility
- Responsible for coordinating and executing open houses for the public and city officials

QUALIFICATIONS

- Experience developing public outreach and education campaigns for the IPA Project
- 6 years of experience in Behavioral Health and Hospice
- Health Insurance Marketplace Certified
- Manages all aspects of team operations including finance, quality, reporting, and staff oversight
- Manages multiple site locations within a region
- Develops organizational presence through outreach, marketing, and developing community relationships
- Utilizes and manages multiple software applications including McKesson, ICIMS, Compliance 360, E-Verify, SHP, DEYTA, Hospiscript, First choice, ADP, perfect serve, playmaker, and LEM

- Assisted with interviewing Assistant Director of Nursing, nurses, business, dietary, and housekeeping candidates
- Participated in daily meetings contributing to decision making for staffing, residents reimbursement, budgeting, and marketing

EDUCATION

M.S., in Healthcare Administration, Marshall University Graduate College, Huntington, West Virginia (Dec 2011)

B.B.A. (Management emphasis) and Biblical Studies, Kentucky Christian University, Grayson, Kentucky (May 2010)

CONTACT INFORMATION

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Jennifer L. Blizzard
Information Technology Specialist

EXPERIENCE

Consulting Services, Contract Consultant, Liberty, West Virginia (2002 – Present):

- Provides on-site technical support and maintenance for a variety of hardware and software applications.
- Conducts IT training on various software platforms
- Coordinates Information Systems activities, which includes hardware, software, training, and data
- Provides telephone and on-site technical support for PC troubleshooting, Network administration, application, and e-mail administration
- Performs network installations, which includes configuration to all file servers, backup devices and applications, e-mail systems, and security protection
- Meets with clients to determine appropriate Information Systems needs and provides direction to achieve client needs
- Manages various projects for clients as needed, including planning and supervising conversion to a new building, conversion of IT systems and data conversions, and installation of new IT systems

West Virginia Department of Administration/CTO, Information Systems Specialist II, Charleston, West Virginia (2000 – 2002):

- Member of the planning team for the future direction of the Network environment in the State of West Virginia
- Coordinated Information Systems activities, including hardware, software, training, and data
- Provided systems administration for over 30 Novell NetWare servers
- Managed a GroupWise e-mail system, including Web access and SMTP gateways
- Provided design and implementation of the migration from our Token Ring backbone to our Ethernet backbone, which included the migration to a Pure IP network
- Served in a leadership role and as a mentor and technical educator for other technicians
- Served as a lead member of the Networking team for the Department of Administration
- Provided customer/technical support to all other agencies within State government

West Virginia DHHR/MIS, Information Systems Specialist I, Charleston, West Virginia (1999 – 2000):

- Served as lead member of the Networking Team, supervising and maintaining a well-trained and highly motivated staff team
- Served as lead technician and project coordinator for network consolidation for the consolidation of 12 DHHR offices into a new physical location
- Managed a GroupWise e-mail system, including Web access and SMTP gateways
- Provided training for technicians
- Provided support for all IT areas within the Department

West Virginia DHHR/Bureau of Public Health, Information Systems Coordinator II, Charleston, West Virginia (1997 – 1999):

- Served as a technical consultant for the Commissioner of the Bureau of Public Health
- Responsible for coordination of all Information Systems activities, which included hardware, software, training and data
- Developed IS policies, including security, software usage and licensing, equipment acquisition, reallocation, virus protection and monitoring, database development and maintenance, Internet access and usage
- Reviewed and approved all requests for hardware and software acquisitions
- Trained staff members in existing and new software applications

QUALIFICATIONS

- Over 18 years of experience in data systems management, training, and providing first and second level software and hardware technical support
- More than 15 years of experience in computer consulting, network management, team leadership, and network design and implementation
- Over 10 years of experience in Project Management.
- Medicaid and health care program experience
- Experience designing and delivering systems-oriented training for staff and client users

Approach and Methodology

P13001.0054

PROPRIETARY

- Tested new hardware and software to determine the scope and capabilities, accuracy of functions, and level of user literacy required to operate
- Installed all hardware and software, which included, but not limited to, Microsoft and Novell LAN workstations, standalone IBM compatible PCs, network and workstation printers and NICs
- System administrator for NetWare 3.12 and 4.x servers and Microsoft NT 4 servers
- Responsible for a GroupWise 4.1a Domain

Division of Surveillance and Disease Control, Microcomputer Systems Support Specialist, Charleston, West Virginia (1996 – 1997):

- Responsible for coordination of all Information Systems activities, which included hardware, software, training and data
- Trained staff members in existing and new software applications
- Tested new hardware or software to determine the scope and capabilities, accuracy of functions, and level of user literacy required to operate
- Installed all hardware and software, which included but not limited to Novell LAN workstations, standalone IBM compatible PC's, network and workstation printers and NIC's
- Administered and maintained the WV state Hemophilia Registry database
- Administered the WV Adverse Reproductive Outcomes Registry database
- Served as System Administrator for a Novell NetWare 3.12 network
- Provided full first and second level technical support and diagnostics for new and existing software and hardware systems

Industry Concepts, Contract Consultant, Dunbar, West Virginia (1994 – 1996):

- Served as lead technician and programmer
- Provided on-site technical support and maintenance for a variety of hardware and software applications
- Wrote script programs to automate many telecommunication tasks
- Negotiated with third party vendors to establish maintenance and service contracts
- Trained clients of new applications developed by Industry Concepts
- Performed Network installations, including configuration of all file servers, workstations, printers, cabling, and performance tuning
- Responsible for planning, coordination and implementing staff training programs

EDUCATION

Banking and Finance / Computer Science, West Virginia State College, Institute, West Virginia, Completed 3 ½ years (1990 – 1993)

CONTACT INFORMATION

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Mark D. Steele

Finance Analyst

EXPERIENCE

MAXIMUS Inc., Finance Manager, Charleston, West Virginia (September 2013 – Present):

- Develops and maintains project financial records and budgets
- Prepares periodic financial forecasts to track project expenditures and report to project management
- Submits invoices based on contractual payment model
- Oversees project-level financial tracking, including accounts payable and accounts receivable
- Ensures security and privacy of financial information
- Computer applications used include Outlook, Excel, Word, and COGNOS reports

WV DHHR Bureau for Children and Families, Chief Financial Officer, Charleston, West Virginia (August 2008 – September 2013):

- Managed and provided oversight of a $530 million budget, which included state general revenue and federal funding sources (Temporary Assistance for Needy Families, Social Security Title IV-E, Low Income Emergency Assistance Program, Child Abuse Prevention and Treatment Act, Children's Justice Act, and Social Service Block Grant)
- Performed oversight of the Bureau's three financial units: Division of Accounting and Reporting, Division of Payments and Vendor Maintenance, and Title IV-E Resource Unit
- Prepared and monitored budgets and financial forecasts to determine future financial needs for the Bureau for Children and Families
- Prepared and monitored regularly scheduled financial reports and ad hoc reports
- Coordinated and prepared Legislative fiscal note requests and Coordinated the Single Audit process
- Set up vendors and maintained proper vendor documentation, and ensured payments were processed in accordance with WV state code
- Managed the WV School Clothing Voucher payment process
- Performed monthly reconciliation of group foster care home payments
- Oversaw IV-E Resource Unit dispersed in regional offices throughout the state

WV DHHR Bureau for Children and Families, Director of Accounting and Reporting, Charleston, West Virginia (September 2011 – August 2012):

- Forecasted, prepared, and monitored the Bureau's Administrative, Social Service, and Family Assistance program budgets
- Coordinated Statewide Single Audit process and legislative fiscal note process
- Reviewed program payments to insure proper application to state and federal funding sources
- Prepared regularly scheduled and ad hoc reports to assist with management decisions

Accountant/Auditor, WV DHHR Bureau for Children and Families, Charleston, West Virginia (August 2008 – September 2011):

- Prepared financial forecasts
- Monitored the Bureau's administrative budgets
- Prepared monthly management reports
- Prepared ad hoc reports as requested by management

Johnson, Summers & Lopez, PLLC, Charleston, Accountant, West Virginia (September 2000 – Augugust 2008):

- Reconciled and disbursed loan proceeds on real estate closings, balanced accounts and managed escrow accounts, performed IRS and 1099 reporting, Notary duties, and prepared recording documents

QUALIFICATIONS

- Finance Manager for the West Virginia IPA Services and Oversight project
- Provided financial management and oversight of WV agency budget of $530 Million
- 14 years of financial management experience
- Experience administering public health care programs
- Expert in state and federal financial reporting and audit requirements

- Computer applications used included QuickBooks Pro, Quattro, WordPerfect, Displaysoft, and Outlook

EDUCATION

B.S., in Business Administration (Finance/Accounting), West Virginia State University, Institute, West Virginia (1996); Sigma Tau Gamma Fraternity (Vice President of Finance), Dean's List, Peer Tutor

CONTACT INFORMATION

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Recruiting Additional Key Staff

In addition to the key staff positions and candidates identified, MAXIMUS plans to recruit and hire a Quality Assurance (QA)/Reporting Analyst. The QA/Reporting Analyst will be responsible for coordinating and conducting all performance monitoring and quality assurance activities as defined in the Quality Assurance Plan, including for our subcontractor, Business Ink. Also, he or she will manage all reporting functions, including analyzing report results to identify training needs and areas for improvement in collaboration with supervisors and the Project Manager. A more complete list of qualifications and responsibilities for this position is provided in the QA/Reporting Analyst job description provided at *Exhibit 4.4-3: QA/Reporting Analyst Job Description.*

QA/REPORTING ANALYST
JOB DESCRIPTION

TITLE: QA/Reporting Analyst

POSITION REPORTS TO: Project Manager

EDUCATION/EXPERIENCE: Bachelor's degree preferably in a health-related, human services-related or research and analysis field; combined two to four years of process improvement experience and/or reporting and analytics. Demonstrated ability to self-manage, prioritize tasks and meet deadlines in a fast-paced environment. Demonstrated ability with evaluating and improving processes, performance monitoring, or process mapping required. Knowledge of SQL databases and programming desired.

JOB RESPONSIBILITIES:

1. Develop a comprehensive QA and Performance Plan.

2. Coordinate and manage regular performance monitoring activities and quality assurance audits to meet corporate and contractual quality and performance objectives.

3. Perform QA checks on subcontractor mail and fulfillment samples on a monthly basis.

4. Analyze and provide trend reporting for call center operations and processing of eligibility and enrollment.

5. Manage all reporting functions in support of project contractual requirements.

6. Manage the development of policies and procedures by coordinating with HR and Training resources.

7. Ensure that the Policies and Procedures Manual is updated as policies and procedures change.

8. Provide input to the training content and approach.

9. Review monthly project status reports provided to the client.

10. Review Customer Satisfaction Survey data to identify areas for staff improvement

Our MAXIMUS Corporate Human Resources Lead will be primarily responsible for recruiting and hiring the QA/Reporting Analyst, working closely with our Project Manager Brenda Dane. With more than 11,000 employees worldwide, MAXIMUS has documented best practices to recruit, select, hire, and retain competent and caring individuals for our projects. In all recruiting efforts, we will select highly qualified and motivated individuals for the project using tools and techniques that include the following:

- Use of our numerous relationships with Charleston-area recruitment agencies
- Identifying any qualified candidates from the existing pool of MAXIMUS staff
- Use of established networks through professional associations and social network sites such as LinkedIn
- Pre-employment screenings and a comprehensive interview process that includes behavioral interviewing techniques
- National criminal background checks as a requirement for all staff hired

As part of our recruiting strategy for the QA/Reporting Analyst position, we are able to draw on our established network of IPA Project stakeholders and community partners to assist in identifying a qualified candidate with Medicaid and health program experience.

MAXIMUS maintains a 95% retention rate among project management staff, providing BMS with a reliable, stable leadership team to administer the West Virginia EB Project.

In addition to recruiting the right people to lead our projects, we believe it is essential to retain them. We understand the value of keeping highly qualified and successful staff and how it provides consistent leadership and partnership you can count on to answer the phone or be available for a meeting. Our projects and clients have reaped the benefits of our company-wide emphasis on retaining staff, and we maintain a 95 percent retention rate among project management staff in MAXIMUS Health East projects. In addition, on average, our project managers have been with MAXIMUS for at least eight years. Therefore, MAXIMUS can provide BMS with a reliable, stable leadership team to administer the West Virginia EB Project.

4.4.1 Organizational Chart

RFP Section 4.4.1, Pages 34 and 50

Our proposed project structure for the West Virginia EB Project is based on our in-depth knowledge of operating Medicaid enrollment broker programs and the essential tasks that must be undertaken. We use proven staff modeling tools that factor in volumes, work load, processes, and performance requirements to arrive at the optimal staffing levels for our projects. The organizational chart identifies both staff who will be fully dedicated to the West Virginia EB Project, and staff who will provide support as a shared resource with other MAXIMUS projects.

Key features of our project organization include:

- A multi-faceted group of staff located in our project office in Charleston, West Virginia, to provide support for all aspects of project operations
- A seasoned Account Manager to serve as the primary liaison between MAXIMUS and BMS
- A dedicated, on-site Project Manager responsible for day-to-day project management and operations

- A QA/Reporting Analyst that conducts the ongoing analysis of project activities to support standardized service delivery, continuous quality improvement and transparency about project performance

- A centralized Charleston-based call center responsible for assisting with and completing the enrollment of members and answer questions from potential enrollees, providers and other stakeholders

- An Outreach and Education team providing field-based services in strategic locations across the state

- Project support staff including a Finance Analyst and a full time Information Technology Specialist

- MAXIMUS Corporate Health and Human Services Systems Support and Corporate Human Resources will provide additional expertise and guidance for the West Virginia EB Project at any time during project implementation or operations

- An Implementation Phase organizational structure supported by a dedicated Implementation Manager

Organizational Chart
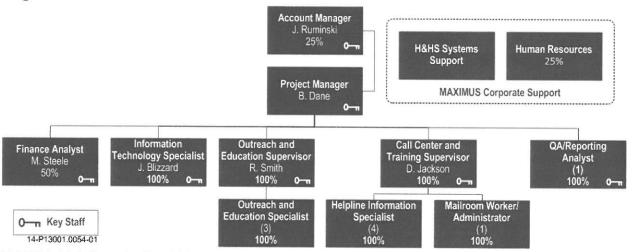
Exhibit 4.4.1-1: Organizational Chart. *Our project structure maps directly to the different functions required in the West Virginia EB Project.* **PROPRIETARY**

As *Exhibit 4.4.1-1: Organization Chart* demonstrates, staffing functions that report up to the Project Manager will include Call Center, Training, Outreach and Education, QA/Reporting, Information Technology, and Finance. We combine some project roles where responsibilities or functions may overlap in order to provide an efficient and cost effective solution to BMS. We also include the number of staff anticipated in each position. Staffing levels indicated in the organizational chart are determined using the methodology described in *Proposed Staffing Plan* at the beginning of *Attachment A*.

A centralized call center will handle all incoming member and stakeholder questions, support enrollment, and process incoming enrollment forms through our mail room. The Call Center and Training Supervisor, Duane Jackson, will lead a team of Helpline Information Specialists responsible for answering callers' questions, providing objective choice counseling, and facilitating enrollment in MCO and PAAS programs. Mr. Jackson will also supervise the Mailroom Worker/Administrator. The Mailroom Worker/Administrator processes incoming mail, enrollment forms or other documents, scans them, and performs data entry into MAXeb as required.

Common in many call centers, the West Virginia EB Project may experience fluctuation in call volumes. In order to accommodate this, all call center staff will be cross trained and able to perform other roles as needed. This enables MAXIMUS to provide a consistently high level of customer service regardless of changes in enrollee or program needs.

Outreach and Education will be provided by our Outreach and Education team, led by our Outreach and Education Supervisor, Ronnie Smith. Based in the Charleston office, Mr. Smith will lead a team of field-based Outreach and Education Specialists, strategically located in regions throughout the state. Similar to the model deployed in the IPA Project, the team will be decentralized, yet tightly coordinated. Along with the Outreach and Education Supervisor, Outreach and Education Specialists will conduct outreach in the community, networking with groups that serve medically vulnerable populations, and delivering educational presentations throughout their respective regions.

MAXIMUS proposed organizational structure is responsive to BMS operational and performance requirements outlined in the RFP and creates a defined reporting structure that provides accountability and flexibility should project needs change or grow.

Implementation Organizational Chart

The Implementation Phase will be supported by a dedicated Implementation Team and Implementation Manager working in collaboration with key staff.
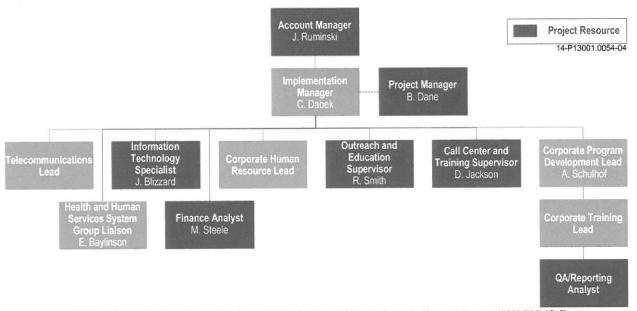
Exhibit 4.4.1-2: Implementation Organizational Chart. *In addition to key staff, a dedicated MAXIMUS East Implementation Team (EIT) will support the West Virginia EB Project Implementation Phase.* **PROPRIETARY**

The Implementation Team will include members of our MAXIMUS East Implementation Team (EIT). The EIT is designed and dedicated to tackle the complexities and nuances of project start-ups. EIT members are engaged in all project implementations managed by MAXIMUS Health East, and we will draw from these experiences to ensure we provide sufficient corporate staff to support the Implementation Phase. They are a pool of start-up professionals showcasing more than 60 years of combined experience and are dedicated solely and exclusively to MAXIMUS Health East projects.

Project Staff

Our experience providing Medicaid enrollment broker services and similar functions across the country allows us to identify competent, highly qualified staff who thrive in a project setting. Our staffing approach is designed specifically to ensure that every member of our team can be a productive asset to the Project.

Beginning at the highest level of project leadership, our key staff candidates bring first-hand knowledge of the unique needs and challenges in West Virginia. Our candidates include former and current members of the IPA Project, active members of West Virginia communities, and many attended West Virginia universities and colleges. We present key staff qualifications and resumes previously in *Section 4.4*.

In addition to naming former IPA Project staff as key staff, we will leverage additional IPA knowledge and resources by working with our established, Charleston-area staffing and recruitment networks to identify a QA/Reporting Analyst. We will also hire former IPA Project staff as Outreach and Education Specialists, leveraging their existing knowledge about the communities they already serve. As the IPA Project comes to a close, we can seamlessly roll over staff from the IPA Project to the West Virginia EB Project.

In order to ensure project line staff are qualified for their roles and well suited to work in a project environment, we look for candidates who possess a solid understanding of the communities they serve, and who can work independently while providing consistent and high quality assistance to members and stakeholders. We also follow the well-documented processes for identifying staff needs, determining candidate qualifications, and recruiting candidates outlined in *Proposed Staffing Plan* at the beginning of *Attachment A*. This process closely mirrors the highly successful approach we used to recruit and hire more than 60 In Person Assisters in the IPA Project.

Beyond the task of recruiting capable and qualified staff, we also believe it is integral that we make our project a place where all staff members have the tools to succeed and individual performance is rewarded. In turn, this creates a motivated workforce that produces high-quality work and provides exceptional customer service.

We will cultivate and nurture high-functioning project employees by:

- Recruiting and staffing the project with experienced and motivated individuals
- Maintaining sufficient staffing levels to meet performance standards, provide full coverage, and avoid burnout
- Offering incentives and a positive work environment to retain experienced staff
- Providing comprehensive training and professional development opportunities
- Monitoring accuracy to promote high-quality customer service
- Promoting employees from within MAXIMUS to project leadership positions

MAXIMUS project management takes deliberate and systematic steps to recognize a job well done and to promote job satisfaction for each staff member. Financial rewards are one tangible way we provide positive feedback to staff. Rewards may include incentive payments for outstanding individual performance in support of contractual metrics and promotions to positions of more responsibility.

In addition to monetary rewards, the most important motivator is a sense of accomplishment and appreciation. Staff members do their best when they know that the work they are doing is important and that their participation matters. A sense of contributing to something worthwhile is critical to job satisfaction and motivation.

Our carefully tailored staffing approach, along with our documented hiring and recruitment practices will enable us to provide qualified, capable staff for the West Virginia EB Project.

4.4.2 Subcontractors

RFP Section 4.4.2, Pages 34 and 50

MAXIMUS plans to use one subcontractor for the West Virginia EB Project, Business Ink. Business Ink will provide mail house services, including the generation of mailings such as enrollment forms, enrollment materials, and other notices and pamphlets for MCO/PAAS members. A more detailed scope of work is provided in *Section 4.1.17: Plan for Mailings and Electronic Communications to MCO/PAAS Members*.

MAXIMUS has successfully partnered with Business Ink on seven other projects since 1997. Our partnership with Business Ink brings several advantages, including Business Ink's existing interfaces with MAXeb, minimizing potential for transition issues.

Business Ink is a woman-owned business with 25 employees located in Austin, Texas. Business Ink provides a complete system of business process outsourcing (BPO) services, including data management, printing, storage, inventory management, fulfillment, and an online materials ordering system. Business Ink is an ISO-certified national leader in the printing, fulfillment, and mailing industry, leveraging technology to achieve the lowest possible postage rates for services that meet the enrollment timeframes.

Business Ink is located at: 10214 N. IH35, Building II Austin, Texas 78753.

MAXIMUS assumes responsibility for the work of their subcontractors. As such, our QA/Reporting Analyst will implement a quality assurance plan specifically focused on providing monthly oversight of subcontracted work. MAXIMUS will perform all other project duties in-house.

We present our teaming agreement with Business Ink in *Appendix E*.

4.5 Proposed Solution that May be Extended to Other State Agencies, United States Territory or Political Subdivision

RFP Section 4.5, Pages 34 and 50

The solution we have proposed for the West Virginia Enrollment Broker Project, as presented throughout our response in *Attachment A*, can be extended to other agencies as requested with the mutual consent of MAXIMUS and the entity in question.

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ATTACHMENT B: Mandatory Specification Checklist

List mandatory specifications contained in Section 4, Subsection .5:

Section 4, Subsection 5.1:

5.1 The Vendor must agree to, no later than upon award of the Contract, provide a single lead point of contact that will serve as project manager and be immediately available by telephone and email, at a minimum, during business hours of Monday through Friday, 8:00 am – 5:00 pm Eastern Standard Time. This person will be responsible for overseeing Vendor performance and act as a liaison between the Vendor, BMS, and the MCOs/PAAS. BMS reserves the right to reject any staff proposed or later assigned to the project and require the successful Vendor to remove them from the project. The Vendor will notify BMS two (2) weeks in advance of replacing any key staff. Any changes or addition in key staff once the contract has begun must be reported to BMS accompanied by resumes.

Vendor Response: MAXIMUS has already secured a single lead point of contact to serve as our project manager, Brenda Dane, who will be available by telephone and email during the hours specified. MAXIMUS will notify BMS two weeks in advance of replacing any key staff and will provide a resume for the replacement staff member.

Section 4, Subsection 5.2:

5.2 The Vendor must agree to prepare and submit a draft implementation plan as part of its response. The Vendor must further agree to submit any revisions to its implementation plan for review and approval by DHHR/BMS within fifteen (15) calendar days from the date of contract award. In addition, the vendor must agree to complete implementation activities within the timeframe allotted in the implementation plan and no more than (90) calendar days following the award.

Vendor Response: MAXIMUS has provided our draft implementation plan at the end of this section. We agree to submit revisions for review and approval within 15 calendar days from contract award. We agree to complete implementation activities no more than 90 calendar days following award.

Section 4, Subsection 5.3:

5.3 In accordance with 42 CFR §438.810(f) found in Exhibit B, enrollment brokering activities, the Vendor must attest in writing that it has no corporate connections or financial interest in any of West Virginia's MCOs.

Vendor Response: MAXIMUS attests that we have no corporate connections or financial interests in West Virginia MCOs that would result in a conflict of interest in accordance with 42 CFR §438.810(f).

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Section 4, Subsection 5.4:

5.4 The vendor must agree to provide telephone, toll free numbers, faxing, paper supplies, postage machines, furniture, etc. for its work force. This involves purchasing capital equipment including equipment that will be necessary to carry out the responsibilities of the contract.

Vendor Response: MAXIMUS will purchase or provide all the equipment necessary to carry out the responsibilities of the contract. Our VoIP telephony solution and existing location mean that we will need to purchase less equipment for the West Virginia Enrollment Broker Project.

Section 4, Subsection 5.5:

5.5 The Vendor must agree to provide only hardware, software and communications components which are compatible with the most current West Virginia Office of Technology (WVOT) supported versions of the Microsoft™ Operating System, Microsoft Office™ Suite and Internet Explorer™, and current technologies for data interchange.

Vendor Response: We will provide components compatible with WVOT supported versions of the Microsoft Operating System, Office Suite, and Internet Explorer. Our system solution will allow us to exchange data with partners including BMS.

Section 4, Subsection 5.6:

5.6 The Vendor must agree to continue outreach activities in each county and initiate intensive outreach activities at least forty-five (45) calendar days prior to any change of choice or process in that county.

Vendor Response: As demonstrated in our West Virginia IPA Project, we have executed outreach activities effectively in each county. We will build on that success to continue outreach activities in each county as well as to initiate intensive outreach activities at least 45 calendar days prior to a change of choice or process in a given county.

Section 4, Subsection 5.7:

5.7 The Vendor must agree to process enrollment forms to effect the member's enrollment or change in enrollment for the following month by the cutoff date, which falls in the third week of the month. MCO/PAAS enrollments are effective from the first day of the month to the last day of the month.

Vendor Response: MAXIMUS agrees to process enrollment forms by the cutoff date.

Section 4, Subsection 5.8:

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5.8   The Vendor must agree to develop enrollment materials that comply with the requirements of 42 CFR §438.10(e) found in Exhibit B and that are at or below a sixth grade reading level.

Vendor Response: MAXIMUS agrees to develop enrollment materials compliant with 42 CFR §438.10(e) that are at or below a sixth grade reading level. We will leverage our existing experience developing materials for BMS when creating the enrollment materials.

Section 4, Subsection 5.9:

5.9   The Vendor must agree to work with BMS to develop the algorithm that will be used to assign members who do not make a selection to an MCO or PAAS. The algorithm must assign members based on their current PCP affiliation and their geographic access to providers in accordance with relevant Federal regulations. In addition, the Vendor must work with BMS to assure compliance with new and innovative enrollment strategies that may include passive enrollment and auto assignment based on P4P.

Vendor Response: MAXIMUS agrees to work with BMS to develop the auto-assignment algorithm using current PCP affiliation and geographic access to providers. We also agree to work with BMS to assure compliance with new and innovative enrollment strategies.

Section 4, Subsection 5.10:

5.10   The Vendor must agree to all relevant requirements under 42 CFR 438.100 and 42 CFR 438.10 found in Exhibit B including furnishing the following information to all managed care and PAAS program enrollees:

5.10.1   Notify all enrollees of their disenrollment rights, at a minimum annually;

5.10.2   Notify all enrollees, at the time of enrollment, of the enrollee's rights to change providers or disenrollment for cause;

5.10.3   Notify all enrollees of their right to request and obtain the information listed under 42 CFR §438.10 found in Exhibit B, at least once a year; and

5.10.4 Furnish to each of its enrollees the information specified under 42 CFR §438.10(g) found in Exhibit B within a reasonable time after enrollment.

Vendor Response: Per Addendum No. 1, the requirement has been deleted.

Section 4, Subsection 5.11

5.11   In accordance with 42 CFR §438.810 found in Exhibit B, the Vendor must affirm that it and its officers, members, employees, and/or subcontractors shall be free from any conflict of interest. Specifically, the Vendor affirms that neither it, nor any employee, subcontractor, or consultant:

5.11.1   Has any direct or indirect interest financial interest in any health care entity or health care provider that furnishes services in West Virginia;

5.11.2 Has been excluded from participation under title XVII or XIX of the Act;

5.11.3 Has been debarred by any Federal agency; or

5.11.4 Has been, or is now subject to, civil penalties under the Act.

The Vendor must covenant that in the performance of the contract, the Vendor shall periodically inquire of its officers, members and employees concerning such interests. Any such interests discovered shall be promptly presented in detail to BMS.

The Vendor must certify that it is independent from any MCO or health care provider that provides coverage in the State of West Virginia.

Vendor Response: MAXIMUS and its officers, members, employees, and subcontractor are free of conflicts of interest and comply with all sub-requirements of subsection 5.11.

Section 4, Subsection 5.12:

5.12 The Vendor must agree to put safeguards in place at least equal to Federal safeguards per Section 1932(d)(3) of the Social Security Act addressing the default enrollment process under the managed care and PAAS programs.

Vendor Response: MAXIMUS agrees to put safeguards in place at least equal to Federal safeguards for the default enrollment process through our auto-assignment algorithm.

Section 4, Subsection 5.13:

5.13 The Vendor must agree that the contract shall be governed by the laws of the State of West Virginia. The Vendor further agrees to comply with the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 (regarding education programs and activities), The Age Discrimination Act of 1975, The Rehabilitation Act of 1973, The Americans with Disabilities Act, and all other applicable laws (Federal, State or Local Government) regulations.

Vendor Response: MAXIMUS agrees that the contract will be governed by the laws of West Virginia, and we agree to comply with the laws and regulations indicated in subsection 5.13.

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By signing below, I certify that I have reviewed this Request for Proposal in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that, to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

MAXIMUS Health Services, Inc.
_____
(Company)

Bruce L. Caswell Bruce L. Caswell, President
_____
(Representative Name, Title)

703.251.8500
_____
(Contact Phone/Fax Number)

June 18, 2014
_____
(Date)

 ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:			
MARSH USA INC. SUITE 400 1255 23RD STREET, N.W. WASHINGTON, DC 20037 Attn: DC.CertRequestSiebel@marsh.com 500625-8-15-GAUWP-2014	PHONE (A/C, No, Ext):		FAX (A/C, No):	
	E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE			NAIC #
	INSURER A : Hartford Fire Insurance Co			19682
INSURED MAXIMUS HEALTH SERVICES, INC. 1891 METRO CENTER DRIVE RESTON, VA 20190	INSURER B : Twin City Fire Insurance Co			29459
	INSURER C : N/A			N/A
	INSURER D : Trumbull Insurance Company			27120
	INSURER E : National Union Fire Ins Co Pittsburgh PA			19445
	INSURER F :			

COVERAGES   **CERTIFICATE NUMBER:** CLE-004089245-01   **REVISION NUMBER:** 4

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY**			42UENZW3578	05/01/2014	05/01/2015	EACH OCCURRENCE	$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2,000,000
	X POLICY PROJECT LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
D B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	42WNMG3740 (AOS) 42 WBR MG3741 (WI)	05/01/2014 05/01/2014	05/01/2015 05/01/2015	X WC STATUTORY LIMITS OTHER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
E	PROFESSIONAL LIABILITY			01-274-33-82	08/01/2013	08/01/2014	Each Claim/Aggregate	1,000,000
							SIR	10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
STATE OF WEST VIRGINIA 2019 WASHINGTON STREET EAST CHARLESTON, WV 25305-0130	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee *Manashi Mukherjee*

ACORD 25 (2010/05)

RFQ No. BMS14028

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:
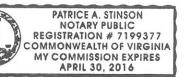
"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: MAXIMUS Health Services, Inc.

Authorized Signature: *Bruce L. Caswell*   Date: June 25, 2014

Bruce L. Caswell, President

State of ___Virginia___

County of ___Fairfax___, to-wit:

Taken, subscribed, and sworn to before me this 25th day of ___June___, 20_14_.

My Commission expires ___4/30___, 20_16_

AFFIX SEAL HERE   NOTARY PUBLIC ___Patrice A. St___

Purchasing Affidavit (Revised 07/01/2012)

PATRICE A. STINSON
NOTARY PUBLIC
REGISTRATION # 7199377
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
APRIL 30, 2016

Rev. 04/14

State of West Virginia
VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

1. **Application is made for 2.5% vendor preference for the reason checked:**
    ____ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**
    ____ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**
    ____ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or,**

2. ✔ **Application is made for 2.5% vendor preference for the reason checked:**
    Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**

3. **Application is made for 2.5% vendor preference for the reason checked:**
    ____ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**

4. **Application is made for 5% vendor preference for the reason checked:**
    ____ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or,**

5. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**
    ____ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or,**

6. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**
    ____ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules*.**
    ____ Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: MAXIMUS Health Services, Inc.   **Signed:** *Bruce L. Caswell*

Date: June 25, 2014   **Title:** Bruce L. Caswell, President

* Option chosen is to the best of MAXIMUS understanding of the definition of "resident vendor."

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER	PAGE
BMS14028	1

ADDRESS CORRESPONDENCE TO ATTENTION OF:

BOB KILPATRICK
304-558-0067

RFQ COPY
TYPE NAME/ADDRESS HERE

VENDOR
MAXIMUS Health Services, Inc.
1891 Metro Center Drive
Reston, VA 20901

SHIP TO
HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES
ROOM 251
350 CAPITOL STREET
CHARLESTON, WV
25301-3709   304-558-1737

DATE PRINTED		
06/12/2014		
BID OPENING DATE:	06/25/2014	BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT

ADDENDUM NO. 1

ADDENDUM IS ISSUED:

1. TO PROVIDE A COPY OF THE PRE-BID CONFERENCE
SIGN-IN SHEET FOR THE ABOVE SOLICITATION.

2. TO PROVIDE A COPY OF TECHNICAL QUESTIONS AND
ANSWERS. ADDENDUM QUESTIONS WITH ANSWERS SHEET
IS ATTACHED.

3. TO REVISE SPECIFICATIONS TO DELETE ITEM 5.10 (AND
ALL FOUR SUB-ITEMS) FROM THE MANDATORY REQUIREMENTS

4. TO POSTPONE BID OPENING DATE TO JUNE 25, 2014;
BID OPENING TIME (1:30PM EST) REMAINS UNCHANGED.

5. TO PROVIDE ADDENDUM ACKNOWLEDGMENT. THIS
DOCUMENT SHOULD BE SIGNED AND RETURNED WITH
YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT
IN THE DISQUALIFICATION OF YOUR BID.

**************END OF ADDENDUM NO. 1*********************

SIGNATURE *Bruce L. Caswell*	TELEPHONE 703.251.8500	DATE June 25, 2014
TITLE Bruce L. Caswell, President	FEIN 26-0307682	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

State of West Virginia
Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

Solicitation

NUMBER	PAGE
BMS14028	1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
BOB KILPATRICK
304-558-0067

RFQ COPY
TYPE NAME/ADDRESS HERE

VENDOR
MAXIMUS Health Services, Inc.
1891 Metro Center Drive
Reston, VA 20901

SHIP TO
HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES
ROOM 251
350 CAPITOL STREET
CHARLESTON, WV
25301-3709   304-558-1737

DATE PRINTED
06/18/2014

BID OPENING DATE: 06/25/2014   BID OPENING TIME   1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
				ADDENDUM NO. 2		
	SEE ATTACHED PAGES.					
				END OF ADDENDUM NO. 2		
1	1	LS		948-74		
	PER THE ATTACHED SPECIFICATIONS					

****** THIS IS THE END OF RFQ   BMS14028 ****** TOTAL:

SIGNATURE *Bruce L. Caswell*	TELEPHONE 703.251.8500	DATE June 25, 2014
TITLE Bruce L. Caswell, President	FEIN 26-0307682	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

SOLICITATION NUMBER: BMS14028
Addendum Number: 2

The purpose of this addendum is to modify the solicitation identified as BMS14028 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

[ ]   Modify bid opening date and time

[ ]   Modify specifications of product or service being sought

[ ]   Attachment of vendor questions and responses

[ ]   Attachment of pre-bid sign-in sheet

[ ]   Correction of error

[X] Other

Description of Modification to Solicitation:

1. To revise the response for question #47 as issued in Addendum No. 1

2. The bid opening remains 06/25/2014 at 1:30 pm.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:
1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.

2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

BMS14028
Addendum 2

The original answer #47 contained in Addendum No. 1 is being revised to read as follows.

Original Question 47:

How will the vendor be paid for the PMPM figures? For example, if the enrollment level is 250,000, will the vendor be paid one rate for the first 100,000, and a second rate for the next 100,000, and a third rate for the final 50,000? Or will the vendor be paid a single rate for all 250,000 members?

BMS Original Response to Question 47:

The vendor would be paid a single PMPM rate for all 250,000 members. Cost proposals should include tiered PMPM rates based on the membership bands

BMS Revised Response to Question 47:

The vendor response is to be provided as requested in the bid sheet. In that the number of members is not known at this time, the vendors are requested to propose their PMPM rate for each tier assuming the actual number of members at each level. After the contract is awarded the vendor will be paid a single PMPM based on the actual number of members, using the PMPM proposed at the tier level in which the number of actual members falls. The following hypothetical examples are provided for clarification:

Expense	Members	PMPM Rate	(A*B)*12=C
YEAR 1			
0 TO 100,000 members	100,000	$4.00	400,000
100,001 to 200,000 members	100,000	$3.00	300,000
200,001 to 300,000 members	100,000	$2.00	200,000
≥300,001 members	100,000	$1.00	100,000
Subtotal Year 1			$1,000,000

Based on the above hypothetical example, if there were 90,000 members the vendor would be paid $4.00 PMPM. However if there were 150,000 members the vendor would be paid $3.00 PMPM. If the actual number of members were 250,000 the vendor would be paid $2.00 PMPM. The grid structure allows the vendor to incorporate any achievable economies of scale into the PMPM proposal given the unknown number of actual members at this time. The assumption of 100,000 in the "Members" column and totaling of the individual tiers allows comparison of all vendor proposals using the same assumptions.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS14028

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

[✔] Addendum No. 1	[ ] Addendum No. 6
[✔] Addendum No. 2	[ ] Addendum No. 7
[ ] Addendum No. 3	[ ] Addendum No. 8
[ ] Addendum No. 4	[ ] Addendum No. 9
[ ] Addendum No. 5	[ ] Addendum No. 10
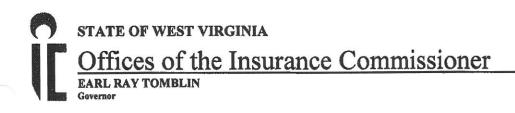
I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

MAXIMUS Health Services, Inc.
Company

Bruce L. Caswell Bruce L. Caswell, President
Authorized Signature

June 25, 2014
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

STATE OF WEST VIRGINIA

Offices of the Insurance Commissioner

EARL RAY TOMBLIN
Governor

MICHAEL D. RILEY
Insurance Commissioner

June 4, 2014

Ms. Ilene Baylinson
President, Health Services Eastern Division
MAXIMUS Health Services, Inc.
1891 Metro Center Drive
Reston, VA 20190

Dear Ms. Baylinson:

It is a pleasure for me to provide you with this Letter of Reference for MAXIMUS's proposal for the West Virginia Enrollment Broker / Health Benefits Manager project.

In West Virginia, they have shown a clear willingness to work with us as well as local community partners to provide valuable assistance to West Virginians for education and enrollment into Marketplace Plans. The Affordable Care Act (ACA) provisions and federal hub have gone through many changes since enrollment began on October 1, 2013. MAXIMUS has remained flexible and proactive in making changes.

We could not be more pleased with the management of our In-Person Assister Program, and look forward to working with them through our second open enrollment.

Sincerely,

Ellen J. Potter
Director, Health Policy
Offices of the Insurance Commissioner

Consumer Services
Post Office Box 50540
Charleston, West Virginia 25305-0540

"We are an Equal Opportunity Employer"

Telephone 1.888.TRY.WVIC
Facsimile (304).558.4965
www.wvinsurance.gov

Ms. Ilene Baylinson
President, Health Services Eastern Division
MAXIMUS Health Services, Inc.
1891 Metro Center Drive
Reston, VA 20190

Dear Ms. Baylinson:

It is a pleasure for me to provide you with this Letter of Support indicating my support of MAXIMUS's proposal for the West Virginia Enrollment Broker / Health Benefits Manager project.

MAXIMUS has shown a clear aptitude for the scope of work required through their work in many other states. In West Virginia, they have shown a clear willingness to work with local community partners to address the unmet needs of West Virginians and to reach the vulnerable populations.

Sincerely,

Sherri P. Ferrell,
Chief Operating and Financial Officer

Ms. Ilene Baylinson
President, Health Services Eastern Division
MAXIMUS Health Services, Inc.
1891 Metro Center Drive
Reston, VA 20190

Dear Ms. Baylinson:

It is a pleasure for me to provide you with this Letter of Support indicating my support of MAXIMUS's proposal for the West Virginia Enrollment Broker / Health Benefits Manager project.

MAXIMUS has shown its utmost ability for the scope of work required through their work in many other states. Here in West Virginia, while working with local and community partners to address the unmet needs of West Virginians, they have shown outstanding & professional mannerisms as we have cooperatively made efforts at reaching the state's vulnerable populations. Through this collaborative process, we have found MAXIMUS to be instrumental in helping us achieve our success by leading with knowledge and experience, and by pushing us to strive for excellence.

Sincerely,

Brent Tomblin

Appendix C: Draft Phone Script

Greeting and Verification of Caller Identity

Thank you for calling the MOUNTAIN HEALTH TRUST Enrollment Helpline. My name is

_____.

- *Can you please verify your name?*

- *Can you also verify your Social Security Number, Date of Birth, Address or Medicaid ID Number?* (Two of the four must be verified before proceeding with the call.)

If the caller speaks a language other than English:

1. Ask the caller to hold, while you contact the Language Line.

2. Call the Language Line (See Language Line Procedures).

3. Inform the interpreter that language assistance is needed with a caller on the line.

If caller is not found in MAXeb:

- *Have you been approved for Medicaid?*

   If **YES** - Proceed with processing a pending enrollment.

   If **NO** – *Only people who qualify for Medicaid can enroll in MOUNTAIN HEALTH TRUST. Please contact Medicaid Member Services at 1-888-483-0797 for more information.*

- *How may I help you?*

Go to the appropriate section of the script based on Caller's Program/Question:

        Section 1: Enrollments

        Section 2: Transfers

        Section 3: Disenrollments

        Section 4: Excluded Member

        Section 5: Pending Member

Section 1: Enrollments

- *If you have any unanswered questions, I will provide you with an opportunity to ask them at the end of this call.*

- *You can also visit our website at www. mountainhealthtrust.com to get more information at any time.*

- *Please make sure you have a pencil and paper available to write down important information that I will give you during this call.*

- *Did you receive an Enrollment Packet?*

   If **YES** - *The packet includes information that I will go over with you now. You may want to hold on to it if you have further questions.*

If **NO** - *Would you like for me to go over the information with you on the phone or would you like for me to have a packet mailed to you?* (if the enrollee is in an eligible category in MAXeb)

If the caller wants to have an enrollment packet sent, request one via MAXeb. Otherwise, proceed to next question.

- *Do you understand MOUNTAIN HEALTH TRUST and the choices you and your family have for your health care?*

  If **YES** - Proceed to next bullet point.

  If **NO** - *MOUNTAIN HEALTH TRUST offers eligible Medicaid members the opportunity to enroll in a health plan. You now have the chance to choose one plan to provide all your health care services. I can help you with that now by enrolling you over the phone.*

- *A health plan is the group of doctors, hospitals, and other providers who work together to give you the health care you need.*

- *When you choose a health plan, you also choose a Primary Care Provider –or PCP for short.*

- *Your PCP is the doctor or clinic you go to every time you are sick or need a checkup.*

- *Your PCP will:*
  - *Take care of you when you are sick or need medical care*
  - *Give your children regular checkups and immunizations (shots)*
  - *Help you manage conditions like diabetes, high blood pressure, and asthma*
  - *Send you to specialists and other providers when you need them (give you a referral)*
  - *Answer your questions about health care*
  - *Give you the information you need to stay healthy*

- *You can choose the same health plan and PCP for everyone in your family or you can choose a different health plan and PCP for each person.*

- *I can assist you with choosing a health plan today. Is there a family doctor or clinic you go to now? May I have the doctor's name?*

If the caller already has a PCP, check MAXeb to locate the PCP:

- *Dr. (name) works with (health plan).*

- *Is this the health plan and PCP you would like to choose today?*

If the caller does not have a PCP or knows what health plan they want, or they do not have a PCP:

[RESOURCE: HEALTH PLAN COMPARISON CHARTS]

- *I can give you more information to help you make your choice.*

- *All of the health plans have the same basic services. Some health plans have extra services.*
  → Provide information from the Health Plan Comparison Charts in the Knowledge Center.

- *You can also read the Health Plan Comparison Chart in your packet to learn more about the plans.*

- *Do you want me to look for PCPs near where you live?*
  → Search Providers

If there are multiple enrollees:

- *Do you want the same health plan and PCP for everyone in your family?*

If the caller declines to enroll:

- *(Name of Caller) is there anything else I can do to help you choose a plan?*

- *It is important that you make a choice as soon as possible.*

- *If you do not make a choice by (Assignment date), we will choose a health plan and PCP for you. It is better if you choose because you know your health care needs best.*

If caller still declines:

- *When you are ready to enroll you can call us back. The call is always free.*

- *You can also enroll online at www.mountainhealthtrust.com*

- *You can also enroll by mail. Fill out the form that came with your packet. Then mail it back to us in the envelope we gave you.*

- *After you enroll, the health plan will send you a Welcome Packet in the mail.*

Confirmation:

- *Before we hang up, I would like to give you some important information.*

- *You requested Dr. (name) as your PCP and (plan name) as your health plan. You can start getting services from your health plan on (effective date).*

- *If you need care before then, bring your Enrollment Letter with you.*

- *If you have questions about your plan, you should call the plan's Member Services department at (health plan phone number).*

- *You will have until (Date in MAXeb), to change to another health plan.*

- *If you want to change your plan, call us at the number you called today, or visit our website at www.mountainhealthtrust.com*

- *If you want to change your PCP, call your health plan at (health plan phone number).*

Customer Satisfaction Survey:

- *Is there anything else I can do to assist you today?*

- *It was a pleasure speaking with you today. Before you go, would you participate in a*

Customer Satisfaction Survey about our call today? It will only take a few minutes to complete.

If **YES** - *Thank you for participating. Please hold for the survey*

→ Transfer call to IVR survey

If **NO** - *Thank you again for calling the MOUNTAIN HEALTH TRUST Enrollment Helpline. Have a nice day.*

Section 2: Transfers

Check MAXeb to verify the member is calling during 90-day Choice Period

If **NO** - At this time, we cannot make any changes for you over the phone.

If **YES**:

- *Is there a family doctor or clinic you go to now? May I have the doctor's name?*

If the caller knows what plan and PCP they want → Check MAXeb to locate PCP:

- *Dr. (name) works with (plan name). Would you like for me to change your plan now?*

If the doctor does not work with the requested plan but does work with other plans:

- *Dr. (.name) only works with (plan names). You can choose any of these plans. Which plan would you like to choose?*

If unsure which health plan to choose:

[RESOURCE: HEALTH PLAN COMPARISON CHARTS]

- *I can give you more information to help you make your choice.*

- *All of the health plans have the same basic services. Some health plans have extra services.*
  → Provide information from the Health Plan Comparison Charts in the Knowledge Center.

- *You can also read the Health Plan Comparison Chart in your packet to learn more about the plans.*

If the caller knows what plan they want, but does not know what PCP they want ->Search providers

- *Do you want me to look for PCPs near where you live?*
  → Search Providers

- *Here are three doctors with offices near you who work with (plan).*

- *Dr. (name) is at (address).* Repeat for other two doctors.

- *Would you like to choose one of these doctors?* If not, search three more doctors, until the caller chooses a PCP.

- *I can also look up specialists to help you with your decision.*

Once caller selects plan and PCP:

- *May I ask why you are changing your health plan today?*

  → Document reason for change in MAXeb.

Confirmation:

- *Before we hang up, I would like to give you some important information.*

- *You requested Dr. (name) as your PCP and (plan name) as your Health Plan. You can start getting services from your health plan on (effective date).*

- *If you need care before then, bring your Enrollment Letter with you.*

- *If you have questions about your health plan, you should call the plan directly at (health plan phone number).*

- *You will have until (Date in MAXeb), to change to another Health Plan.*

- *If you want to change your plan, call us at the number you called today, or visit our website at www.mountainhealthtrust.com*

- *If you want to change your PCP, call your health plan at (health plan phone number).*

Customer Satisfaction Survey:

- *Is there anything else I can do to assist you today?*

- *It was a pleasure speaking with you today. Before you go, would you participate in a Customer Satisfaction Survey about our call today? It will only take a few minutes to complete.*

  If **YES** - *Thank you for participating. Please hold for the survey*

  → Transfer call to IVR survey

  If **NO** - *Thank you again for calling the MOUNTAIN HEALTH TRUST Enrollment Helpline. Have a nice day.*

Section 3: Disenrollment

1. **VOLUNTARY member that wants to stay on (FFS) Medicaid and not enroll into MOUNTAIN HEALTH TRUST:**

[RESOURCE: HEALTH PLAN COMPARISON CHARTS]

- *The choice is yours; however, if you enroll in a health plan, you will receive extra benefits.*
  → Review health plan comparison charts and educate member on the extra benefits.

If the caller still wants to disenroll

  → Process disenrollment.

2. **VOLUNTARY member that wants to return to (FFS) Medicaid and is within 90-day choice period:**

[RESOURCE: HEALTH PLAN COMPARISON CHARTS]

- *The choice is yours; however, because you are enrolled in a health plan, you are*

receiving extra benefits. --> Review health plan comparison charts and educate member on the extra benefits.

If the caller still wants to disenroll:

- *May I ask why you are disenrolling today?*

  → Document reason for disenrollment in MAXeb.

3. **MANDATORY member within 90-day choice period:**

[RESOURCE: HEALTH PLAN COMPARISON CHARTS]

- *You may choose another plan. I can give you more information to help you make your choice.*

- *All of the health plans have the same basic services. Some health plans have extra services.*

  → Provide information from the Health Plan Comparison Charts in the Knowledge Center.

- *You can also read the Health Plan Comparison Chart in your packet to learn more about the plans.*

Confirmation:

- *Before we hang up, I would like to give you some important information.*

- *You requested Dr. (name) as your PCP and (plan name) as your health plan. You can start getting services from your health plan on (effective date).*

- *If you need care before then, bring your Enrollment Letter with you.*

- *If you have questions about your plan, you should call the plan's Member Services department at (health plan phone number).*

- *You will have until (Date in MAXeb), to change to another Health Plan.*

- *If you want to change your plan, call us at the number you called today, or visit our website at* www.mountainhealthtrust.com

- *If you want to change your PCP, call your health plan at (health plan phone number).*

Customer Satisfaction Survey:

- *Is there anything else I can do to assist you today?*

- *It was a pleasure speaking with you today. Before you go, would you participate in a Customer Satisfaction Survey about our call today? It will only take a few minutes to complete.*

  If **YES** - *Thank you for participating. Please hold for the survey*

  → Transfer call to IVR survey

  If **NO** - *Thank you again for calling the MOUNTAIN HEALTH TRUST Enrollment Helpline. Have a nice day.*

Section 4: Excluded Members
• *You are not able to enroll in MOUNTAIN HEALTH TRUST at this time. Please keep using the health providers and services you use now.*

If the caller still has questions:
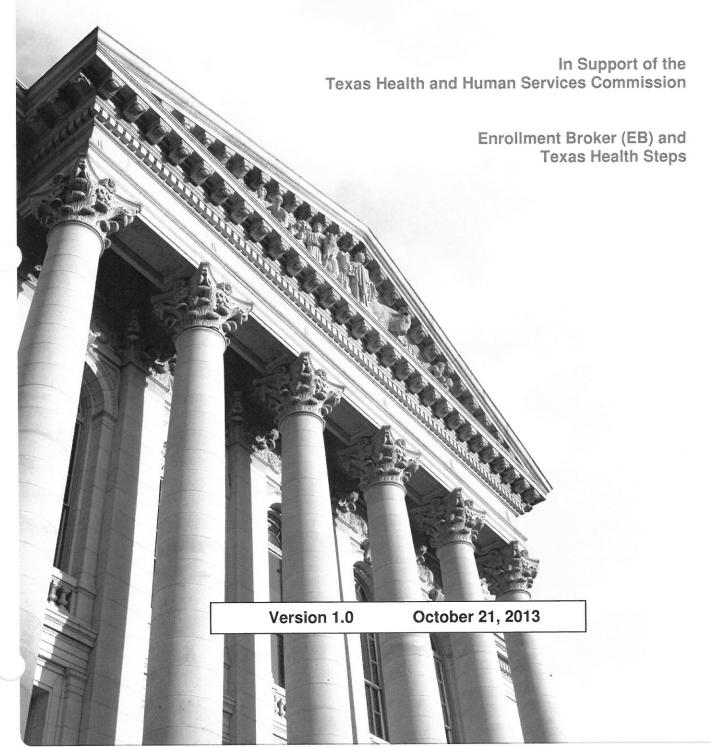
- *Please contact Medicaid Member Services at 1-888-483-0797 for more information.*

Section 5: Pending Member
• *We have not received the necessary information from Medicaid that will allow me to provide you with a plan effective date. I can however, take your enrollment choice and save it in our database. When we receive more information from Medicaid, we will contact you to let you know when you can start getting services from the health plan.*

MAXIMUS Monthly Status Report
EB AP-008

In Support of the
Texas Health and Human Services Commission

Enrollment Broker (EB) and
Texas Health Steps

| Version 1.0 | October 21, 2013 |

Submission History

VERSION	SUBMISSION DATE	SUMMARY OF CHANGE
1.0	October 21, 2013	Original Document

1. MANAGEMENT SUMMARY

MAXIMUS presents its Monthly Performance Report for September 2013. The report highlights performance results in all areas for the month, as well as key accomplishments, special projects and ongoing improvement initiatives achieved during the reporting period.

Enrollment Broker (EB) and Texas Health Steps

EB Medicaid Managed Care enrollment was 3,342,582 for September, decreasing compared to the previous reporting period. Dental Program enrollments were reported at 2,450,082 in September, which was also a decrease from August.

MAXIMUS met all performance requirements in the EB Call Center and Operational areas during September besides the Average Speed of Answer (ASA) target in the EB Non-Frew Queue. An Interactive Voice Response (IVR) system routing error (Help Desk Ticket #INC000000620913) contributed to a high Maximum Time to Agent for Frew calls. Call Center resources were reassigned to ensure meeting the Frew and Texas Health Steps Maximum Time to Agent standards, respectively. Reassignment of these resources resulted in a high ASA for the EB Non-Frew queues. MAXIMUS is working with HHSC and the vendor eLoyalty on maximizing workload balancing efficiency by creating solutions that automate call-routing to manage fluctuations between the various queues. MAXIMUS anticipates the solution will prevent this issue from repeating in future reporting periods. EB and Texas Health Steps met the 300-second Frew requirement.

During September, the MAXIMUS systems team continued working in concert with HHSC and other trading partners to ensure quality service delivery during a time of transition associated with the Children's Health Insurance Program (CHIP) into Texas Integrated Eligibility Redesign System (TIERS) project and MAXeb system implementation. MAXIMUS also continued extensive Outreach and outbound call efforts throughout the month in an attempt to contact Newly Certified, and Non-Participant populations.

Human Capital, Training and Quality Assurance (QA)

During the reporting period, the Human Capital Team continued to support general on-boarding and off-boarding as required, and succession planning and staff development efforts. Human Capital efforts were also focused on the various employee transitions that took place in association with the CHIP into TIERS project and implementation of the new MAXeb system.

In September, the MAXIMUS Training and Curriculum Development Team continued to support employees through New Team Member Training (NTMT) and Existing Team Member Training (ETMT) classes. ETMT classes during September were primarily aimed at supporting the CHIP into TIERS project and MAXeb system implementation, as needed.

During the September 2013 reporting month, MAXIMUS Quality Assurance (QA) and the Health and Human Services Commission Medicaid CHIP Division (HHSC MCD) met to validate the findings for EB and Texas Health Steps Call Center Operations. The MAXIMUS QA team also continued to conduct internal reviews and audits of reviewers, as well as assessments of Service Review Instruments (SRIs) resulting from operational changes to maintain quality and integrity throughout the reporting period.

2. PROGRAM PERFORMANCE SUMMARY

The Performance Scorecard highlights accomplishments and trends from the previous month using metrics for inventory, productivity, quality and other program-specific goals such as Call Center Abandonment Rates (AB Rates).

The *Five-Point Monthly Performance Scale* illustrates the overall monthly performance of each program area as shown in Section 2.1.

Five-Point Monthly Performance Scale		
5	Significantly Above	The monthly performance was consistently outstanding and exceeded established targets.
4	Above	The monthly performance was satisfactory and often exceeded established targets.
3	Met	The monthly performance was satisfactory and fully met established targets.
2	Below	The monthly performance was reasonably close to meeting established targets but was deficient in certain areas. The expectation is that the performance will improve by the next reporting period.
1	Significantly Below	The monthly performance was consistently poor and below established targets. A performance improvement plan will be established and communicated in the form of a MAXIMUS Initiated Memorandum (MIM).

2.1 PERFORMANCE SCORECARD FOR SEPTEMBER 2013.

Program Area	Rating	Key Trends and Accomplishments
Enrollment Broker (EB)/Texas Health Steps (Texas Health Steps)	3	<u>Operations</u> • *Inventory: All processing met or exceeded monthly goals.* • *Productivity: Met or exceeded monthly goals.* • *Quality: Met or exceeded monthly goals.*
	2	<u>Call Center</u> • *Texas Health Steps and EB Non-Frew total call volume decreased. EB Frew total call volume increased.* • *EB Frew, EB Non-Frew, and Texas Health Steps average daily volume increased.* • *EB Frew and EB Non-Frew AB Rate increased. Texas Health Steps AB Rate decreased.* • *EB Frew and Texas Health Steps were under 300 seconds Maximum Time to Agent.*
	3	<u>Systems</u> • *Inventory: All State Action Requests (SARs) are on track.* • *Productivity: Met all requirements.* • *Quality: Met monthly goals.*

3. PROGRAM PERFORMANCE DETAILS

3.1 Enrollment Broker/Texas Health Steps

3.1.1 Operations

Enrollment Broker (EB) Medicaid Managed Care enrollment reported in September decreased 0.5% from August's total enrollments, or by 15,162 clients, to a total of 3,342,582 enrollments. The decrease in enrollment was expected and followed trending for the enrollment period (the October enrollment period had one less day to enroll clients). Individual program fluctuations included a 1.1% decrease in STAR, a 0.2% decrease in STAR Health, and a 0.2% increase in STAR+PLUS.

In addition, the Dental Program reported 2,450,082 enrollments in September, which was a 1.0% decrease from last month.

Outreach staff completed 1,851 community contacts and events for the Medicaid Managed Care program and 5,133 for the Texas Health Steps program. Outreach staff also completed 23,952 phone call attempts and 6,859 home visit attempts for Medicaid Managed Care, as well as 37,203 phone call attempts and 5,795 home visit attempts for the Texas Health Steps program.

MAXIMUS continued its outbound call efforts in an attempt to contact Texas Health Steps clients in the Health Care Orientation (HCO), Newly Certified (NC) and Non Participant (NP) populations. The Outbound Dialer CCRs made 8,059 HCO calls and 4,742 NC calls. The Outbound Outreach Unit made 1,546 manual calls to EB and Texas Health Steps clients.

In addition to ongoing letters and correspondence in September, MAXIMUS processed 71 Texas Health Steps product website orders, totaling 67,269 individual items distributed. The decrease in online orders was due to the transition to the new website.

The following sections outline EB Operations activity throughout the reporting month.

3.1.1.1 Mail Summary

In September, MAXIMUS Mail House staff members worked with HHSC to update/revise the following items:
- Thirty One (31) Texas Health Steps Letters for MAXeb
- Twenty Eight (28) CHIP Letters and Materials for MAXeb
- Thirteen (13) Outreach Presentation Schedules
- Twelve (12) MMC Letters and Materials for MAXeb
- Two STAR+PLUS Enrollment Flyers
- One Medicaid Dental Enrollment Flyer
- One STAR Enrollment Letter for ACA
- One Materials Request Letter (all programs) for MAXeb

Mail House staff began/continued coordination efforts for the following projects:
- CHIP into TIERS
- Changes to EB Letters and Materials for MAXeb
- Affordable Care Act (ACA)

MMC Monthly Mailings						
Mail Type	04/13	05/13	06/13	07/13	08/13	09/13
Mandatory Medical Enrollment Kits/Requests (STAR, STAR+PLUS, SNS, NS & TP40)	68,562	74,778	64,108	75,903	88,810	74,067
STAR & STAR+PLUS Voluntary Letters	8,852	9,640	8,540	8,890	12,105	7,705
STAR Health Ongoing Letters	173	202	175	235	183	183
Mandatory Dental Enrollment Kits/Requests	*51,920	60,604	46,595	56,786	59,466	55,942

*(Table 3.1.1.1A) Mail Summary: The table shows the total volumes mailed for the MMC Medical and Dental programs during each month. (SNS=STAR/NorthSTAR, NS=NorthSTAR only) *The decrease in Dental kits mailed in April was the result of SFTP server issues causing a delay in mail processing. The April 30th mail processed normally, effectively bringing the processing up-to-date, but those numbers were reported for May.*

Texas Health Steps Monthly Mailings						
Mail Type	04/13	05/13	06/13	07/13	08/13	09/13
Pregnant Women Letters	10,141	10,095	***0	20,935	9,239	9,123
Four-Month Dental Letters	19,600	20,109	17,201	18,058	17,759	18,554
Non-Participant (NP) Letters	13,354	12,664	12,581	9,746	12,247	10,049
Newly Certified (NC) Letters	36,853	52,264	^26,333	30,142	46,772	33,572
21-Day Reminder Letters (NP, NC & HCO)	45,425	47,025	43,201	+24,329	41,702	44,235
Checkup Due Letters	560,954	550,779	^^933,999	++802,809	+++834,069	621,852
Checkup Reminder Letters	301,085	304,539	^^786,688	383,691	384,055	238,766

*(Table 3.1.1.1B) Mail Summary: The table shows the total volumes mailed for the Texas Health Steps program during each month. (SNS=STAR/NorthSTAR, NS=NorthSTAR only) *** Pregnant Women Letter file was received on 6/24/13 and mailed on 7/1/13. ^ Decrease in Newly Certified Letters mailed in June was due to the last weekly file being mailed the first week of July. ^^ The increase in Checkup Due and Checkup Reminder letters mailed in June was due to an increase in the size of the files received from DSHS. +21 Day Reminder Letter file was received on 7/29/13 and mailed on 8/2/13. ++The increase in Checkup Due and Checkup Reminder letters mailed in July was due to an increase in the size of the files received from DSHS. +++ The increase in Checkup Due letters mailed in August was due to an increase in the size of the files received from DSHS.*

3.1.1.2 Field Operations Summary

During September, Field staff members completed a total of 6,859 home visit attempts for the Enrollment Broker Medicaid Managed Care Program, compared to 7,948 in August. Field staff also completed 23,952 phone call attempts in September, which is a decrease from the 24,472 phone call attempts completed in August. In September, Field staff members completed a total of 1,851 field events for Medicaid Managed Care Program, compared to 1,767 completed in August. Field events include enrollment events, community contacts, presentations, and health fairs. This is within normal and seasonal fluctuations.

Additionally, Field staff completed 37,203 phone call attempts for Texas Health Steps clients in September, compared to 63,043 in August. Field staff also completed 5,795 home visit attempts in September, compared to 10,748 in August. Home visits completed include health care orientation clients and special population clients such as pregnant teens, clients who missed appointments, and requests for home visits. In September, Field staff also completed 5,133 community contacts for the Texas Health Steps Program, compared to

4,204 in August. Effective 9/1, there was a reduction in field staff as based on the new contractor which lowered home visit and phone call numbers.

Table 3.1.1.2A summarizes EB Outreach activities throughout the reporting month. This is within normal and seasonal fluctuations.

Outreach Activities						
Task	04/13	05/13	06/13	07/13	08/13	09/13
EB Phone Call Attempts	24,663	27,520	23,529	25,061	24,472	23,952
EB Home Visit Attempts	7,422	8,024	7,484	7,842	7,948	6,859
*Enrollments processed	6,549	6,771	6,207	6,460	6,154	5,212
Plan Changes processed	269	262	202	184	189	126
EB Enrollment Events	236	146	96	113	255	167
EB Presentations (non-enrollment event)	111	75	64	52	63	91
EB Community Meetings (non-enrollment event)	2,031	1,895	1,740	1,654	1,410	1,567
EB Health Fairs (non-enrollment event)	27	25	15	20	39	26
Texas Health Steps Phone Call Attempts	93,056	94,392	84,720	76,006	63,043	37,203
Texas Health Steps Home Visit Attempts	14,996	15,780	14,756	12,736	10,748	5,795
Texas Health Steps Community & State Agency Contacts	5,595	4,547	3,382	3,229	4,204	5,133

(Table 3.1.1.2A) Outreach Activity: The table shows the Outreach activity for the month. *These totals reflect the number of enrollment actions performed by field outreach.

The following are highlights of Field staff activities for the month of September:

- Region 1 Regional Manager presented STAR and Texas Health Steps information at the Region 16 Texas Education Agency Education Service Center Migrant Parent Advisory Committee meeting in Potter County to approximately 30 attendees.
- Region 2 Regional Manager presented Texas Health Steps and STAR information to approximately 50 attendees at the "Helping Families Get the Most out of Medicaid" workshop in Taylor County.
- Region 3 Outreach staff shared Texas Health Steps and STAR information with 551 attendees at the Diez y Seis de Septiembre Health/Community /Safety Fair in Tarrant County.
- Region 4 Outreach staff provided Texas Health Steps and STAR information at the Blue Cross Blue Shield Health Fair in Harrison County to approximately 425 attendees.
- Region 5 Outreach staff shared Texas Health Steps and STAR information with 300 attendees at the Take a Loved One to the Doctor Health Fair in Jefferson County.
- Region 6 Outreach staff shared Texas Health Steps and STAR information with 240 attendees at the El Campo Memorial Hospital Wharton County Health Fair in Wharton County.
- Region 7 Outreach staff shared Texas Health Steps information and STAR information with 260 attendees at the Take a Loved One For a Check Up Health Fair in Travis County.
- Region 8 Outreach staff shared Texas Health Steps and STAR information with 200 attendees at the District 1 Early Childhood Training and Resource Fair in Bexar County.

- Region 9 Outreach staff shared Texas Health Steps and STAR information with approximately 532 attendees at the Sunset Mall Fall Community Day in Tom Green County.
- Region 10 Outreach staff shared STAR+PLUS information with 150 attendees at the Chelsea Community Center Health Fair in El Paso County.
- Region 11 Outreach staff shared Texas Health Steps and STAR information with 200 attendees at the Valley View ISD Health Fair in Hidalgo County.

3.1.1.3   Special Services Summary

Table 3.1.1.3A outlines the Special Services Unit (SSU) Medicaid Managed Care activities for the reporting period.

Special Services Unit Medicaid Managed Care Activities						
Task	04/13	05/13	06/13	07/13	08/13	09/13
County Code Errors sent to HHSC	574	246	*n/a	*n/a	*n/a	*n/a
Newborn Name Changes sent to HHSC	0	5	*n/a	*n/a	*n/a	*n/a
Newborn Plan Change requests	211	234	167	220	187	179
Newborn Plan Changes completed	193	199	193	204	155	205
Newborn Plan Changes still pending	229	241	207	202	235	187
Incomplete Newborn Plan Changes	9	13	6	9	3	12
Early Newborn Plan Changes requested	3	6	5	7	4	4
Early Newborn Plan Changes completed	0	0	0	0	0	0
Early Newborn Plan Changes pending	3	6	5	7	4	4
Incomplete Early Newborn Plan Changes	0	0	0	0	0	0
Voluntary MMC Disenrollments processed	182	144	147	172	154	185

(Table 3.1.1.3A) Special Services Unit Managed Care Activity highlights the Managed Care activity. *Per direction of HHSC, MAXIMUS ceased work on County Code Errors and Newborn Name Changes as of early May 2013.

Table 3.1.1.3B highlights Texas Health Steps activities completed by the SSU during the reporting period.

Special Services Unit Texas Health Steps Activities						
Task	04/13	05/13	06/13	07/13	08/13	09/13
Missed Appointment Referrals Received	2,747	2,956	2,741	3,378	4,140	3,283
Pregnant and Parenting Teen Lists	357	325	406	402	455	359
DFPS Leaving Conservatorship List	716	723	699	619	745	643
Extra Effort Referrals	12	6	11	10	3	6
Checkup Verifications	793	880	808	883	986	673
Lead Referrals	4	0	52	31	19	5
Provider Relations Referrals	3	0	7	5	16	3
*PLU Provider Updates Received from DSHS	48	89	117	91	71	40

(Table 3.1.1.3B) This table highlights Texas Health Steps activities completed by the SSU. The number of forms received and completed varied due to the activity that overlapped months. *This is the total of updates received from the Regional Provider Relations staff as part of the PLU workaround.

Table 3.1.1.3C shows the number of Health Plan/Primary Care Provider (PCP) enrollment forms processed by the SSU during the reporting period.

Special Services Unit Enrollment Data Entry						
Task	04/13	05/13	06/13	07/13	08/13	09/13
EB Forms Received	16,149	14,912	14,855	16,174	18,756	16,816
EB Forms Completed	17,123	14,459	14,881	16,002	18,690	16,017
CHIP Forms Received	2,730	2,696	2,484	2,446	2,205	*13,829
CHIP Forms Completed	2,561	2,802	2,354	2,233	2,081	*13,773

*(Table 3.1.1.3C) The above table highlights data entry activities completed by the SSU over a six-month period. * An increase in CHIP Forms was anticipated for September due to the transition of CHIP Enrollment into the new MAXeb system, as well as the establishment of new barcodes on the Enrollment Transfer Forms (ETF). Any ETF received with an old barcode is not able to be processed automatically by OCR and had to be processed manually by a data entry agent.*

3.1.1.4 Enrollments Summary

Table 3.1.1.4A gives an overview of the enrollment activity in Medicaid Managed Care programs reported in the month. During this reporting period, Medicaid Managed Care enrollments decreased 0.5%, or by 15,162 clients, for a total of 3,342,582 enrollments. The decrease in enrollment was typical, following trending for the enrollment period (one less day to enroll in comparison to the August enrollment period).

The Dental program reported 2,450,082 enrollments in September, which was a 1.0% decrease from last month.

Total Unduplicated Enrollments by Program						
State Cutoff Month	STAR	STAR + PLUS	STAR Health	North STAR	Total Unduplicated Enrollments	Dental
Apr-13	2,518,984	407,865	30,394	795,880	3,345,490	2,503,224
May-13	2,524,125	408,792	30,585	802,367	3,358,371	2,506,290
Jun-13	2,529,064	409,268	30,843	810,619	3,372,441	2,477,499
Jul-13	2,489,630	408,309	31,111	816,860	3,345,117	2,414,264
Aug-13	2,494,060	410,255	31,106	822,990	3,357,744	2,475,673
Sep-13	2,466,469	410,948	31,050	830,168	3,342,582	2,450,082

(Table 3.1.1.4A) Total Unduplicated Enrollments by Program. Enrollment totals are reported from the monthly Confirmed Eligibles Report. The unduplicated enrollments total uniquely counts the clients enrolled in STAR in the Dallas Service Area who are also enrolled in NorthSTAR.

Table 3.1.1.4B gives an overview of the new enrollment activity in Medicaid Managed Care programs reported in the month. New monthly enrollments decreased 14.8% in September. Individual program new enrollment fluctuations included an 8.8% decrease in STAR and a 14.8% decrease in STAR+PLUS. The decrease in new enrollment is following the historical seasonal trends (one less day to enroll clients this enrollment period).

New monthly enrollments for the Dental program decreased 33.9% for the September enrollment period. The decrease was expected following the September enrollment period's massive increase, which resulted from previously unprocessed enrollments.
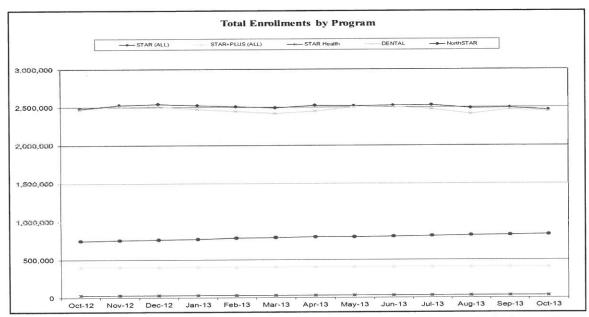
Total Unduplicated New Monthly Enrollments by Program						
State Cutoff Month	STAR	STAR + PLUS	STAR Health	North STAR	Total Unduplicated Enrollments	Dental
Apr-13	154,287	6,189	723	23,197	161,690	184,825
May-13	151,293	6,760	665	21,772	159,878	126,660
Jun-13	165,769	6,847	907	27,070	176,788	107,702
Jul-13	126,782	5,078	730	20,012	134,770	79,178
Aug-13	174,963	7,491	645	23,347	181,087	206,230
Sep-13	158,908	6,382	678	22,981	166,119	136,216

(Table 3.1.1.4B) Total Unduplicated New Monthly Enrollments by Program. Enrollment totals are reported from the monthly Confirmed Eligibles Report. The unduplicated new monthly enrollments total uniquely counts the clients enrolled in STAR in the Dallas Service Area who also enrolled in NorthSTAR.

Table 3.1.1.4C summarizes total voluntary choice enrollment rates in Medicaid Managed Care programs reported during the month.

Total Voluntary Choice Enrollment Rate by Program								
State Cutoff Month	STAR Choice Enrollment	Default STAR	STAR+PLUS Choice Enrollment	Default STAR+PLUS	NorthSTAR Choice Enrollment	TP40 Choice Enrollment	*Dental Choice Enrollment	*Default Dental
Apr-13	79.9%	20.1%	62.1%	37.9%	82.9%	84.5%	50.0%	50.0%
May-13	80.1%	19.9%	68.8%	31.2%	85.8%	84.4%	77.0%	23.0%
Jun-13	84.2%	15.8%	70.3%	29.7%	82.3%	83.4%	87.1%	12.9%
Jul-13	80.4%	19.6%	69.6%	30.4%	83.8%	82.9%	86.7%	13.3%
Aug-13	80.9%	19.1%	78.5%	21.5%	85.5%	83.2%	83.3%	16.7%
Sep-13	77.1%	22.9%	64.0%	36.0%	83.6%	81.2%	70.4%	29.6%

(Table 3.1.1.4C) The table above shows an overview of the voluntary choice rates and default rates for each program by month for the current fiscal year. The enrollment totals are reported from the monthly Confirmed Eligibles Report.

(Figure 1.1.1.4A) Total Enrollments by Program: Provides an overview of the total effective enrollment across STAR, STAR+PLUS, and STAR Health. Labels include the enrollment period, which is the calendar month that follows the current reporting period.
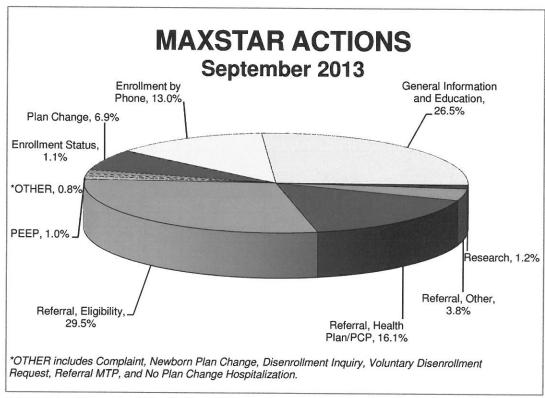
3.1.2 Call Center

The sections below summarize EB Frew, EB Non-Frew and Texas Health Steps Call Center performance.
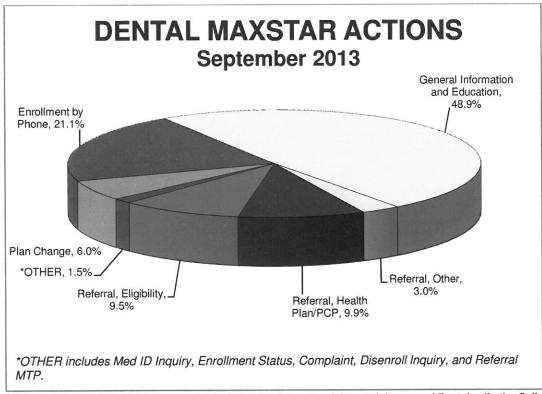
3.1.2.1 Inventory

Figures 3.1.2.1A and 3.1.2.1B break down the type of Enrollment Broker and Texas Health Steps calls handled by the Call Center during the reporting month.

MAXSTAR ACTIONS
September 2013

- Enrollment by Phone, 13.0%
- Plan Change, 6.9%
- Enrollment Status, 1.1%
- *OTHER, 0.8%
- PEEP, 1.0%
- General Information and Education, 26.5%
- Research, 1.2%
- Referral, Other, 3.8%
- Referral, Health Plan/PCP, 16.1%
- Referral, Eligibility, 29.5%

*OTHER includes Complaint, Newborn Plan Change, Disenrollment Inquiry, Voluntary Disenrollment Request, Referral MTP, and No Plan Change Hospitalization.

(Figure 3.1.2.1A) MAXSTAR Call Actions for Medicaid Managed Care: Provides a breakdown of the type of Medicaid Managed Care calls the Call Center handle d this month and the percentage each type makes up of the total Medicaid Managed Care call volume. Chart may not add up to 100% due to rounding standards.

DENTAL MAXSTAR ACTIONS
September 2013

OTHER includes Med ID Inquiry, Enrollment Status, Complaint, Disenroll Inquiry, and Referral MTP.
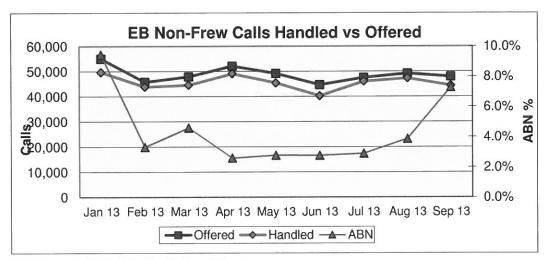
(Figure 3.1.2.1B) Dental MAXSTAR Call Actions: Provides a breakdown of the type of Dental calls the Call Center handled this month, and the percentage each type makes up of the total call volume.

The figures below show the monthly inventory for the EB Non-Frew, EB Frew, Texas Health Steps and CHIP Enrollment Call Centers (See figures 3.1.2.1C, D, E, F and G).
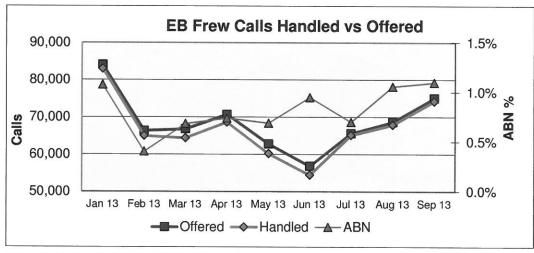
The EB Non-Frew total call volume decreased from August to September. The average daily volume increased by about 7%. Peak volume levels were seen on Wednesday, September 4. The EB Non-Frew volumes were within forecast for this month.

(Figure 3.1.2.1C) EB Calls Handled vs. Offered.
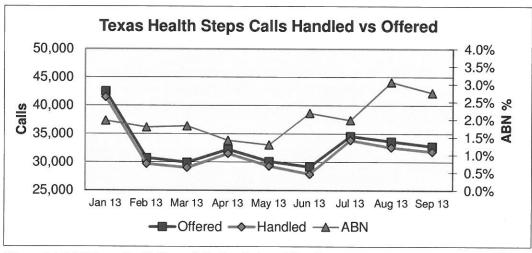
The EB Frew total call volume increased from August to September. The average daily volume increased by about 20%. Peak volume levels were seen on Monday, September 9. The EB Frew volumes were within forecast for this month.

EB Frew Calls Handled vs Offered

(Figure 3.1.2.1D) EB Calls Handled vs. Offered.
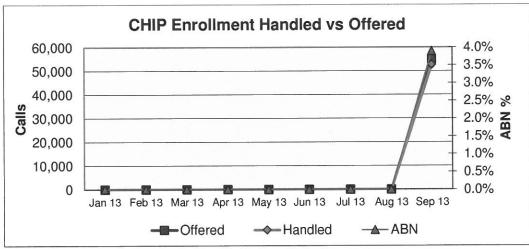
The Texas Health Steps total call volume decreased from August to September. The average daily volume increased by about 7%. Peak volume levels were seen on Monday, September 23. Texas Health Steps volumes were within forecast for this month.

Texas Health Steps Calls Handled vs Offered
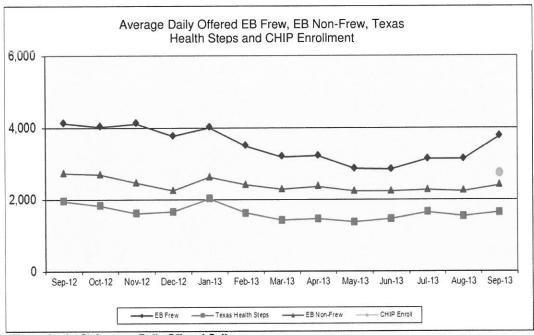
(Figure 3.1.2.1E) Texas Health Steps Calls Handled vs. Offered.

CHIP Enrollment calls were introduced into the overall EB Call Center in September 2013.

Add CHIP Handled vs. Offered Graph (3.1.2.1F)

(Figure 3.1.2.1G) Average Daily Offered Calls.
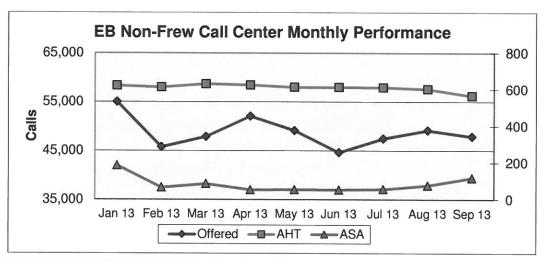
3.1.2.2   Production, AB and ASA Performance

Figure 3.1.2.2A and Table 3.1.2.2A summarize the EB Non-Frew Call Center's performance for the month. Tables 3.1.2.2B and 3.1.2.2C break down the data by English and Spanish. EB Non-Frew exceeded AB Rate and ASA performance expectations for the reporting period.

The EB Non-Frew AB rate was 7.3%. This increased from August. EB Non-Frew ASA was 118 seconds, which exceeded the ASA standard. There was a queue routing error in the Interactive Voice Response System (IVR) that caused a high Maximum Time to Agent for EB Frew. Call Center resources were directed towards meeting the EB Frew and Texas Health Steps Maximum Time to Agent standard. The agents were reskilled to these queues to meet the 300-second requirement.

For information on systems issues affecting the EB non-Frew queue throughout the month, please see section *4.4 Incidents.*

(Figure 3.1.2.2A) EB Call Center Performance Comparison.

EB Non-Frew Call Center Production										
Month	Year	Forecast Calls	Calls Offered	Calls Handled	Sys Out Calls	Average Handle Time	Average Speed of Answer	Abandon	% Abandon	Average Staff on Phones
February	2013	52,134	45,752	43,840	394	613	66	1518	3.3%	211
March	2013	58,795	47,881	44,530	1,155	631	86	2196	4.6%	111
April	2013	58,678	52,060	49,070	1,641	625	53	1349	2.6%	118
May	2013	58,154	49,136	45,395	2,376	613	54	1365	2.8%	88
June	2013	47,428	44,638	40,240	3,163	613	53	1235	2.8%	80
July	2013	50,669	47,492	46,016	101	612	56	1375	2.9%	166
August	2013	56,237	49,162	47,233	26	603	77	1903	3.9%	165
September	2013	57,405	47,901	44,383	31	566	118	3487	7.3%	149
Target							<90		<10%	

(Table 3.1.2.2A) EB Non-Frew Call Center Production. Average Staff numbers account for factors such as absenteeism, vacation/sick leave and attrition. The forecast volume for the month represents the volumes used in the WFM plan. [1]Sys_Out Calls refer to redirected calls as defined by the Cisco Approved Report Calculations.
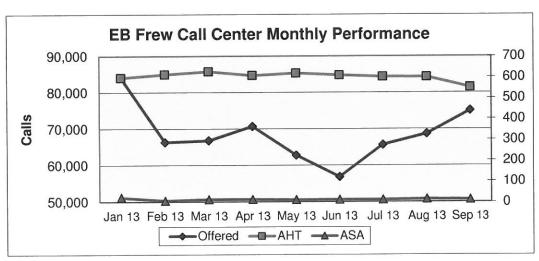
EB Non-Frew Call Center Production - English							
Month	Year	Calls Offered	Calls Handled	Sys_Out Calls	AHT	ASA	Total Abandoned	% Abandon
February	2013	38,171	36,530	382	602	66	1259	3.3%
March	2013	40,301	37,337	1,146	623	83	1818	4.5%
April	2013	44,070	41,334	1,621	617	51	1115	2.5%
May	2013	41,903	38,412	2,357	603	53	1134	2.7%
June	2013	38,170	33,976	3,137	605	51	1057	2.8%
July	2013	40,299	39,074	80	602	54	1145	2.8%
August	2013	41,504	39,910	16	594	75	1578	3.8%
September	2013	39,253	36,330	13	568	117	2910	7.4%
Target						<90		<10%

(Table 3.1.2.2B) EB Non-Frew Call Center Performance Production-English.

EB Non-Frew Call Center Production –Spanish							
Month	Year	Calls Offered	Calls Handled	Sys_Out Calls	AHT	ASA	Total Abandoned	% Abandon
February	2013	7,581	7,310	12	666	67	259	3.4%
March	2013	7,580	7,193	9	673	99	378	5.0%
April	2013	7,990	7,736	20	673	59	234	2.9%
May	2013	7,233	6,983	19	668	61	231	3.2%
June	2013	6,468	6,264	26	657	62	178	2.8%
July	2013	7,193	6,942	21	663	70	230	3.2%
August	2013	7,658	7,323	10	648	83	325	4.2%
September	2013	8,648	8,053	18	557	123	577	6.7%
Target						<90		<10%

(Table 3.1.2.2C) EB Non-Frew Call Center Production – Spanish.

Figure 3.1.2.2B and Table 3.1.2.2D summarize the EB Frew Call Center's performance for the month. Tables 3.1.2.2E and 3.1.2.2F break down the data by English and Spanish. EB Frew AB rate and ASA decreased from August to September.

(Figure 3.1.2.2B) EB Call Center Performance Comparison.

EB Frew Call Center Production											
Month	Year	Forecast Calls	Calls Offered	Calls Handled	Sys Out Calls[1]	AHT	ASA	Abandon Calls	% Abandon	Average Staff on Phones	MAX Daily Avg
February	2013	80,590	66,340	64,960	1,113	612	5	267	0.4%	211	206
March	2013	88,187	66,791	64,362	1,973	626	11	456	0.7%	111	276
April	2013	85,983	70,680	68,623	1,535	607	11	522	0.7%	118	255
May	2013	80,719	62,772	60,181	2,159	618	9	432	0.7%	88	257
June	2013	67,319	56,806	54,438	1,830	608	10	538	1.0%	80	264
July	2013	75,296	65,620	65,142	19	601	10	459	0.7%	166	222
August	2013	85,458	68,647	67,906	16	600	13	725	1.1%	165	282
September	2013	91,099	75,069	74,225	21	550	11	823	1.1%	149	278
Target							<60		<10%		

(Table 3.1.2.2D) EB Frew Call Center Production. Average Staff numbers account for factors such as absenteeism, vacation/sick leave and attrition. The forecast volume for the month represents the volumes used in the WFM plan. [1]Sys_Out Calls refer to redirected calls as defined by the Cisco Approved Report Calculations.

EB Frew Call Center Production – English								
Month	Year	Calls Offered	Calls Handled	Sys_Out Calls	AHT	ASA	Total Abandoned	% Abandon
February	2013	47,365	46,485	677	589	5	203	0.4%
March	2013	48,831	47,212	1,258	608	10	361	0.7%
April	2013	52,185	50,771	992	588	11	422	0.8%
May	2013	46,497	44,766	1,391	598	9	340	0.7%
June	2013	41,560	39,976	1,161	591	10	423	1.0%
July	2013	48,787	48,401	12	586	10	374	0.8%
August	2013	51,521	50,927	11	584	13	583	1.1%
September	2013	56,235	55,551	16	537	11	668	1.2%
Target						<60		<10%
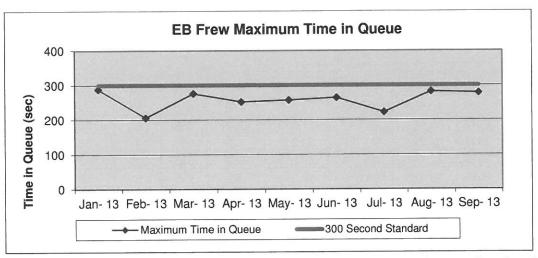
(Table 3.1.2.2E) EB Frew Call Center Performance Production-English.

EB Frew Call Center Production –Spanish								
Month	Year	Calls Offered	Calls Handled	Sys_Out Calls	AHT	ASA	Total Abandoned	% Abandon
February	2013	18,975	18,475	436	670	6	64	0.3%
March	2013	17,960	17,150	715	675	11	95	0.5%
April	2013	18,495	17,852	543	663	12	100	0.5%
May	2013	16,275	15,415	768	677	10	92	0.6%
June	2013	15,246	14,462	669	656	11	115	0.8%
July	2013	16,833	16,741	7	645	11	85	0.5%
August	2013	17,126	16,979	5	648	14	142	0.8%
September	2013	18,834	18,674	5	589	11	155	0.8%
Target						<60		<10%

(Table 3.1.2.2F) EB Frew Call Center Production – Spanish.
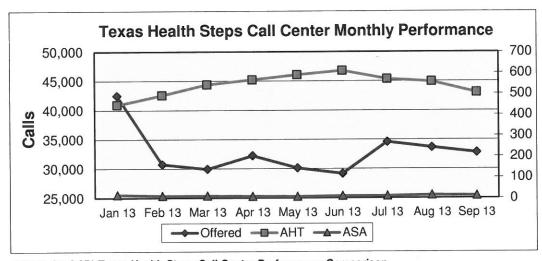
The final maximum average time to agent for EB Frew was 278 seconds, which represents a slight decrease from August. For information on systems issues throughout the month, please see section 4.4 Incidents.

EB Frew Maximum Time in Queue

(Figure 3.1.2.2C) EB Maximum Time in Queue summarizes average monthly performance based on the 300-second standard.

The Texas Health Steps Call Center's performance for the month is summarized in Figure 3.1.2.2D and Table 3.1.2.2G. Tables 3.1.2.2H and 3.1.2.2I break down the data by English and Spanish queues. The Texas Health Steps AB rate and ASA decreased from August.

Texas Health Steps Call Center Monthly Performance

(Figure 3.1.2.2D) Texas Health Steps Call Center Performance Comparison.

Texas Health Steps Call Center Production											
Month	Year	Forecast Calls	Calls Offered	Calls Handled	Sys Out Calls[1]	AHT	ASA	Abandon Calls	% Abandon	Average Staff on Phones	MAX Daily Avg
February	2013	38,104	30,744	29,702	494	492	10	548	1.8%	56	255
March	2013	42,628	29,943	29,023	375	543	10	545	1.8%	48	248
April	2013	43,006	32,241	31,523	262	566	8	456	1.4%	46	245
May	2013	37,391	30,122	29,312	422	590	7	388	1.3%	76	207
June	2013	31,191	29,168	27,881	650	610	10	637	2.2%	94	248
July	2013	36,630	34,578	33,859	33	570	10	686	2.0%	166	212
August	2013	41,425	33,648	32,599	19	558	14	1030	3.1%	165	256
September	2013	41,471	32,790	31,862	24	506	12	904	2.8%	149	236
Target							<60		<10%		

(Table 3.1.2.2G) Texas Health Steps Call Center Production. Average staff numbers account for factors such as absenteeism, vacation/sick leave and attrition. The forecast volume for the month represents the volumes used in the WFM plan. [1]Sys_Out Calls refer to redirected calls as defined by the Cisco Approved Report Calculations.

Texas Health Steps Call Center Production - English								
Month	Year	Calls Offered	Calls Handled	Sys_Out Calls	AHT	ASA	Total Abandoned	% Abandon
February	2013	25,106	24,228	400	463	9	478	1.9%
March	2013	24,568	23,816	278	507	9	474	1.9%
April	2013	26,728	26,108	203	538	8	417	1.6%
May	2013	24,922	24,292	299	557	7	331	1.3%
June	2013	24,621	23,530	527	575	10	564	2.3%
July	2013	29,248	28,613	27	544	10	608	2.1%
August	2013	28,433	27,486	15	535	14	932	3.3%
September	2013	27,020	26,211	13	482	12	796	3.0%
Target					<60			<10%
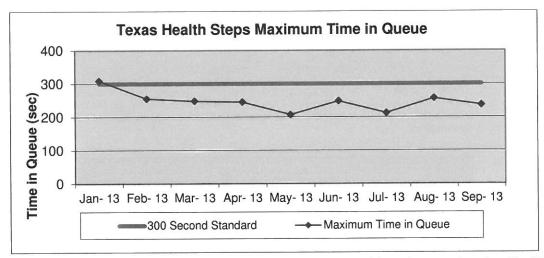
(Table 3.1.2.2H) Texas Health Steps Call Center Production - English.

Texas Health Steps Call Center Production -Spanish								
Month	Year	Calls Offered	Calls Handled	Sys_Out Calls	AHT	ASA	Total Abandoned	% Abandon
February	2013	5,638	5,474	94	622	11	70	1.2%
March	2013	5,375	5,207	97	710	13	71	1.3%
April	2013	5,513	5,415	59	698	9	39	0.7%
May	2013	5,200	5,020	123	749	10	57	1.1%
June	2013	4,547	4,351	123	801	13	73	1.6%
July	2013	5,330	5,246	6	708	11	78	1.5%
August	2013	5,215	5,113	4	676	17	98	1.9%
September	2013	5,770	5,651	11	614	14	108	1.9%
Target					<60			<10%

(Table 3.1.2.2I) Texas Health Steps Call Center Production – Spanish.
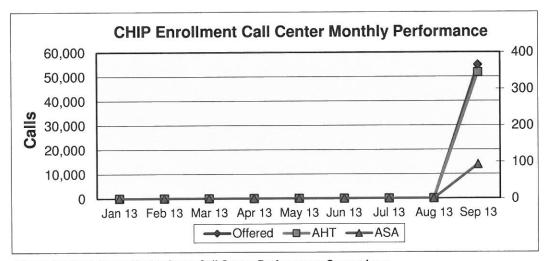
The final maximum average time to agent for Texas Health Steps was 236 seconds, which represents a decrease from August. For information on systems issues that affected the Texas Health Steps Call Center throughout the month, please see section *4.4 Incidents*.

(Figure 3.1.2.2E) Maximum Time in Queue summarizes average monthly performance based on the 300-second standard.

The CHIP Enrollment Call Center's performance for the month is summarized in Figure 3.1.2.2F and Table 3.1.2.2J. Tables 3.1.2.2K and 3.1.2.2L break down the data by English and Spanish queues.

The CHIP Enrollment AB rate was 3.9% and the ASA was 93 seconds, which was three seconds above the ASA standard. The call volume for CHIP Enrollment was 79% above forecast for the month of September and came in significantly higher than forecasted on September 30. Two possible call drivers were calls related to the CHIP Transition, as well as inquiries about the Affordable Care Act.

(Figure 3.1.2.2F) Texas Health Steps Call Center Performance Comparison.

CHIP Enrollment Call Center Production										
Month	Year	Forecast Calls	Calls Offered	Calls Handled	Sys Out Calls	Average Handle Time	Average Speed of Answer	Abandon	% Abandon	Average Staff on Phones
September	2013	30,574	54,845	52,679	32	345	93	2134	3.9%	39
Target							<90		<10%	

(Table 3.1.2.2A) EB Non-Frew Call Center Production. Average Staff numbers account for factors such as absenteeism, vacation/sick leave and attrition. The forecast volume for the month represents the volumes used in the WFM plan. [1]Sys_Out Calls refer to redirected calls as defined by the Cisco Approved Report Calculations.

CHIP Enrollment Call Center Production - English								
Month	Year	Calls Offered	Calls Handled	Sys_Out Calls	AHT	ASA	Total Abandoned	% Abandon
September	2013	34,680	33,363	11	349	89	1306	3.8%
Target						<90		<10%

(Table 3.1.2.2B) EB Non-Frew Call Center Performance Production-English.
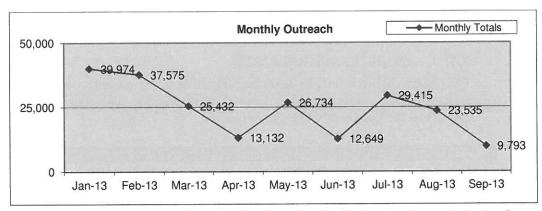
CHIP Enrollment Call Center Production –Spanish								
Month	Year	Calls Offered	Calls Handled	Sys_Out Calls	AHT	ASA	Total Abandoned	% Abandon
September	2013	20,165	19,316	21	338	100	828	4.1%
Target						<90		<10%

(Table 3.1.2.2C) EB Non-Frew Call Center Production – Spanish.

3.1.2.3   Outbound Calls

The total outbound call volume decreased from August. There was a queue routing error that caused a high Maximum Time to Agent for EB Frew. Call Center resources were directed towards meeting the EB Frew and Texas Health Steps Maximum Time to Agent standard. The outbound agents were reskilled to these queues to meet the 300-second requirement. In addition to the agent connected dialer calls and the manual outbound calls listed below there were 4,554 additional dialer calls attempted by the system. Attempted calls include no answer, busy signal, and electronic tone messages that the dialer does not connect through to an agent.

(Figure 3.1.2.3A) Texas Health Steps Total Outbound Calls: Outbound calls made by the Outreach Outbound Call Unit and the Predictive Dialer Unit.

Table 3.1.2.3A below shows outbound call activity by call type. The total number of outbound calls made in the month of September by Outbound Dialer staff and Outbound Outreach staff combined was 17,172. Throughout September, the Austin Call Center staff made 2,825 manual calls in the course of their duties.

Outbound Activity – Call Center, Outbound Dialer & Outbound Outreach						
Call Type	04/13	05/13	06/13	07/13	08/13	09/13
Texas Health Steps Outbound Dialer (Texas Health Steps Services)	19,319	45,800	19,972	49,000	36,749	12,801
EB/Texas Health Steps Manual Calls (Austin Call Center)	4,570	3,152	2,795	3,364	3,495	2,825
EB/Texas Health Steps Outreach Unit - Austin	1,300	421	477	360	483	1,546

(Table 3.1.2.3A) Call Center and Field Outbound Calls: Outbound calls made by Call Center and Outbound Outreach staff.

3.1.3   EB Systems

The list below summarizes EB Systems accomplishments for September 2013:

- EB Reporting:
  - o Successfully completed and submitted all weekly and monthly transmittals.
  - o Completed and submitted EB 005 Parts I and II via MIM/SAR 09162013F.
  - o Completed and submitted EB 005 Fourth Quarter Reports via MIM/SAR 09162013G.
  - o Submitted MIM/SAR and MMC and CHIP System Calendar for October 2013 to HHSC OSS via MIM/SAR #09252013A and posted calendar to TXMedCentral on 9/30/13.

4. OPERATIONAL SUPPORT AND PROJECT MANAGEMENT

4.1 QUALITY ASSURANCE

The Quality Assurance (QA) Team is responsible for developing and maintaining a quality review process, while providing support to Operations. The following section provides updates on the QA Team's ongoing initiatives.

Quality Goals	Status
Conduct objective, systematic monitoring and evaluation of customer eligibility, enrollment and information services.	Ongoing
Improve current business and QA processes to ensure outcomes meet customer needs, expectations and requirements.	Ongoing
Ensure consistent application of quality monitoring tools and techniques.	Ongoing
Communicate audit findings to all stakeholders to enable development and deployment of integrated action plans.	Ongoing

(Table 4.1A) Functional Goal and Status.

4.1.1 Quality Assurance Overview

The MAXIMUS and HHSC QA Departments continually collaborate with HHSC Vendor Operations and MAXIMUS Operations to maintain and revise an integrated set of review instruments, work instructions and associated training modules. QA monitoring results for the most recent sample period (August 2013) were reviewed in September 2013, and can be found in the EB All Programs KPR 16 – QA Report. QA findings for all KPRs met or exceeded the established performance standards.

Overview of QA accomplishments for September 2013:

- Conducted audits for August 2013 sample month using the following SRIs:
  - EB Call Center Operations – Integrated
  - Texas Health Steps Call Center Operations – Integrated
  - Financial Operations – Integrated
- Conducted audits for the September 2013 sample month for the following SRI:
  - Mailroom Operations – Integrated
- Conducted internal monitoring of QA Administrator IIIs using the following SRIs:
  - EB Call Center Operations – Integrated
  - Texas Health Steps Call Center Operations – Integrated
  - Financial Operations – Integrated
- Maintained potential fraud referral process with HHSC – Office of Inspector General
- Conducted status meetings with business function contacts to discuss QA findings
- MAXIMUS QA and HHSC completed a Validation of Findings review for the following business functions:
  - EB Call Center Operations - Integrated
  - Texas Health Steps Call Center Operations – Integrated
- Attended the following MAXIMUS training sessions:
  - Toastmasters (ILT)

- EB Call Center New Team Member Training (NTMT) (ILT)

4.2 HUMAN CAPITAL

Throughout the reporting period, Human Capital continued to focus its efforts on increasing employee retention in order to address staffing requirements needed to meet performance goals. Efforts to reduce attrition included:

- Continued behavioral interview training for supervisory personnel and scheduled training at each site

- Ongoing pay study efforts across all markets to ensure competitive wages for all job groups

- Project incentive plan payments to reinforce linkage of pay and performance

- Continued efforts to expand Spanish-speaking employee retention by offering bilingual pay differentials

- Refined supervisory training efforts to ensure proper leadership practices on the part of managers and supervisors

- Continued outreach efforts to employ underutilized populations, including individuals with disabilities and veterans

Table 4.2A shown below provides a summary of attrition by location for the reporting period.

Attrition Summary by Location			
Location	Headcount September	Attrition	Turnover by Total Headcount
Athens	349	16	4.6%
Austin Southfield	727	24	3.3%
Edinburg	404	21	5.2%
Midland	372	59	15.9%
San Antonio	335	9	2.7%
September Totals	2,187	129	5.9%

(Table 4.2A) Attrition Summary by Location: Provides the Average Headcount by location and includes the attrition totals. Turnover by Total Headcount provides the percentage or turnover rate for each location. This table provides the average headcount per location during the reporting month. For actual staffing totals, see Table 4.2.2A.

Human Capital filled the following new hire class that began in September 2013:

- One EB CCR - Austin on September 30 - Temp to Hire

MAXIMUS scheduled the following new hire classes for October and December 2013:

- One EB CCR - Austin on October 28 - Temp to Hire
- One EB CCR - Austin on December 2 - Temp to Hire

4.2.1 Staffing Summary

Table 4.2.1A provides the staffing summary by location and program. The details within the table break down staffing levels, including the actual employee headcounts, managerial targets and attrition levels for the reporting period. Any impacts associated with staffing can be found within the ES operational program section of this report. MAXIMUS and

HHSC are continually monitoring long-range forecasting and staffing plans to address high inbound volumes and peak volume days so that all performance targets can be achieved.

Staffing Summary by Program and Location					
Location	FTEs	Eligibility Support	EB/Texas Health Steps	PMO/ Operational Support	Total Actual
Athens	Actual	340	0	9	349
	Attrition	16	0	0	16
Austin	Actual	86	537	104	727
	Attrition	3	15	6	24
Edinburg	Actual	397	3	4	404
	Attrition	21	0	0	21
Midland	Actual	365	2	5	372
	Attrition	59	0	0	59
San Antonio	Actual	325	5	5	335
	Attrition	9	0	0	9
Total Actual as of 9/30/2013		1,513	547	127	2,187

(Table 4.2.1A) Staffing Summary by Program and Location. Actual staffing levels represent the headcount as of September 30, 2013, excluding all employees that began NTMT during September.

The headcount of employees in training displayed in Table 4.2.1B represents all employees that entered NTMT during September. Managers, Supervisors, QC, Personnel and SEU personnel are not included in the table.

New Team Members in Training

Program Area	Eligibility Support	EB/Texas Health Steps	PMO/ Operational Support	Total
Employees in Training	74	26	0	100

(Table 4.2.1B) New Team Member Training for September 2013.

4.2.2   Program Staffing Levels

The section below summarizes the actual headcount for variable staff by program as of September 30, 2013, and targeted variable staffing as stated in the interim contracts. The September 2013 managerial target staffing levels are determined by expected workloads as derived from analyses of historic workloads and leveled by estimated attrition and/or time to train new employees.

EB/Texas Health Steps Target and Actual Staffing Levels for Variable Staff

Position	September 30, 2013 Actual	September 30, 2013 Managerial Target	Employees in Training
EB/Texas Health Steps CCRs	272	284	26

(Table 4.2.2A) Managerial Target and Actual Staffing Levels for Variable Staff. Managerial target staffing levels do not include employees who began NTMT during the reporting month. Actual staffing levels represent the headcount as of September 30, 2013, excluding employees who began NTMT in September.

The headcount of employees in training represents all employees that entered NTMT in September. Managers, Supervisors, QC and SSU personnel are not included in the table.

EB New Team Member Training

The following EB NTMT class was underway for the reporting month:
- Austin: One CCR NTMT classes – 26 CCRs will complete NTMT on October 25, 2013 and will enter OJT on October 28, 2013

The following NTMT classes are scheduled for EB to fill staffing levels necessary to maintain performance requirements:
- Austin: One CCR NTMT class is scheduled to begin October 28
- Austin: One CCR NTMT class is scheduled to begin December 2

4.3 TRAINING

The Training Team is responsible for all EB and Texas Health Steps training. Training includes the development and delivery of materials. The development section provides the status of major development initiatives, while the delivery section breaks down training delivery activities for the month.

4.3.1 Training Development Overview

Development Project Name	Development Project Description	Development Begin Date	Projected Delivery Date	Projected Class Time (hours)	Status
MAXeb Implementation Supervisor Refresher	This course is intended to keep CCR Supervisors refreshed on MAXeb knowledge leading up to implementation.	9/16/2013	10/18/2013	4	In Progress
MAXeb Implementation CCR Refresher Series	These computer-based courses are intended to keep CCRs refreshed on MAXeb knowledge leading up to implementation.	9/16/2013	9/27/2013	0.5	In Progress
EB to CHIP Cross-Training	This instructor-led training will provide information to EB CCRs about CHIP policy and how to handle calls from CHIP recipients who need enrollment assistance or be referred.	9/18/2013	TBD	32	In Progress
EB MAXeb Implementation Quizzes	This training activity reinforces staff knowledge and understanding of MAXeb Implementation changes.	Weekly	Weekly	0.5	Complete
EB AskMAX Quizzes	This ongoing training activity reinforces the use of AskMAX and enables staff to demonstrate their understanding of changes.	Weekly	Weekly	0.5	On Hold

(Table 4.3.1 A) EB Training Development Overview

4.3.2 Training Delivery Overview

Overall efforts for training throughout the reporting month included the delivery of:

Training Delivery Type	# Classes Delivered	Total # of Students Trained
Instructor-Led	32	553
Web-Based	16	1,007

(Table 4.3.2A) Summary of Delivery Efforts. This includes all MAXIMUS EB trainings in Texas.

New Team Member Training

New Team Member Training (NTMT) is conducted on an ongoing basis, and has multiple start and end dates.

New Team Member Training Classes Completed in September					
Program	Role Trained	Location	Start Date	End Date	Total # of Students Trained
N/A	N/A	N/A	N/A	N/A	N/A

(Table 4.3.2B) New Team Member Training Classes Completed during the month

New Team Member Training Classes Began in September					
Program	Role Trained	Location	Start Date	End Date	Total # of Students Trained
N/A	N/A	N/A	N/A	N/A	N/A

(Table 4.3.2C) New Team Member Training Classes Began during the month

In addition, the Delivery Team organized and/or completed zero On-the-Job Training (OJT) sessions. OJT is the post-classroom period where Training and Operations staff monitor and provide support for new team members. The length of OJT varies based on curriculum and operational needs.

Existing Team Member Training

The Training Team also led several Existing Team Member Training (ETMT) classes throughout the month. Tables 4.3.2D and 4.3.2E break down ETMT classes completed by type – Instructor-Led Training (ILT) and Web-Based Training (WBT).

ILT ETMT Trainings Completed in September					
Course	Role Trained	Location	# Classes Planned	# Classes Delivered	Total # of Students Trained
MAXeb Implementation Day 3	EB CCR	Austin	7	7	157
MAXeb Implementation Day 1-3	EB CCR	Austin	1	1	10
Medicaid Managed Care to CHIP Cross-Training	EB CHIP CCR	Austin	1	1	11
MAXeb Implementation Day 3	EB Special Services Unit (SSU) Administrator	Austin	1	1	6
MAXeb Implementation Day 3	ES SSU Specialist	Austin	1	1	16
EB to HS Cross-Training	THSteps CCR	Austin	1	1	11

ILT ETMT Trainings Completed in September					
Course	Role Trained	Location	# Classes Planned	# Classes Delivered	Total # of Students Trained
Community Events and Activities	Outreach Counselor	Edinburg	1	1	10
Community Events and Activities	Outreach Counselor	El Paso	1	1	6
Community Events and Activities	Outreach Counselor	Longview	1	1	11
MAXeb Community Events/Community Contacts	Outreach Counselor	All	1	1	22
Financial Empowerment Program	Outreach Counselor	Arlington	1	1	31
Health Fair Etiquette	Outreach Counselor	San Antonio	1	1	23
CCATS	Outreach Counselor	Lubbock	1	1	7
Vignette System	Outreach Counselor	Lubbock	1	1	7
MAXeb Hands-on Review	Outreach Counselor	Austin	1	1	12
MAXeb Refresher	Outreach Counselor	Abilene	1	1	12
MAXeb Refresher	Outreach Counselor	Longview	1	1	11
EB FS MAXeb Implementation Day 3	Outreach Counselor	All	8	8	166

(Table 4.3.2D) ILT ETMT Training Completed during the month
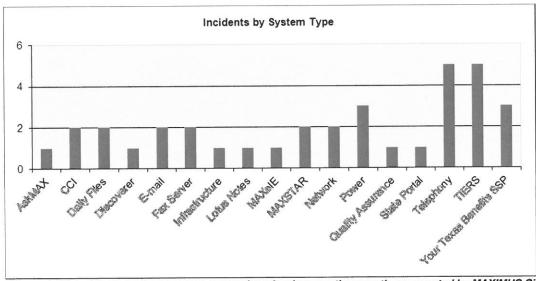
WBT ETMT Trainings Completed in September					
Course	Role Trained	Location	# Classes Planned	# Classes Delivered	Total # of Students Trained
Recording Activity	EB CCR Outreach Counselor	Austin	1	1	145
Professionalism: Appearance, Action and Attitude	Outreach Counselor	All	1	1	8
Professional Communication	Outreach Counselor	All	1	1	1
How Full Is Your Bucket?	Outreach Counselor	All	1	1	1
AskMAX Quiz	EB CHIP CCR	Austin	1	1	44
EB FS HIPAA, Privacy, and Security Overview August 2013	Outreach Counselor	All	1	1	3
MAXeb Implementation Quiz	EB CCR	Austin	3	3	377
MAXeb Implementation Day 3 Quiz	EB CCR	Austin	1	1	126
HIPAA, Privacy and Security	All	All	1	1	53
IRS Federal Tax Information	All	All	1	1	52
Security Training	All	All	1	1	50
Civil Rights	All	All	1	1	49
Fraud, Waste and Abuse Policies and Guidelines	All	All	1	1	48
Disaster Recovery and Emergency Action Plan	All	All	1	1	50

(Table 4.3.2E) WBT ETMT Training Completed during the month

4.4   INCIDENTS

There were 35 incidents reported in September, 20 of which were reported as Major Outages to HHSC. Figure 4.4A breaks the incidents down by system type as identified by the MAXIMUS Site Managers. Figure 4.4B breaks down incidents by functional area affected.
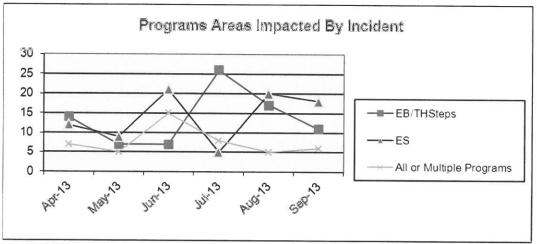
(Figure 4.4A) Incidents by System Type comparison for the reporting month, as reported by MAXIMUS Site Managers at the time the incident occurred.

Incident Type	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
AskMAX	0	0	0	0	0	1
Blue Pumpkin	0	0	0	1	1	0
CCI	0	0	0	1	2	2
CUIC (WebView)	0	0	1	0	1	0
Daily Files	0	3	0	0	2	2
Data Broker	0	2	1	4	0	0
Discoverer	0	0	3	1	0	1
EB Queue Boards	0	1	1	0	0	0
E-mail	0	0	0	0	0	2
Facility	0	0	0	1	0	0
Fax Server	0	1	0	1	1	2
Interactive Voice Response System (IVR)	2	0	0	0	0	0
Infrastructure	1	1	1	0	0	1
KIDS	0	1	0	4	0	0
Kofax	1	1	1	0	2	0
Lotus Notes	1	1	1	1	0	1
MAXeCHIP	7	10	12	3	10	0
MAXeIE	1	0	5	0	1	1
MAXSTAR	0	0	1	0	0	2

Incident Type	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
Network	1	1	1	1	0	2
Other	2	2	1	2	0	0
Power	1	1	0	0	1	3
Quality Assurance	0	0	2	3	1	1
Shared Drive	2	0	1	7	2	0
State Portal	1	0	4	0	2	1
Telephony	5	6	15	18	21	5
Training Environment	0	0	1	0	0	0
TIERS	6	3	2	0	5	5
Web Services	0	0	0	0	1	0
Your Texas Benefits SSP	7	2	3	0	5	3
Total Incidents	37	35	57	48	58	35

(Table 4.4A) Incidents by System type provides the volume of incidents as reported by MAXIMUS Site Managers at the time the incident occurred.

(Figure 4.4B) Incidents by program area: Comparison chart.

Program Area	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
EB/Texas Health Steps	14	7	7	26	17	11
ES	12	9	21	5	20	18
All or Multiple Programs	7	5	15	8	5	6
Total	37	35	57	48	58	35

(Table 4.4B) Incidents by program area: Volumes of incidents.

4.4.1 Incident Details

The list below summarizes the issues that affected performance for the month of September 2013.

- **Incident #** 10003819.
  Responsible Party for system: non-MMS
  Program: ES

TEAMING AGREEMENT

This teaming agreement ("Agreement") is made by and between MAXIMUS Health Services, Inc., a, Indiana corporation ("MAXIMUS"), and Business Ink, a Texas corporation ("Team Member"), with reference to the following:

WHEREAS, the parties desire to cooperate in preparing a proposal to be submitted to Health and Human Resources - Bureau for Medical Services ("Client") in response to Request for Proposal Number, BMS14028, *West Virginia Enrollment Broker*, ("RFP") to provide printing, fulfillment, and mailing services (the "Project");

WHEREAS, the parties possess complementary technical capabilities and each desires to utilize certain of such capabilities of the other in a joint proposal and resulting Project;

WHEREAS, the activity which is the subject matter of this Agreement may require the parties to exchange technical or competitively sensitive information that is proprietary to the originating party; and

WHEREAS, the parties desire to define and establish their respective rights, responsibilities, duties, obligations, and the working relationship in the joint proposal and resulting Project consistent with federal and state laws governing trade and competition;

NOW, THEREFORE, in consideration of the promises and the mutual agreements contained herein, the parties agree as follows:

1. **MAXIMUS Role**. As the proposed prime contractor, MAXIMUS shall assume overall responsibility for the preparation and submission of the proposal for the Project and for the work on the Project. The final version of the proposal will be prepared at the MAXIMUS facility.

2. **Team Member Role**. Team Member will be identified as a proposed subcontractor, and its duties and prices will be described in the proposal. Team Member will help MAXIMUS write a cost and technical proposal (including any revisions thereto) for the Project, addressing the areas of work for which Team Member will be responsible as set forth in Exhibit A "Statement of Tasks and Responsibilities." Exhibit A summarizes the tasks Team Member will perform in connection with any resulting contract and the compensation Team Member will receive including the rates to be charged (plus applicable G&A and overhead) for Team Member's personnel who will be working on the project. However, the actual scope and price of Team Member's tasks as described in the proposal may vary from Exhibit A in which case the actual scope and price in the proposal will supersede Exhibit A. Team Member will provide MAXIMUS with a reasonable opportunity to review the components prepared by Team Member in advance of the proposal due date. Team Member agrees that its rates shall remain in effect throughout the term of any resulting subcontract.

3. **Costs**. Each party will bear its own costs, risks, and liabilities during the pre-proposal and proposal effort. MAXIMUS will bear the full cost of printing, binding, and delivering the proposal.

4. **Term**. This Agreement shall be effective as of June 01, 2014, and shall continue in effect until the earliest to occur of the following:

   a. The Client withdraws the RFP or otherwise indicates that it will not award a contract for the Project;

   b. The Client notifies MAXIMUS that it will award a contract for the Project to a firm other than MAXIMUS and MAXIMUS does not file a protest or is unsuccessful in a protest of that decision;

   c. MAXIMUS decides to no-bid the RFP;

   d. The Client notifies MAXIMUS of its disapproval of the use of Team Member as a

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subcontractor or directs MAXIMUS to select another party for the work identified as Team Member's responsibility;

e.   MAXIMUS and Team Member execute a subcontract for performance of the Project;

f.   One year from the date of this Agreement; provided, however, this Agreement shall be extended for one additional year if a proposal has been submitted and the Client has not provided written notice as to contract award within the one-year period;

g.   The parties are unable to finalize a subcontract within thirty (30) days of contract award despite good-faith negotiations and either party notifies the other in writing of its intent to terminate;

h.   Either party becomes insolvent or bankrupt, files for reorganization under the bankruptcy laws, or makes an assignment for the benefit of its creditors;

i.   Either party commits a material breach of this Agreement and such breach is not cured within ten (10) days after that party receives notice of the breach; or

j.   The parties mutually agree to terminate this Agreement.

The parties may at any time agree in writing to extend the term of this Agreement to cover this Project on the terms and conditions as are contained herein or on such other terms as may be agreed upon by the parties.

5. Proposal Review. MAXIMUS will provide Team Member with a reasonable opportunity to review the portions of the proposal pertaining to Team Member's responsibilities and recommend changes prior to submittal to the Client. After such review there shall be no changes in those portions of the proposal describing Team Member's responsibilities prior to submittal to the Client unless they are reviewed and approved by Team Member.

6. Communications. MAXIMUS will keep Team Member informed concerning all significant aspects of proposal preparation, timing, and status of prime contract negotiations. Assuming award of a contract by Client, Team Member will support and participate in prime contract negotiations relative to its efforts as requested by MAXIMUS. All communications with the Client shall be conducted through MAXIMUS, and Team Member shall not contact the Client independently regarding any aspect of the proposal or resulting contract without the advance written consent of MAXIMUS.

7. Price Reductions. Once the proposal has been submitted to the Client, any price reductions taken on a proposal will be split between Team Member and MAXIMUS in proportion to their original, respective dollar shares in that proposal unless the reduction pertains to an identifiable portion of the work.

8. Subcontract. It is understood and agreed that if a contract is awarded to MAXIMUS, the parties shall negotiate in good faith a Subcontract subject to the requirements of the prime contract with the Client, applicable laws and regulations, agreement on other terms and conditions, and, if required by the prime contract, approval of the Client. The Subcontract will be subject to the requirements of the prime contract including any adjustment in work activities or contract terms negotiated with the Client. TEAM MEMBER UNDERSTANDS AND ACKNOWLEDGES THAT THE SUBCONTRACT WILL FLOW-DOWN ALL TERMS AND CONDITIONS OF THE PRIME CONTRACT AS WELL AS LANGUAGE COMPELLING TEAM MEMBER TO TIMELY ADHERE TO MAXIMUS STANDARD REQUIREMENTS REGARDING THE OBLIGATION OF SUBCONTRACTORS TO SCREEN ITS BUSINESS ENTITY AND ALL EMPLOYEES PERFORMING SERVICES RELATED TO THE SUBCONTRACT AGAINST THE FEDERAL EXCLUSIONS LIST. MAXIMUS will advise Team Member, prior to the commencement of work, of all clauses or provisions of the prime contract the Team Member is subject to and of any changes or exceptions to the proposal approved by the Client.

9. Relationship of Parties. This Agreement shall not constitute, create, or otherwise imply an employment, joint venture, partnership, agency or similar arrangement, and nothing contained herein shall be construed as providing for the sharing of profits or losses arising from the efforts of either or both

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of the parties hereto. Each party to this Agreement shall act as an independent contractor, and neither party shall have the power to act for or bind the other party except as expressly provided for herein.

10. **Conflict of Interest; Competition.** During the term of this Agreement the parties shall act so as to avoid any conflict of interest or the appearance of a conflict of interest between them, and while this Agreement is in effect shall not solicit the existing, contracted business of the other with respect to this proposal or any subsequent contract related thereto. However, this Agreement shall not be construed to preclude competition between the parties with respect to procurements not directly related to the present subject matter of the proposal. Likewise, nothing in this Agreement shall preclude either party from offering its products or services to any other party in the event that the contract which is the subject of this proposal is awarded to a third party. However, neither party shall make any offer, solicitation, stand-by agreement, or the like to be effective upon the award of the contract to a third party, and neither party shall, during the term of this Agreement, participate, formally or informally, with another party for the purpose of preparing or submitting a competing proposal addressing the subject matter of this Agreement.

11. **Non-Solicitation.** The parties agree that, during the term of this Agreement and for a period of two (2) years from the termination of this Agreement, neither party will solicit for employment or otherwise attempt to hire any employees of the other party or its affiliates who were involved in the performance or direct oversight of this Agreement without the prior written consent of such party. However, nothing herein shall prohibit either party or any of its affiliates from employing an employee of the other party who responds to a public employment advertisement or who otherwise applies for employment directly, without solicitation or inducement by the hiring party or its affiliates.

12. **Ethical Practices.** By signing this Agreement, Team Member represents that it is not presently suspended or debarred or proposed for suspension or debarment by any government agency. Team Member agrees to comply with all applicable laws and regulations pertaining to the procurement contemplated hereunder. Without limiting the foregoing, Team Member agrees not to solicit or accept any improper inside information relating to such procurement nor to take any action that would subvert the procurement process, and Team Member agrees to report immediately to MAXIMUS any actual or suspected violations of law or regulations pertaining to the procurement. Team Member's failure to comply with these requirements shall constitute a material breach of this Agreement, and MAXIMUS may terminate the Agreement immediately for default without further notice. TEAM MEMBER REPRESENTS AND WARRANTS THAT, EXCEPT AS SET FORTH ON EXHIBIT B -- DISCLOSURE OF RELATIONSHIPS, NEITHER THE TEAM MEMBER NOR ANY EMPLOYEE OR PROPOSED EMPLOYEE OF TEAM MEMBER HAS A FAMILY OR PERSONAL RELATIONSHIP WITH A GOVERNMENT OFFICIAL/EMPLOYEE INVOLVED IN THIS PROCUREMENT OR WHO, TO THE BEST OF TEAM MEMBER'S KNOWLEDGE, MIGHT HAVE RESPONSIBILITY FOR OR LEGISLATIVE OR EXECUTIVE OVERSIGHT OF ANY MAXIMUS CONTRACT OR PROSPECTIVE CONTRACT.

13. **Confidentiality.** Confidential information shared by the parties in connection with this Agreement shall be subject to the terms of the Nondisclosure Agreement set forth in Exhibit C attached hereto and incorporated herein. Each party will have its employees or agents who work on the proposal and/or Project sign a nondisclosure statement agreeing to protect any proprietary or trade secret information of the other party or other team members. Each party also agrees not to use or disclosure any confidential information in violation of securities or insider trading laws and to take reasonable steps to ensure compliance by its employees and agents.

14. **Insurance.** Team Member shall be solely responsible for obtaining workers compensation insurance for its employees and agents and such other insurance as may be required by applicable laws. Team Member agrees to carry professional liability, general liability and automobile liability insurance in an amount not less than $1,000,000 per occurrence or such greater amounts as may be specified in the prime contract. Upon request of MAXIMUS, Team Member shall furnish certificates evidencing any and all such insurance.

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15. LIMITATION OF LIABILITY. IN NO EVENT SHALL EITHER PARTY BE LIABLE FOR SPECIAL, INDIRECT, INCIDENTAL, ECONOMIC, CONSEQUENTIAL OR PUNITIVE DAMAGES, INCLUDING BUT NOT LIMITED TO LOST REVENUE, LOST PROFITS, LOST OPPORTUNITY, LOSS OF TECHNOLOGY RIGHTS OR SERVICES, LOSS OF DATA, OR INTERRUPTION OR LOSS OF USE OF SOFTWARE OR ANY PORTION THEREOF REGARDLESS OF THE LEGAL THEORY UNDER WHICH SUCH DAMAGES ARE SOUGHT EVEN IF SUCH PARTY HAS BEEN ADVISED OF THE LIKELIHOOD OF SUCH DAMAGES, AND NOTWITHSTANDING ANY FAILURE OF ESSENTIAL PURPOSE OF ANY LIMITED REMEDY.

16. Miscellaneous.

a. Survival. The obligations set forth in the paragraphs entitled "Non-Solicitation," "Confidentiality," "Indemnification," "Attorneys' Fees," "Governing Law; Venue," and "Publicity" shall survive the expiration or termination of this Agreement.

b. Attorneys' Fees. In the event suit is brought to enforce or interpret any part of this Agreement, the prevailing party shall be entitled to recover as an element of the costs of suit, and not as damages, reasonable attorneys' fees to be fixed by the Court.

c. Waiver, Modification and Amendment. No provision of this Agreement may be waived unless in writing, signed by all of the parties hereto. Waiver of any one provision of this Agreement shall not be deemed to be a continuing waiver or a waiver of any other provision. This Agreement may be modified or amended only by a written agreement executed by all of the parties hereto.

d. Governing Law; Venue. This Agreement shall be governed and construed in accordance with the laws of the Commonwealth of Virginia, without regard to choice of law principles. The parties agree that the sole venue for legal actions related to this Agreement shall be the state and U.S. Federal courts for Fairfax County, Virginia.

e. Assignment. Neither this Agreement nor any duties or obligations hereunder shall be assigned or transferred by either party without the prior written approval of the other party.

f. Notices. All notices under this Agreement will be in writing and will be delivered by personal service, facsimile or certified mail, postage prepaid, or overnight courier to the following addresses:

MAXIMUS Health Services, Inc.	MAXIMUS, Inc:	Business Ink
55 Summer St, 8th Floor	1891 Metro Center Drive	10214 N I 35
Attn: Joshua P Ruminski	Reston, VA 20190	Attn: Susan Goodwin – President
Phone: 617.422.5870	Attn: Contracts Department	Phone: 512.735.3154
Fax:	Phone: 703.251.8500	Fax:
Email:	Fax: 703.251.8240	Email: SGoodwin@businessink.com
JoshuaPRuminski@maximus.com	Email: brianroberts@maximus.com	

Any notice sent by certified mail will be deemed to have been given five (5) days after the date on which it is mailed. All other notices will be deemed given when received. No objection may be made to the manner of delivery of any notice actually received in writing by an authorized agent of a party.

g. Partial Invalidity. If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions shall nevertheless continue in full force without being impaired or invalidated in any manner.

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h. <u>Publicity</u>. Neither party shall make any public announcement concerning this Agreement without the advance approval of the other party. Notwithstanding the foregoing, if the parties are unable to agree on a mutually acceptable announcement, a party may nevertheless issue a press release if it is advised by counsel that such release is necessary to comply with applicable securities or similar laws.

i. <u>Entire Agreement</u>. This Agreement contains the entire agreement and understanding of the parties with respect to the subject matter hereof, and supersedes and replaces any and all prior discussions, representations and understandings, whether oral or written.

IN WITNESS WHEREOF, the parties have executed this Agreement through their duly authorized representatives.

MAXIMUS Health Services, Inc.	Business Ink
By:	By: Susan K. Booth
Name: Adam Polatnick	Name: Susan K Goodwin
Title: Vice President Assistant General Counsel	Title: President
Date: 06/13/14	Date: June 11, 2014

EXHIBIT A

STATEMENT OF TASKS AND RESPONSIBILITIES

1) **SCOPE**

MAXIMUS operates the West Virginia Enrollment Broker Project (WV EB). As the Fulfillment vendor for MAXIMUS WV EB, Business Ink Company (BI) will support the MAXIMUS WV EB Fulfillment operations. BI shall provide all personnel, equipment, tools, materials, supervision, quality assurance, and any other items and/or services required to perform the printing, fulfillment, and mailing services.

All references to "Materials" in this Statement of Work shall include: 1) Enrollment Forms, including a welcome letter, pamphlet, enrollment form, and a return envelope, 2)Enrollment Reminder Letters, 3) Enrollment Confirmation Notices, 4) Provider Directories and Pamphlets, 5) Disenrollment/Transfer notice, 6) Exemption form, and 7) associated inventory.

2) **GENERAL REQUIREMENTS**

Business Ink agrees to perform the following work as per the stated activities in support of the West Virginia Enrollment Broker project:
a) Conduct all assigned mailings in a timely and uniform manner; meet all agreed upon delivery schedules;
b) Store and manage the inventory of forms and other Materials produced and supplied by Business Ink for the West Virginia Enrollment Broker;
c) Establish an inventory tracking system that ensures the timely ordering of these Materials and provide quantity/quality controls and removal/destruction of out of date inventory items;
d) Produce all envelopes, letterhead, brochures, forms and other Materials as specified by MAXIMUS and maintain an adequate supply of paper and any other Materials required for the project;
e) Adhere to HIPAA standards and follow MAXIMUS-defined secured file transfer protocols;
f) Generate reports that will reconcile the number of records received with each file and the outcome for each one;
g) Conduct output and fulfillment quality checks for all mailing files, and for a sampling, send PDF of mailings prior to mailing for MAXIMIUS review;
h) On a daily basis, download MAXIMUS mail files and post return mail files onto the sftp site in the format and with the naming conventions defined by MAXIMUS;
i) Provide graphic design services, as needed;
j) Assign a Project Manager and maintain adequate personnel to support the West Virginia Enrollment Broker project;
k) Provide reports as specified in this agreement by MAXIMUS.

3) **DELIVERABLES**
The following list of activities is included in the BI scope of work associated with this Statement of Work.

a) WV EB Enrollment form
    a. Welcome letter, Pamphlet, Enrollment form, Outgoing Envelope (OE) and return envelope
b) WV EB Enrollment Reminder letter
    a. Reminder letter, OE

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c) WV EB Enrollment Confirmation Notice
  a. Confirmation notice, OE
d) WV EB Provider Directory
  a. Provider Directories, OE
e) WV EB Disenrollment / Transfer Notice
  a. Disenrollment letter, OE
f) WV EB Exemption form
  a. Exemption form, OE
g) WV EB Pamphlets
  a. Pamphlets

4) PERFORMANCE STANDARDS

a) **Mailings:** – The following mailing standards must be met in order to adhere to MAXIMUS contract performance requirements. In the event that Business Ink does not meet these deadlines or identifies an error and/or omissions related to MAXIMUS mailings, Business Ink will notify MAXIMUS within 12 hours of occurrence and follow up with a corrective action report.
  i. **All Mailings:** All mailings must be fulfilled and mailed within 2 business days of file receipt, unless otherwise specified by MAXIMUS.
b) **Reports:** All agreed upon processing reports must be sent on a daily basis and posted on secured FTP site.
c) **Response Files:** Response files must be posted within 24 hours of mailing.

5) INVENTORY MANAGEMENT

Business Ink must have an inventory management system that ensures an adequate supply of all West Virginia Enrollment Project Materials. Specifically, Business Ink will:
a) Maintain 90-day supply of Materials related to the WVEP to meet contract requirements for timely mailings.
b) Monitor inventory levels and produce low supply alerts starting at a one (1) month level. Bi-weekly Inventory Reports should identify the Materials with 1 month or less remaining stock.
c) Business Ink will provide a list of the inventory Materials that are no longer in use and seek approval from MAXIMUS before these are discarded.

6) PRINTING AND GRAPHIC DESIGN

Business Ink will provide printing and graphic design services for the West Virginia Enrollment Broker project. Business Ink will work in collaboration with MAXIMUS to develop and/or update program Materials.

7) REPORTING

Business Ink will produce the following reports:

a) Monthly Report – This report is generated on the 5th business day of the next month. It should include the fulfillment cost as well as estimate postage usage for all mailings. The report submitted will include the information for the entire month. This report will serve to reconcile the number of records sent to BI and the outcome for each one.

b) Bi-weekly Inventory Report – Current inventory levels of all West Virginia Enrollment Project Materials and projected dates for ordering new Materials.

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c) NCOA, ACS, RT Reports – Reports of forwarding addresses and undeliverable mail as provided by the U.S. Postal Service's National Change of Address (NCOA) and Address Change Service (ACS).

8) POSTAGE ACCOUNTABILITY

Business Ink must track and report on postage usage for the West Virginia Enrollment Broker Project. Specifically:
a) Business Ink is responsible for appropriate and accurate tracking of postage withdrawn by Business Ink from the MAXIMUS designated postage account for West Virginia Enrollment Broker project mailings, including tracking postage usage by letter type.
b) MAXIMUS, in conjunction with Business Ink, will reconcile postage usage for mailings as reported by Business Ink.
c) MAXIMUS is responsible for maintaining the designated postage account to ensure that sufficient funds are available at time of mailing.

9) FILE TRANSMISSION

MAXIMUS will produce and transmit data files to Business Ink, on a daily basis, and Business Ink will post Response files and return mail files to MAXIMUS no later than the business day following the mail date. All file formats will be in a format to be defined by MAXIMUS and agreed to by Business Ink. Business Ink must download and process the daily files. Specifically, Business Ink will provide a secure means of accepting and securing electronic data files containing personal identifiable (PII) and protected health information (PHI), per HIPAA requirements.

10) PRODUCTION REQUIREMENTS

a) Business Ink will develop and maintain a system to confirm the accuracy and completeness of all mailings against the records listed in the data files transmitted by MAXIMUS.
b) Produce instructions for fulfillment based on a notice matrix supplied by MAXIMUS.
c) As part of development; BI is responsible to conduct quality checks to ensure new programming changes and/or criteria requested by MAXIMUS are successfully incorporated and to verify that existing logic criteria in place for mailings not affected by these changes remain the same. Business Ink will develop quality assurance checks for these processes.
d) Additionally, Business Ink will have a QA staff on site at its locations to support West Virginia Enrollment Broker Project program activities.

11) BILLING AND INVOICING

a) Business Ink will provide estimates for mailings and postage at the end of the Month (NLT the 5th day of the next month).
b) Invoices must be issued on the 10th day of each month in accordance with the Subcontractor Agreement (Payment Terms).
c) Each invoice will account for all activities related to processing and mailing of West Virginia Enrollmen Broker Project files.
d) A separate postage statement should accompany each invoice. This postage statement will reflect postage usage and remaining balance.

12) SECURITY AND CONFIDENTIALLY

a) Business Ink shall be responsible for ensuring the security of confidential PII and PHI.
b) Business Ink shall transmit all PII/PHI data in encrypted files using encrypted SFTP protocol.
    i.   Business Ink will train their staff to handle PII/PHI data.

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c) Business Ink will secure their physical plants with badge or key access and restrict visitor access.

d) Business Ink will store data in a secure server environment with password protection.
   i. Computer servers will be located in secure rooms with limited access by IT personnel
   ii. Business Ink will have the ability to process work in any of their sites as required or if a circumstance arose where the main distribution center was compromised

e) All security policies and protocols are subject to inspection and approval by MAXIMUS. Should MAXIMUS, in its sole discretion, deem any of Business Ink's security measures non compliant with either HIPAA, the HITECH Act, the HIPAA and HITECH Business Associate Subcontractor Amendment, or industry best practices with regard to the protection of PII and/or PHI, Business Ink, at no cost to MAXIMUS, will immediately take any and all actions as directed by MAXIMUS to achieve such compliance to MAXIMUS satisfaction.

13)   PROGRAM MANAGEMENT AND STAFFING

a) Business Ink will provide MAXIMUS WV EB with an organizational chart for the team assigned to the project.

b) Business Ink shall designate a Project Manager who will be responsible for the performance of work under this Agreement.

c) Business Ink shall provide telephone numbers for the Project Manager and his/her alternate(s) that shall be used during business hours and emergency hours.

d) The Business Ink Project Manager or alternate(s) shall be available to meet by phone during normal business hours, within four (4) hours to discuss critical production issues or problem areas.

e) Business Ink will assign adequate staffing levels to manage the daily operational tasks related to the West Virginia Enrollment Broker Project. BI will maintain these staffing levels at all times.

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EXHIBIT B

DISCLOSURE OF RELATIONSHIPS

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EXHIBIT C

NONDISCLOSURE AGREEMENT

This Nondisclosure Agreement ("Agreement") is made this *11th* day of *June*, 20*14*, by and between MAXIMUS Health Services, Inc., ("MAXIMUS"), and Business Ink ("Team Member"), with reference to the following:

WHEREAS, the parties are evaluating a proposed transaction involving preparing a proposal to be submitted to Health and Human Resources - Bureau for Medical Services ("Client") in response to Request for Proposal Number, BMS14028, *West Virginia Enrollment Broker*, ("RFP")and each party (the "Disclosing Party") desires to disclose certain confidential and proprietary information to the other party (the "Receiving Party") in connection therewith.

NOW, THEREFORE, in consideration of the mutual terms, conditions and covenants set forth herein, the parties agree as follows:

1. Confidential Information. For purposes of this Agreement, "Confidential Information" means inventions, ideas, intellectual property, formulae, patterns, compilations, programs, methods, techniques, processes, data, designs, algorithms, source code, object code, research plans, business plans, financial forecasts, business opportunities, agreements, vendor lists, pricing lists, customer lists, personnel lists, financial statements and similar information, whether written or oral, that derives independent economic value from not being generally known to the public and is the subject of reasonable efforts to maintain its secrecy. Notwithstanding the foregoing, Confidential Information shall not include information that (a) is or becomes generally available to the public other than as a result of disclosure thereof by the Receiving Party; (b) is or becomes available to the Receiving Party on a non-confidential basis from a source (other than the Disclosing Party) which is not prohibited from disclosing such Confidential Information to the Receiving Party by a legal, contractual or fiduciary obligation to the Disclosing Party; or (c) Receiving Party can demonstrate is independently developed by Receiving Party without use, directly or indirectly, of any Confidential Information. Disclosing Party shall designate Confidential Information as such prior to, during or immediately after disclosure. Disclosing Party shall mark any physical materials as Confidential Information and shall identify any oral information as Confidential Information at the time of disclosure. The foregoing notwithstanding, the terms of this Agreement also pertain to information not otherwise identified as Confidential Information if Receiving Party otherwise knows or should reasonably be expected to know of its confidential nature.

2. Restrictions on Use and Disclosure. Confidential Information furnished directly or indirectly by the Disclosing Party to the Receiving Party or to any directors, officers, employees, agents, attorneys, accountants, advisors, affiliates and other representatives and potential financing sources of the Receiving Party (collectively, "Representatives") whether obtained by or furnished to the Receiving Party prior, contemporaneously or subsequent to the date hereof, shall be kept confidential and shall not, without the Disclosing Party's express prior written consent, be disclosed by the Receiving Party or its Representatives in any manner whatsoever, in whole or in part, and shall not be used by the Receiving Party or its Representatives other than in connection with the Proposed Transaction. Without limitation of the foregoing, each party agrees that it will not use the Confidential Information independently or with third parties, directly or indirectly, to solicit the business of any person or entity, to provide services to any person or entity, or otherwise to compete with the Disclosing Party. The obligations of this paragraph shall survive for five (5) years from date that Disclosing Party first discloses such Confidential Information to the Receiving Party.

3. Standard of Care. Each party agrees to reveal the Confidential Information only to its Representatives who need to know the

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Confidential Information for the purpose of the Proposed Transaction, who are informed of the confidential nature of the Confidential Information and who agree to act in accordance with the terms and conditions of this Agreement. The Receiving Party shall be responsible for any breach of this Agreement by its Representatives. Each party agrees to take all reasonable precautions necessary to safeguard the Confidential Information from disclosure to any person or entity other than its Representatives. The parties agree that no disclosure of Confidential Information under this Agreement shall constitute a waiver of any applicable privilege, including but not limited to the privileges pertaining to attorney-client communications and attorney work product. Each party also agrees not to use or disclosure any Confidential Information in violation of securities or insider trading laws and to take reasonable steps to ensure compliance by its employees and agents. The Receiving Party shall be responsible for compliance with laws pertaining to the export of the Confidential Information.

4. **Term.** This Agreement shall be effective as of the date written in the introductory paragraph hereof and shall continue until the earliest of (a) the termination of the Proposed Transaction, (b) notice of termination by one party to the other, or (c) the one-year anniversary hereof. Any termination or expiration of this Agreement shall be subject to the survival provision below.

5. **Records.** Each party to this Agreement shall keep a written record of Confidential Information furnished to it by the Disclosing Party and of the location of such Confidential Information. All copies of the Confidential Information shall be returned to the Disclosing Party immediately (a) in the event the Proposed Transaction is not consummated, (b) upon the termination of this Agreement or (c) at any other time upon the Disclosing Party's request.

6. **Non-Solicitation.** Each party to this Agreement acknowledges and agrees that, during the period of the negotiation and evaluation contemplated hereunder and for a period of two (2) years from the date of termination of negotiations between MAXIMUS and the Team Member, neither party nor any of its affiliates will employ or solicit to employ any employee of the other party who was involved in the Proposed Transaction without obtaining the prior written consent of the other party. However, nothing herein shall prohibit either party or any of its affiliates from employing an employee of the other party who responds to a public employment advertisement or who otherwise applies for employment directly, without solicitation or inducement by the hiring party or its affiliates.

7. **No Ownership or Warranty.** Nothing contained in this Agreement shall be construed as granting any ownership rights, by license or otherwise, in any Confidential Information disclosed by a party. The Receiving Party acknowledges that the Disclosing Party makes no express or implied representation or warranty as to the accuracy or completeness of the Confidential Information, and the Receiving Party agrees that the Disclosing Party shall have no liability hereunder with respect to the Confidential Information, or errors or omissions therein. The Receiving Party agrees that it is not entitled to rely on the accuracy or completeness of the Confidential Information and shall be entitled to rely solely on the representations and warranties, if any, made to it by the Disclosing Party in any final written agreement regarding the Proposed Transaction.

8. **Compelled Disclosure.** Each Party to this Agreement acknowledges the competitive value and confidential nature of the Confidential Information and that use of such Confidential Information by Receiving Party or disclosure thereof to any third party could be competitively harmful to the Disclosing Party. In the event the Receiving Party or any party to which it transmits the Confidential Information pursuant to this Agreement becomes legally compelled to disclose any of the Confidential Information, the Receiving Party shall provide the Disclosing Party with prompt notice so that the Disclosing Party may seek a protective order or other appropriate remedy. In the event that such protective order or other remedy is not obtained, the Receiving Party shall furnish only that portion of the Confidential Information which it is advised by written opinion of counsel is legally required, and the Receiving Party shall exercise reasonable efforts to obtain reliable assurance that confidential treatment will be accorded the Confidential Information.

9. **Remedies.** Each party to this Agreement

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acknowledges and agrees that, given the nature of the Confidential Information and the competitive damage that would result if the Confidential Information is used by the Receiving Party other than as is provided for herein or disclosed to any third party, money damages would not be a sufficient remedy for any breach of this Agreement, and that, in addition to all other remedies, the aggrieved party shall be entitled to specific performance and injunctive or other equitable relief as a remedy for any such breach. The parties further agree to waive any requirement for the securing or posting of any bond in connection with such remedy.

10. Miscellaneous.

10.1. The obligations assumed by the parties pursuant to paragraphs 2, 3, 6, 7, 8, 9, 10.4, 10.8 and 10.9 hereof shall survive the expiration or earlier termination of this Agreement.

10.2. In the event suit is brought to enforce or interpret any part of this Agreement, the prevailing party shall be entitled to recover as an element of the costs of suit, and not as damages, reasonable attorneys' fees to be fixed by the Court.

10.3. No provision of this Agreement may be waived unless in writing, signed by all of the parties hereto. Waiver of any one provision of this Agreement shall not be deemed to be a continuing waiver or a waiver of any other provision. This Agreement may be modified or amended only by a written agreement executed by all of the parties hereto.

10.4. This Agreement shall be governed and construed in accordance with the laws of the Commonwealth of Virginia, without regard to choice of law principles. The parties agree that the sole venue for legal actions related to this Agreement shall be the state and U.S. Federal courts for Fairfax County, Virginia.

10.5. Neither this Agreement nor any duties or obligations hereunder shall be assigned or transferred by a party without the prior written approval of the other party.

10.6. All notices under this Agreement will be in writing and will be delivered by personal service, facsimile or certified mail, postage prepaid, or overnight courier to such address as may be designated from time to time by the relevant party, which initially shall be the address set forth on the signature page to this Agreement. Any notice sent by certified mail will be deemed to have been given five (5) days after the date on which it is mailed. All other notices will be deemed given when received. No objection may be made to the manner of delivery of any notice actually received in writing by an authorized agent of a party.

10.7. If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions shall nevertheless continue in full force without being impaired or invalidated in any manner.

10.8. Neither party shall make any public announcement concerning this Agreement or the Proposed Transaction without the advance approval of the other party. Notwithstanding the foregoing, if the parties are unable to agree on a mutually acceptable announcement, a party may nevertheless issue a press release if it is advised by counsel that such release is necessary to comply with applicable securities or similar laws.

10.9. Each party represents and warrants that the person signing on its behalf has the requisite authority to bind the respective party to the terms and conditions contained herein.

10.10. This Agreement contains the entire agreement and understanding of the parties with respect to the subject matter hereof, and supersedes and replaces any and all prior discussions, representations and understandings, whether oral or written.

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Business Ink
West Virginia Enrollment Broker, BMS14028
WV Enrollment Broker, P13001.0054

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Initials: _____

PROPRIETARY

IN WITNESS WHEREOF, the parties have caused this Agreement to be duly executed and delivered as of the day and year set forth above

Business Ink

By: _____

Name: Susan K Goodwin

Title: President

Address: 10214 N I 35
Austin, TX 78753

Email: SGoodwin@businessink.com

Fax:
Attn: Susan Goodwin

MAXIMUS Health Services, Inc.

By: _____

Adam Polatnick

Name: **Vice President**

Title: **Assistant General Counsel**

Address: 1891 Metro Center Drive
Reston, Virginia 20190

Email: brianroberts@maximus.com

Fax: 703.251.8240
Attn: Brian Roberts

Business Ink
West Virginia Enrollment Broker, BMS14028
WV Enrollment Broker, P13001.0054

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Initials: _____

PROPRIETARY

ID	ⓘ	WBS	Task Name	Duration
1		1	West Virginia Enrollment Broker Implementation Work Plan	66 days
2	▦	1.1	Contract Execution and Implementation Start Date	0 days
3		1.2	Project Initiation	7 days
4		1.2.1	Internal Kick-off and Work Plan Finalization	6 days
5	▦	1.2.1.1	Notify Implementation Team members	1 day
6	▦	1.2.1.2	Conduct initial internal Kick-off meeting including Work Plan review	1 day
7		1.2.1.3	Finalize Work Plan with team lead inputs	5 days
8		1.2.1.4	Submit Final Implementation Work Plan to BMS	0 days
9	▦	1.2.2	Conduct Kick-off meeting with BMS	1 day
10		1.3	Project Planning	64 days
11	↻	1.3.1	Weekly Status Meetings with BMS	61 days
25		1.3.2	Project Management Infrastructure	21 days
26		1.3.2.1	Work Plan Management Plan	1 day
27		1.3.2.1.1	Define Work Plan (WP) Management Plan	1 day
28		1.3.2.1.1.1	Define WP Update Schedule	1 day
29		1.3.2.1.1.2	Define WP Update Roles/Responsibilities	1 day
30		1.3.2.1.1.3	Define WP Review Schedule	1 day
31		1.3.2.1.1.4	Define WP Publishing Procedures	1 day
32		1.3.2.2	Status Monitoring	6 days
33		1.3.2.2.1	Status Monitoring	6 days
34		1.3.2.2.1.1	Develop Project Status Report	5 days
35		1.3.2.2.1.2	BMS approval of Status Report	1 day
36		1.3.2.3	Project Management (PM) Templates & Procedures	5 days
37		1.3.2.3.1	Define PM Templates & Procedures	5 days
38		1.3.2.3.1.1	Define Meeting Agenda Templates & Procedures	1 day
39		1.3.2.3.1.2	Define Meeting Minute Templates & Procedure	1 day
40		1.3.2.3.1.3	Define Action Item Tracking Templates & Procedure	2 days
41		1.3.2.3.1.4	Finalize & Publish PM Templates & Procedure	1 day
42		1.3.2.4	Issue/Risk (I/R) Management Plan	17 days
43		1.3.2.4.1	Develop I/R Management Plan & Procedure	6 days
44		1.3.2.4.2	Walk-thru Draft I/R Management Plan & Procedure with BMS	1 day
45		1.3.2.4.3	BMS Reviews I/R Management Plan	5 days
46		1.3.2.4.4	BMS Approves I/R Management Plan	0 days
47		1.3.2.4.5	Finalize & Publish I/R Management Plan	5 days
48		1.3.2.5	Project Communication Plan	17 days
49		1.3.2.5.1	Develop Project Communication Plan	6 days
50		1.3.2.5.2	Walk-thru Project Communication Plan to BMS	1 day
51		1.3.2.5.3	BMS Reviews Project Communication Plan	5 days
52		1.3.2.5.4	BMS Approval of Project Communication Plan	0 days
53		1.3.2.5.5	Finalize & Publish Project Communication Plan	5 days
54		1.3.2.6	Change Management Plan	21 days
55		1.3.2.6.1	Develop Change Management Plan	10 days
56		1.3.2.6.2	Walk-thru Draft Change Management Plan with BMS	1 day
57		1.3.2.6.3	BMS Reviews Change Management Plan	5 days
58		1.3.2.6.4	BMS Approves Change Management Plan	0 days
59		1.3.2.6.5	Finalize & Publish Change Management Plan	5 days
60		1.3.3	Project Planning	35 days
61		1.3.3.1	Statement of Work	24 days
62		1.3.3.1.1	Draft SOW	5 days
63		1.3.3.1.2	Internal Review of Draft SOW	5 days

Task	▬▬▬	Rolled Up Task	▬▬▬	Split	....
Critical Task	▬▬▬	Rolled Up Critical Task	▬▬▬	External Tasks	▬
Milestone	◆	Rolled Up Milestone	◇	Project Summary	▼
Summary	▼▬▬▼	Rolled Up Progress	▬▬▬	Group By Summary	▼

ID	❶	WBS	Task Name	Duration
64		1.3.3.1.3	Revise SOW	2 days
65		1.3.3.1.4	Submit SOW to BMS	0 days
66		1.3.3.1.5	BMS Review of SOW	5 days
67		1.3.3.1.6	Revise & Submit Final SOW	2 days
68		1.3.3.1.7	BMS Review of Final SOW	3 days
69		1.3.3.1.8	BMS Approval of SOW	0 days
70		1.3.3.1.9	Update Work Plan Per Final SOW	2 days
71		1.3.3.2	Initial Cutover Planning	28 days
72		1.3.3.2.1	Define Cutover Approach	10 days
73		1.3.3.2.2	Define Cutover Schedule	10 days
74		1.3.3.2.3	Draft Cutover Plan	5 days
75		1.3.3.2.4	Submit Draft Cutover Plan to BMS	0 days
76		1.3.3.2.5	BMS Review of Initial Cutover Plan	2 days
77		1.3.3.2.6	BMS Approval of Initial Cutover Plan	0 days
78		1.3.3.2.7	Conduct meeting with BMS and current contractor to plan transition activities	1 day
79		1.3.3.3	Requirements Traceability Matrix (RTM)	23 days
80		1.3.3.3.1	Develop RTM	5 days
81		1.3.3.3.2	RTM Reviewed by Internal Team	3 days
82		1.3.3.3.3	Revise RTM	10 days
83		1.3.3.3.4	Submit RTM to BMS for Review and Approval	0 days
84		1.3.3.3.5	BMS Review of RTM	5 days
85		1.3.3.3.6	BMS Approval of RTM	0 days
86		1.3.3.4	Subcontracts and Vendor Contracts	10 days
87		1.3.3.4.1	Business Ink	8 days
88		1.3.3.4.1.1	Finalize Business Ink Subcontract	5 days
89		1.3.3.4.1.2	Submit Subcontract for Review	2 days
90		1.3.3.4.1.3	Finalize Subcontract	1 day
91		1.3.3.4.2	Kick-off meeting with Subcontractors and Vendors	2 days
92		1.3.3.4.2.1	Conduct Kick-off meeting with Subcontractor and Key Vendors	2 days
93		1.4	Staffing	56 days
94		1.4.1	Project Management and Administrative Staff	42 days
95		1.4.1.1	Job Descriptions for Project Management and Administrative Staff	10 days
96		1.4.1.1.1	Develop Job Descriptions for Project Management and Administrative Staff	5 days
97		1.4.1.1.2	Review Job Descriptions	2 days
98		1.4.1.1.3	Update Job Descriptions	2 days
99		1.4.1.1.4	Finalize Job Descriptions	1 day
100		1.4.1.2	Recruit for Project Management and Administrative Staff	31 days
101		1.4.1.2.1	Post Job Descriptions for Available Positions	1 day
102		1.4.1.2.2	Receive Resumes for Available Positions	30 days
103		1.4.1.2.3	Review Resumes for Available positions	30 days
104		1.4.1.2.4	Select Interviewees	30 days
105		1.4.1.3	Interview for Open Positions	30 days
106		1.4.1.3.1	Schedule Interviews	30 days
107		1.4.1.3.2	Hold Interviews	30 days
108		1.4.1.3.3	Select Candidates	30 days
109		1.4.1.4	Additional Staff Begin	1 day
110	▦	1.4.1.4.1	Project Manager begins	1 day
111	▦	1.4.1.4.2	Call Center & Training Supervisor begins	1 day
112	▦	1.4.1.4.3	QA/Reporting Analyst begins	1 day
113		1.4.2	Call Center Staff	50 days

Task	▬▬▬▬	Rolled Up Task ▬▬▬▬	Split ··········
Critical Task	▬▬▬▬	Rolled Up Critical Task ▬▬▬▬	External Tasks ▬
Milestone	◆	Rolled Up Milestone ◇	Project Summary ▽
Summary	▬▬▬▬	Rolled Up Progress ▬▬▬▬	Group By Summary ▽

ID	ⓘ	WBS	Task Name	Duration
114		1.4.2.1	Meet with Staffing BMS to plan recruitment activities	1 day
115		1.4.2.2	Post Job Openings	1 day
116		1.4.2.3	Screen resumes and schedule interviews	7 days
117	▦	1.4.2.4	Conduct candidate interviews	10 days
118		1.4.2.5	Select final candidates	5 days
119		1.4.2.6	Conduct background checks	10 days
120		1.4.2.7	Check references	5 days
121		1.4.2.8	Extend verbal offers to candidates and issue offer letters	1 day
122		1.4.2.9	Staffing completed	0 days
123		1.4.2.10	Helpline Information Specialists begin Training	0 days
124		1.5	Facilities and Equipment	47 days
125		1.5.1	Facilities	43 days
126		1.5.1.1	Secure Office Space	28 days
127		1.5.1.1.1	Finalize Space Needs	1 day
128		1.5.1.1.2	Define Build out Plan	2 days
129		1.5.1.1.3	Negotiate tenant improvement/build-out requirements	2 days
130		1.5.1.1.4	Sign Lease Agreement	0 days
131	▦	1.5.1.1.5	Obtain cost estimates from contractors to perform work	10 days
132		1.5.1.1.6	Complete Build-out	15 days
133		1.5.1.1.7	Certificate of Occupancy received	0 days
134		1.5.1.2	Build-Out Office Space	40 days
135		1.5.1.2.1	Security Installation	33 days
136		1.5.1.2.1.1	Security Requests for Bids	5 days
137		1.5.1.2.1.2	Select Vendor	1 day
138		1.5.1.2.1.3	Negotiate and Sign Contract	5 days
139		1.5.1.2.1.4	Install System	15 days
140		1.5.1.2.2	Cabling Installation	28 days
141		1.5.1.2.2.1	Cabling Requests for Bids	5 days
142		1.5.1.2.2.2	Select Vendor	1 day
143		1.5.1.2.2.3	Negotiate and Sign Contract	5 days
144		1.5.1.2.2.4	Install Cabling	15 days
145		1.5.1.2.3	Electric Installation	28 days
146		1.5.1.2.3.1	Electrician Requests for Bids	5 days
147		1.5.1.2.3.2	Select Vendor	1 day
148		1.5.1.2.3.3	Negotiate and Sign Contract	5 days
149		1.5.1.2.3.4	Install Cabling	15 days
150		1.5.1.2.4	IT/Server Room Build Out/Configuration	33 days
151		1.5.1.2.4.1	HVAC Requests for Bids	5 days
152		1.5.1.2.4.2	Select Vendor	1 day
153		1.5.1.2.4.3	Negotiate and Sign Contract	5 days
154		1.5.1.2.4.4	Install HVAC	15 days
155		1.5.1.2.5	Furniture Build Out Needs (Offices and Staff)	40 days
156		1.5.1.2.5.1	Finalize Furniture Requirements	3 days
157		1.5.1.2.5.2	Prepare Furniture Request for Bid	1 day
158		1.5.1.2.5.3	Vendor Response	10 days
159		1.5.1.2.5.4	Select Vendor	5 days
160		1.5.1.2.5.5	Order Office Furniture	1 day
161		1.5.1.2.5.6	Install Office Furniture	5 days
162		1.5.1.3	Occupy the facility	0 days
163		1.5.2	Equipment	44 days

Task	▬▬▬	
Critical Task	▬▬▬	
Milestone	◆	
Summary	▬▬▬	

Rolled Up Task	▬▬▬	
Rolled Up Critical Task	▬▬▬	
Rolled Up Milestone	◇	
Rolled Up Progress	▬▬▬	

Split	....
External Tasks	▬
Project Summary	▼
Group By Summary	▼

ID	ⓘ	WBS	Task Name	Duration
164	▦	1.5.2.1	Determine office equipment specifications (PCs, printers, fax, copier)	5 days
165		1.5.2.2	Finalize office equipment specifications (PCs, printers, fax, copier)	1 day
166		1.5.2.3	Order office equipment	2 days
167		1.5.2.4	Receive and unpack computers and monitors	5 days
168		1.5.2.5	Image computers	5 days
169		1.5.2.6	Set up computers in training rooms	1 day
170		1.5.2.7	Set up computers at workstations	5 days
171		1.5.2.8	Set up printers	5 days
172		1.5.2.9	Test equipment for office	5 days
173		1.5.3	Office Supplies and Corporate Posters	44 days
174	▦	1.5.3.1	Finalize office supplies specifications (including coffee, soda, Corporate posters)	1 day
175		1.5.3.2	Vendor identification and selection	5 days
176		1.5.3.3	Order office supplies	10 days
177		1.5.3.4	Receive office supplies	1 day
178		1.6	Requirements Gathering	7 days
179		1.6.1	Schedule Business Requirements JAD sessions	1 day
180		1.6.2	Hold Business Requirements JAD Sessions with BMS	1 day
181		1.7	Telephony and Call Center Technology	50 days
182		1.7.1	Voice Circuits	48 days
183	▦	1.7.1.1	Finalize call center voice circuit design/configuration	1 day
184		1.7.1.2	Place order with carrier	1 day
185		1.7.1.3	Install and test voice circuits	1 day
186		1.7.1.4	Voice Circuits Installed	0 days
187		1.7.2	Telephony Requirements	19 days
188		1.7.2.1	Develop Telephony Call Flow and Telephony Requirements Document	5 days
189		1.7.2.2	Internal Review of Telephony Requirements	3 days
190		1.7.2.3	Revision of Telephony Requirements	2 days
191		1.7.2.4	Submit Telephony Requirements to to the BMS For Review	0 days
192		1.7.2.5	BMS Review of Telephony Requirements	5 days
193		1.7.2.6	Revise and Submit Final Telephony Requirement to the BMS	2 days
194		1.7.2.7	BMS Review Final Telephony Requirements	2 days
195		1.7.2.8	BMS Approval Final Telephony Requirements	0 days
196		1.7.3	Telephone System (Automated Call Distributor)	47 days
197	▦	1.7.3.1	Finalize phone system quote and place order with vendor	1 day
198		1.7.3.2	Submit Telephony Requirement to the Vendor for Development	1 day
199		1.7.3.3	Telephony System Development	15 days
200		1.7.3.4	Configure phone system & phones on Site	5 days
201		1.7.3.5	Telephony & ACD System Ready for UAT	0 days
202		1.7.4	Define IVR Customer Survey Requirements	20 days
203		1.7.4.1	Update IVR Customer Satisfaction Survey	5 days
204		1.7.4.2	Configure IVR Customer Satisfaction Survey	15 days
205		1.7.5	Outbound Dialer	50 days
206		1.7.5.1	Requirements Definition	18 days
207		1.7.5.1.1	Develop Outbound Dialer Requirements	5 days
208		1.7.5.1.2	Develop Outbound Dialer Call Flow	5 days
209		1.7.5.1.3	Outbound Dialer Call Flow Reviewed and Finalized Internally	3 days
210		1.7.5.1.4	BMS Review	5 days
211		1.7.5.1.5	Final Approval on Outbound Dialer Call Flow	0 days
212		1.7.5.2	Voice Prompt Requirements	9 days
213		1.7.5.2.1	Full Script sign off	1 day

Task	▬▬▬	Rolled Up Task	▬▬▬	Split	··········
Critical Task	▬▬▬	Rolled Up Critical Task	▬▬▬	External Tasks	▬
Milestone	◆	Rolled Up Milestone	◇	Project Summary	▼
Summary	▼▬▬▼	Rolled Up Progress	▬▬▬	Group By Summary	▼

ID		WBS	Task Name	Duration
214		1.7.5.2.2	Order Recordings for Voice Talent	2 days
215		1.7.5.2.3	Recordings received	1 day
216		1.7.5.3	Detailed Design	29 days
217		1.7.5.3.1	Gateway Requirements Review Meeting	1 day
218		1.7.5.3.2	Provide interface specifications & mapping for IVR automated survey	2 days
219		1.7.5.3.3	Provide interface specifications & mapping for Outbound Dialer	2 days
220		1.7.5.4	Development	21 days
221		1.7.5.4.1	Outbound Dialer Development	21 days
222		1.7.5.4.1.1	General Outbound Dialer Application Configuration for project	21 days
223		1.7.5.4.1.1.1	General App configuration and set up	15 days
224		1.7.5.4.1.1.2	Outbound Dialer Deployment to test system	1 day
225		1.7.5.4.1.1.3	Development unit test	5 days
226		1.7.5.4.2	Prep for UAT Testing	20 days
227		1.7.5.4.2.1	Test Data provided	10 days
228		1.7.5.4.2.2	Test Plan defined	20 days
229		1.7.5.4.3	Outbound Dialer Ready for UAT Testing	0 days
230		1.8	Network	51 days
231		1.8.1	WAN Data Circuits	45 days
232		1.8.1.1	Data Circuits Ordered	0 days
233		1.8.1.2	Initial Circuit Installed	0 days
234		1.8.2	Network Equipment	48 days
235		1.8.2.1	Network Equipment Ordered	1 day
236		1.8.2.2	Network Equipment Configuration and Test in Reston	3 days
237		1.8.2.3	Network Equipment Onsite in Charleston Facility	0 days
238		1.8.2.4	Onsite setup of network equipment	5 days
239		1.8.3	Server Room Equipment	48 days
240		1.8.3.1	Server Room Equipment Ordered	0 days
241		1.8.3.2	Server Room Racks/UPS/Console switch Onsite in Charleston Facility	0 days
242		1.8.3.3	Onsite setup of Servers in Charleston Facility	5 days
243		1.8.4	Data Center Service (DCS) Server Set Up	51 days
244		1.8.4.1	Configure and Install Active Directory/File Server and Windows Update/Anti-Virus Server	51 days
245		1.8.4.1.1	Order Server	28 days
246		1.8.4.1.1.1	Request Quotes for Servers	1 day
247		1.8.4.1.1.2	Receive Quotes for Servers	1 day
248		1.8.4.1.1.3	Submit and Approve Server Order	5 days
249		1.8.4.1.1.4	Receive Servers	1 day
250		1.8.4.1.2	Preliminary Server Configuration in Reston	15 days
251		1.8.4.1.2.1	Configure Servers	9 days
252		1.8.4.1.2.2	Run Security Scans	3 days
253		1.8.4.1.2.3	Mitigate Security Risks	2 days
254		1.8.4.1.2.4	Pack Servers	1 day
255		1.8.4.1.2.5	Ship Servers to Charleston Office	0 days
256		1.8.4.1.3	Final Server Configuration in Charleston Office	5 days
257		1.8.4.1.3.1	Configure Servers and Add Servers to the Network	2 days
258		1.8.4.1.3.2	Test Server integration and installation	3 days
259		1.8.4.1.3.3	Complete all Tests	0 days
260		1.9	Policies and Procedures & Work Instructions	42 days
261		1.9.1	Request existing policies and procedures	1 day
262		1.9.2	Receive existing policies and procedures	0 days
263		1.9.3	Develop operating policies and procedures and work instructions	10 days

Task	▬▬▬	Rolled Up Task	▬▬▬	Split	....
Critical Task	▬▬▬	Rolled Up Critical Task	▬▬▬	External Tasks	▬
Milestone	◆	Rolled Up Milestone	◇	Project Summary	▼
Summary	▬▬▬	Rolled Up Progress	▬▬▬	Group By Summary	▼

ID	ⓘ	WBS	Task Name	Duration
264		1.9.4	Conduct internal review of all policies and procedures	5 days
265		1.9.5	Make suggested modifications based on review and input	5 days
266		1.9.6	Finalize all policies and procedures, and submit to BMS for review and approval	0 days
267		1.9.7	BMS Review of Policies and Procedures	5 days
268		1.9.8	Update policies and procedures per BMS feedback	3 days
269		1.9.9	BMS Review of Policies and Procedures	3 days
270		1.9.10	Update policies and procedures per BMS feedback	3 days
271		1.9.11	BMS Approval of Finalized Policies and Procedures	0 days
272		1.9.12	Upload to KSM	1 day
273		1.10	Call Scripting	59 days
274		1.10.1	Request existing Call Scripts	1 day
275		1.10.2	Receive existing Call Scripts	0 days
276		1.10.3	Draft Call Scripts	10 days
277		1.10.4	Internal Review of Call Scripts	5 days
278		1.10.5	Revision of Call Scripts	2 days
279		1.10.6	Submit Draft Call Scripts to BMS	0 days
280		1.10.7	BMS Review of Draft Call Scripts	5 days
281		1.10.8	Revise and Submit Final Call Scripts to BMS	3 days
282		1.10.9	BMS Review Final Call Scripts	1 day
283		1.10.10	BMS Approval Final Call Scripts	0 days
284		1.10.11	Incorporate Call Scripts into Training	6 days
285		1.10.12	Upload to KMS	1 day
286		1.11	Knowledge Management System Implementation	59 days
287		1.11.1	Configure KMS Software for West Virginia site	20 days
288	▦	1.11.2	Define KMS content outline	1 day
289		1.11.3	Create Glossaries of Terms	2 days
290		1.11.4	Create FAQs	5 days
291		1.11.5	Draft required articles	10 days
292		1.11.6	Conduct internal review of draft documents	5 days
293		1.11.7	Revise and Finalize Articles	5 days
294		1.11.8	Install KMS	10 days
295		1.11.9	Initial Release of KMS	0 days
296		1.11.10	Populate KMS	5 days
297		1.11.11	Prepare KMS training materials	5 days
298		1.11.12	Deliver KMS Training to staff	1 day
299		1.12	Training	66 days
300		1.12.1	Develop Training Plan	18 days
301	▦	1.12.1.1	Analyze training requirements	2 days
302		1.12.1.2	Identify materials to be developed	1 day
303		1.12.1.3	Identify Training Gap Analysis	1 day
304		1.12.1.4	Finalize required training modules list	1 day
305	▦	1.12.1.5	Define trainer requirements	2 days
306		1.12.1.6	Develop Training Plan outline	2 days
307		1.12.1.7	Develop outline for training modules	2 days
308		1.12.1.8	Develop Training Schedule	1 day
309		1.12.1.9	Internal review of training schedule	1 day
310		1.12.1.10	Update of training schedule based on review	5 days
311		1.12.2	Develop Call Center and Outreach Specialist Training Modules	29 days
312	▦	1.12.2.1	Develop draft training modules	15 days
313		1.12.2.2	Internal review of training modules	5 days

Task	▬▬▬▬	Rolled Up Task ▬▬▬▬	Split ··········
Critical Task	▬▬▬▬	Rolled Up Critical Task ▬▬▬▬	External Tasks ▬
Milestone	◆	Rolled Up Milestone ◇	Project Summary ▽
Summary	▬▬▬	Rolled Up Progress ▬▬▬▬	Group By Summary ▼

ID		WBS	Task Name	Duration
314		1.12.2.3	Update of Training Modules based on review	5 days
315		1.12.2.4	Submit Training modules for review	0 days
316		1.12.2.5	Final Review of Training Modules	3 days
317		1.12.2.6	Approval of the Training Modules	0 days
318		1.12.2.7	Training Preparation	4 days
319		1.12.3	Deliver Training	10 days
320	▦	1.12.3.1	Deliver Training for staff	10 days
321		1.13	Quality Management Plan	35 days
322		1.13.1	Develop Quality Management (QM) Plan	30 days
323		1.13.1.1	Create QM Plan Draft	10 days
324		1.13.1.2	Internal QM Plan Review	5 days
325		1.13.1.3	Update QM Plan	2 days
326		1.13.1.4	Internal QM Plan Review	1 day
327		1.13.1.5	Update QM Plan	2 days
328		1.13.1.6	Submit QM Plan to BMS for Review	0 days
329		1.13.1.7	BMS Review QM Plan	5 days
330		1.13.1.8	Update QM Plan with feedback	2 days
331		1.13.1.9	Final BMS Review of QM Plan	3 days
332		1.13.1.10	Sign-Off on QM Plan	0 days
333		1.13.2	Implement QMS tool	15 days
334		1.13.2.1	Identify Audit Areas	2 days
335		1.13.2.2	Gather Audit requirements	2 days
336		1.13.2.3	Develop Audit tool	10 days
337		1.13.2.4	Indentify Audit Cycles	1 day
338		1.13.2.5	QMS Tool Development Complete	0 days
339		1.14	Printed Materials Development	41 days
340		1.14.1	Printed Materials	27 days
341	▦	1.14.1.1	Review Existing Enrollment Materials	5 days
342		1.14.1.2	Review MAXIMUS submitted sample educational materials	4 days
343		1.14.1.3	Review MAXIMUS submitted sample enrollment forms	4 days
344		1.14.1.4	BMS provides feedback on MAXIMUS submitted sample educational materials and sample enrollment forms	0 days
345		1.14.1.5	Review BMS Feedback with BMS	1 day
346		1.14.1.6	Develop Final Design for Materials	5 days
347		1.14.1.7	Internal Review of Draft Materials	2 days
348		1.14.1.8	Update Enrollment Packets and Reminder Notices based on Internal Review	2 days
349		1.14.1.9	Review Draft Materials with the BMS	1 day
350		1.14.1.10	BMS Review of Interim Draft Materials	5 days
351		1.14.1.11	BMS Approval of Interim Draft Materials	0 days
352		1.14.1.12	Submit Recommendations Report to the BMS for review and approval	0 days
353		1.14.2	Configuration of Printed Materials with Printer	14 days
354		1.14.2.1	Submit Approved Materials to Mailhouse for Configuration	0 days
355		1.14.2.2	Submit and Review Printing Requirements to the Mailhouse	0 days
356		1.14.2.3	Mailhouse Print Design	5 days
357		1.14.2.4	Review Mailhouse Design	2 days
358		1.14.2.5	Mailhouse Revision to Design	5 days
359		1.14.2.6	Review Mailhouse Design	2 days
360		1.14.2.7	Finalize Printed Materials with Mailhouse	0 days
361		1.15	Outreach, Education and Enrollment Plan	42 days
362		1.15.1	Develop preliminary Outreach, Education and Enrollment Plan	15 days

Task	▬▬▬	Rolled Up Task	▬▬▬	Split	....
Critical Task	▬▬▬	Rolled Up Critical Task	▬▬▬	External Tasks	▬
Milestone	◆	Rolled Up Milestone	◇	Project Summary	▽
Summary	▬▬▬	Rolled Up Progress	▬▬▬	Group By Summary	▽

ID	❶	WBS	Task Name	Duration
363		1.15.2	Internal review of Outreach, Education and Enrollment Plan	5 days
364		1.15.3	Internal Review Meeting of Outreach, Education and Enrollment Plan	1 day
365		1.15.4	Update of Outreach, Education and Enrollment Plan	5 days
366		1.15.5	Internal Review Meeting of Outreach, Education and Enrollment Plan	1 day
367		1.15.6	Final Update Outreach, Education and Enrollment Plan	1 day
368		1.15.7	Review the Outreach, Education and Enrollment Plan with the BMS	1 day
369		1.15.8	Submit Outreach, Education and Enrollment Plan to the BMS for Review	0 days
370		1.15.9	BMS Review of the Outreach, Education and Enrollment Plan	5 days
371		1.15.10	Update of the Outreach, Education and Enrollment Plan based on BMS Feedback	5 days
372		1.15.11	Submit Outreach, Education and Enrollment Plan to the BMS for Final Review	0 days
373		1.15.12	Final BMS Review of the Outreach, Education and Enrollment Plan	3 days
374		1.15.13	BMS Approval of the Outreach, Education and Enrollment Plan	0 days
375		1.16	Web Site Development	49 days
376		1.16.1	Develop Website Requirements	24 days
377		1.16.1.1	Draft Website Requirements	10 days
378		1.16.1.2	Internal Review of Website Requirements	1 day
379		1.16.1.3	Update Website Requirements	2 days
380		1.16.1.4	Review Requirements with the BMS	0 days
381		1.16.1.5	BMS Review of the Requirements	5 days
382		1.16.1.6	Update Requirements based on BMS Feedback	3 days
383		1.16.1.7	BMS Review of the Requirements	3 days
384		1.16.1.8	BMS Sign-Off on Requirements	0 days
385		1.16.2	Development	20 days
386		1.16.2.1	Develop Static and Self-Service Website	20 days
387		1.16.2.1.1	Create site outline	2 days
388		1.16.2.1.2	Develop wireframes	3 days
389		1.16.2.1.3	BMS Review of wireframes	3 days
390		1.16.2.1.4	BMS Sign-Off on wireframes	0 days
391		1.16.2.1.5	Develop graphic design	5 days
392		1.16.2.1.6	Develop plain language content	5 days
393		1.16.2.1.7	BMS Review of Language Content	3 days
394		1.16.2.1.8	BMS Sign-Off on Language Content	0 days
395		1.16.2.1.9	Code Static Website Screens, Provider Search function, and Enrollment/Transfer function	5 days
396		1.16.2.1.10	Integrate with Product Website	5 days
397		1.16.2.1.11	Optimize screens for mobile access	5 days
398		1.16.2.1.12	Translate Static Website and Dynamic Portal content into Spanish	10 days
399		1.16.3	System Testing	25 days
400		1.16.3.1	Write System Test Cases for the Website Testing	5 days
401		1.16.3.2	Develop System Test Data for Website Testing	5 days
402		1.16.3.3	Conduct System Testing	5 days
403		1.16.4	UAT Prep	15 days
404		1.16.4.1	Write UAT Test Cases for the Website Testing	15 days
405		1.16.4.2	Develop UAT Test Data for Website Testing	5 days
406		1.16.5	Website Ready for UAT	0 days
407		1.17	Systems	66 days
408		1.17.1	Requirements Gathering	21 days
409		1.17.1.1	Discuss and confirm File interfaces with BMS	1 day
410		1.17.1.1.1	Obtain Specimen files	1 day
411		1.17.1.1.1.1	Provide File Format for the Provider File	1 day

Task	▬▬▬▬	Rolled Up Task	▬▬▬▬	Split	....
Critical Task	▬▬▬▬	Rolled Up Critical Task	▬▬▬▬	External Tasks	▬
Milestone	◆	Rolled Up Milestone	◇	Project Summary	▼
Summary	▬▬▬▬	Rolled Up Progress	▬▬▬▬	Group By Summary	▼

MAXIMUS

Section 5.2: Draft Implementation Plan

Prop

ID	ⓘ	WBS	Task Name	Duration
412		1.17.1.1.1.2	Provide File Format for the Enrollment Broker Recipient Eligibility File	1 day
413		1.17.1.1.1.3	Provide Current 834 Companion Guides for the Health Plan, if applicable	1 day
414		1.17.1.1.1.4	Provide Eligibility Business Rules	1 day
415		1.17.1.1.1.5	Provide File Load Processing and Sequencing Rule	1 day
416		1.17.1.1.1.6	Provide Auto Assignment Business Rules	1 day
417		1.17.1.1.1.7	Provide Other Systems Documentation (Data Dictionary, Data Models, Companion Guides)	1 day
418		1.17.1.2	Requirement Capture	14 days
419		1.17.1.2.1	MAXeb Configuration and Development Requirement	14 days
420		1.17.1.2.1.1	Interfaces Module	14 days
421		1.17.1.2.1.1.1	Prepare Draft Requirement Specifications	3 days
422		1.17.1.2.1.1.2	Obtain operations sign off	1 day
423		1.17.1.2.1.1.3	Revise requirement	1 day
424		1.17.1.2.1.1.4	Submit for BMS Approval	0 days
425		1.17.1.2.1.1.5	BMS Review	5 days
426		1.17.1.2.1.1.6	Revise Specification	1 day
427		1.17.1.2.1.1.7	BMS Review	3 days
428		1.17.1.2.1.1.8	Obtain Sign off	0 days
429		1.17.1.2.1.2	Eligibility Determination Module	14 days
430	▦	1.17.1.2.1.2.1	Prepare Draft Requirement Specifications	3 days
431	▦	1.17.1.2.1.2.2	Obtain operations sign off	1 day
432	▦	1.17.1.2.1.2.3	Revise requirement	1 day
433	▦	1.17.1.2.1.2.4	Submit for BMS Approval	0 days
434	▦	1.17.1.2.1.2.5	BMS Review	5 days
435	▦	1.17.1.2.1.2.6	Revise Specification	1 day
436	▦	1.17.1.2.1.2.7	BMS Review	3 days
437	▦	1.17.1.2.1.2.8	Obtain Sign off	0 days
438		1.17.1.2.1.3	Lock-In rules Module	14 days
439		1.17.1.2.1.3.1	Prepare Draft Requirement Specifications	3 days
440		1.17.1.2.1.3.2	Obtain operations sign off	1 day
441		1.17.1.2.1.3.3	Revise requirement	1 day
442	▦	1.17.1.2.1.3.4	Submit for BMS Approval	0 days
443		1.17.1.2.1.3.5	BMS Review	5 days
444		1.17.1.2.1.3.6	Revise Specification	1 day
445		1.17.1.2.1.3.7	BMS Review	3 days
446	▦	1.17.1.2.1.3.8	Obtain Sign off	0 days
447		1.17.1.2.1.4	Enrollments Module	14 days
448		1.17.1.2.1.4.1	Prepare Draft Requirement Specifications	3 days
449		1.17.1.2.1.4.2	Obtain operations sign off	1 day
450		1.17.1.2.1.4.3	Revise requirement	1 day
451	▦	1.17.1.2.1.4.4	Submit for BMS Approval	0 days
452		1.17.1.2.1.4.5	BMS Review	5 days
453		1.17.1.2.1.4.6	Revise Specification	1 day
454		1.17.1.2.1.4.7	BMS Review	3 days
455	▦	1.17.1.2.1.4.8	Obtain Sign off	0 days
456		1.17.1.2.1.5	Auto-Assignment Module	14 days
457		1.17.1.2.1.5.1	Prepare Draft Requirement Specifications	3 days
458		1.17.1.2.1.5.2	Obtain operations sign off	1 day
459		1.17.1.2.1.5.3	Revise requirement	1 day
460	▦	1.17.1.2.1.5.4	Submit for BMS Approval	0 days

Task	▬▬▬	Rolled Up Task	▬▬▬	Split	··········
Critical Task	▬▬▬	Rolled Up Critical Task	▬▬▬	External Tasks	▬
Milestone	◆	Rolled Up Milestone	◇	Project Summary	▼
Summary	▼▬▬▬▲	Rolled Up Progress	▬▬▬	Group By Summary	▼

ID	ⓘ	WBS	Task Name	Duration
461		1.17.1.2.1.5.5	BMS Review	5 days
462		1.17.1.2.1.5.6	Revise Specification	1 day
463		1.17.1.2.1.5.7	BMS Review	3 days
464	▦	1.17.1.2.1.5.8	Obtain Sign off	0 days
465		1.17.1.2.1.6	Disenrollments Module	14 days
466		1.17.1.2.1.6.1	Prepare Draft Requirement Specifications	3 days
467		1.17.1.2.1.6.2	Obtain operations sign off	1 day
468		1.17.1.2.1.6.3	Revise requirement	1 day
469	▦	1.17.1.2.1.6.4	Submit for BMS Approval	0 days
470		1.17.1.2.1.6.5	BMS Review	5 days
471		1.17.1.2.1.6.6	Revise Specification	1 day
472		1.17.1.2.1.6.7	BMS Review	3 days
473	▦	1.17.1.2.1.6.8	Obtain Sign off	0 days
474		1.17.1.2.1.7	Plan Provider Module	14 days
475		1.17.1.2.1.7.1	Prepare Draft Requirement Specifications	3 days
476		1.17.1.2.1.7.2	Obtain operations sign off	1 day
477		1.17.1.2.1.7.3	Revise requirement	1 day
478	▦	1.17.1.2.1.7.4	Submit for BMS Approval	0 days
479		1.17.1.2.1.7.5	BMS Review	5 days
480		1.17.1.2.1.7.6	Revise Specification	1 day
481		1.17.1.2.1.7.7	BMS Review	3 days
482	▦	1.17.1.2.1.7.8	Obtain Sign off	0 days
483		1.17.1.2.1.8	Letters Module	14 days
484		1.17.1.2.1.8.1	Prepare Draft Requirement Specifications	3 days
485		1.17.1.2.1.8.2	Obtain operations sign off	1 day
486		1.17.1.2.1.8.3	Revise requirement	1 day
487	▦	1.17.1.2.1.8.4	Submit for BMS Approval	0 days
488		1.17.1.2.1.8.5	BMS Review	5 days
489		1.17.1.2.1.8.6	Revise Specification	1 day
490		1.17.1.2.1.8.7	BMS Review	3 days
491	▦	1.17.1.2.1.8.8	Obtain Sign off	0 days
492		1.17.1.2.1.9	Imaging and document management Module	14 days
493		1.17.1.2.1.9.1	Prepare Draft Requirement Specifications	3 days
494		1.17.1.2.1.9.2	Obtain operations sign off	1 day
495		1.17.1.2.1.9.3	Revise requirement	1 day
496	▦	1.17.1.2.1.9.4	Submit for BMS Approval	0 days
497		1.17.1.2.1.9.5	BMS Review	5 days
498		1.17.1.2.1.9.6	Revise Specification	1 day
499		1.17.1.2.1.9.7	BMS Review	3 days
500	▦	1.17.1.2.1.9.8	Obtain Sign off	0 days
501		1.17.1.2.2	EDI Requirements Analysis	11 days
502		1.17.1.2.2.1	Initial requirements gathering	3 days
503		1.17.1.2.2.2	Requirements documentation	5 days
504		1.17.1.2.2.3	Submit Requirements to BMS	0 days
505		1.17.1.2.2.4	BMS Review of the Requirements	5 days
506		1.17.1.2.2.5	BMS requirements approval	0 days
507		1.17.1.2.2.6	Requirements completed	1 day
508		1.17.2	MAXeb environment setup	15 days
509		1.17.2.1	Procure hardware & software for MAXeb system	15 days
510		1.17.2.2	Create MAXReq for Kofax scanner and workstations	1 day

Task	▬▬▬	Rolled Up Task	▬▬▬	Split	....
Critical Task	▬▬▬	Rolled Up Critical Task	▬▬▬	External Tasks	▬
Milestone	◆	Rolled Up Milestone	◇	Project Summary	▼
Summary	▬▬▬	Rolled Up Progress	▬▬▬	Group By Summary	▼

ID	ⓘ	WBS	Task Name	Duration
511		1.17.2.3	Create MAXReq for UAT DB server	1 day
512		1.17.2.4	Provide Imaging requirements to Infrastructure team	1 day
513		1.17.2.5	Sign-off on Imaging requirements	1 day
514		1.17.2.6	Development environment Setup	6 days
515		1.17.2.6.1	Set up Database Server	3 days
516		1.17.2.6.2	Set up Application Server	3 days
517		1.17.2.7	QA/Dev environment Setup	6 days
518		1.17.2.7.1	Set up Database Server	1 day
519		1.17.2.7.2	Set up Application Server	3 days
520		1.17.2.7.3	QA/Dev Environment setup completion	3 days
521		1.17.2.8	Set up SSA Server	3 days
522		1.17.2.8.1	UAT environment Setup	3 days
523		1.17.2.8.2	Set up Database Server	3 days
524		1.17.2.8.3	Set up Application Server	3 days
525		1.17.2.9	Production environment Setup	3 days
526		1.17.2.9.1	Set up Database Servers	3 days
527		1.17.2.9.2	Set up data mart instance	3 days
528		1.17.2.9.3	Set up Application Servers	3 days
529		1.17.2.9.4	Set up SSA Server	3 days
530		1.17.2.10	Configuration Management and control	0.5 days
531		1.17.2.10.1	Source Code Repository Set-up	0.5 days
532		1.17.2.10.2	Set up project folder	0.5 days
533		1.17.2.10.3	Set up SVN Release & Staging areas	0.5 days
534		1.17.3	EDI (MoveIT environment setup)	12 days
535		1.17.3.1	Documentation & Design	12 days
536		1.17.3.1.1	Document automated processes & directory structure (Visio)	0.5 days
537		1.17.3.1.2	Complete Requirements document	5 days
538		1.17.3.1.3	Create Master Xchange Setup spreadsheet	2 days
539		1.17.3.1.4	Configure all Network & Connectivity	3 days
540		1.17.3.1.5	MAXIMUS EB server	2 days
541		1.17.3.1.6	Reports server	2 days
542		1.17.3.1.7	DMZ Development	2 days
543		1.17.3.1.8	DMZ Production	2 days
544		1.17.3.1.9	Create users and Security group spreadsheet	3 days
545		1.17.3.1.10	Create "all" users & Security groups in DMZ	3 days
546		1.17.3.1.11	Create "all" of the directory structure in DMZ	3 days
547		1.17.3.1.12	Configure email notifications in DMZ	2 days
548		1.17.3.1.13	Central Development	5 days
549		1.17.3.1.14	Automated Processes	5 days
550		1.17.3.1.15	Fill in Pseudo code & actual code as per template	1 day
551		1.17.3.1.16	Testing of Central tasks	4 days
552		1.17.3.1.17	Deployment to Production	1 day
553		1.17.3.1.18	End User Test	5 days
554		1.17.4	System Analysis & Design	25 days
555		1.17.4.1	Interfaces Design	25 days
556		1.17.4.2	Enroll/Disenroll/Transfer Design	7 days
557		1.17.4.2.1	Rules engine set-up and configuration	5 days
558		1.17.4.2.2	Define enroll/disenroll/transfer rules	5 days
559		1.17.4.2.3	Define & configure lock-in rules	2 days
560		1.17.4.3	Auto Assignment Design	3 days

Task	▬▬▬▬	Rolled Up Task	▬▬▬▬	Split	....
Critical Task	▬▬▬▬	Rolled Up Critical Task	▬▬▬▬	External Tasks	▬
Milestone	◆	Rolled Up Milestone	◇	Project Summary	▽
Summary	▼▬▬▬▼	Rolled Up Progress	▬▬▬▬	Group By Summary	▼

ID	ⓘ	WBS	Task Name	Duration
561		1.17.4.3.1	Design Product changes for Auto-Assignment	3 days
562		1.17.4.3.2	Modify for WV-specific assignment rules	2 days
563		1.17.4.3.3	Use of Claims file for Auto-Assignment	2 days
564		1.17.4.4	Plan Management Design	2 days
565		1.17.4.4.1	Gather Plans information related to configuration detail	2 days
566		1.17.4.5	Incorporate Approved BMS Requirements	1 day
567		1.17.4.5.1	Conduct Gap Analysis of Product Design with Project Requirements	1 day
568		1.17.4.5.2	Update Design with BMS Approved Requirements	1 day
569		1.17.4.6	Letters Interface and File Format Design	5 days
570		1.17.4.6.1	Design BI Letters Interface and File Format	3 days
571		1.17.4.6.2	Finalize procedures and security protocols for exchanging files	5 days
572		1.17.4.7	Materials Request	2 days
573		1.17.4.7.1	Configuration changes for materials request (Enrollment/Disenrollment forms, Good cause for Transfer)	2 days
574		1.17.4.7.2	Job for BI to trigger the material request letters and forms	2 days
575		1.17.4.8	Review design specifications with SMEs and Technical Lead	6 days
576		1.17.4.8.1	Review design specifications with SMEs and Technical Lead	1 day
577		1.17.4.8.2	Review of design specifications with Operations	1 day
578		1.17.4.8.3	Operations Review of Design Specifications	3 days
579		1.17.4.8.4	Operations Sign-Off on Design Specifications	0 days
580		1.17.4.8.5	Finalize design specifications after review has been completed	1 day
581		1.17.5	System Development & Unit Testing	51 days
582		1.17.5.1	Interfaces Development & Unit Testing	10 days
583		1.17.5.1.1	ETL Process for all inbound files	10 days
584		1.17.5.2	Interactive Voice Response (IVR) Development & Unit Testing	5 days
585		1.17.5.2.1	Modify IVR Servlet for additional data elements for dialer and customer satisfaction survey	5 days
586		1.17.5.2.2	New development for Outbound Dialer	5 days
587		1.17.5.3	Enroll/Disenroll/Transfer Development & Unit Testing	11 days
588		1.17.5.3.1	Development of rules engine decision tables	2 days
589		1.17.5.3.2	Modify Product Rules engine to support WV rules	3 days
590		1.17.5.3.3	Change calculation for lock-in start/stop dates	1 day
591		1.17.5.3.4	Modify stored procedure for MVX calculation	5 days
592		1.17.5.4	Auto-Assignment Development & Unit Testing	10 days
593		1.17.5.4.1	Claims Service module development to support AA	2 days
594		1.17.5.4.2	Set up Process Choreographer model for auto-assignment	10 days
595		1.17.5.5	Letters Interface Development & Unit Testing	10 days
596		1.17.5.6	User Roles & Permissions	3 days
597		1.17.5.6.1	QA Environment configuration	0.5 days
598		1.17.5.6.2	Define business units, teams & load groups	0.5 days
599		1.17.5.6.3	Modify baseline roles	0.5 days
600		1.17.5.6.4	Define roles for permissions	0.5 days
601		1.17.5.6.5	Define business units for receiving tasks	0.5 days
602		1.17.5.6.6	Messaging and look-up table configuration	0.5 days
603		1.17.5.7	UAT Environment configuration	2.5 days
604		1.17.5.7.1	Define business units, teams & load groups	0.5 days
605		1.17.5.7.2	Modify baseline roles	0.5 days
606		1.17.5.7.3	Define roles for permissions	0.5 days
607		1.17.5.7.4	Define business units for receiving tasks	0.5 days
608		1.17.5.7.5	Messaging and look-up table configuration	0.5 days

Task	▬▬▬	Rolled Up Task	▬▬▬	Split	∙∙∙∙∙∙∙∙
Critical Task	▬▬▬	Rolled Up Critical Task	▬▬▬	External Tasks	▬
Milestone	◆	Rolled Up Milestone	◇	Project Summary	▼
Summary	▼▬▬▼	Rolled Up Progress	▬▬▬	Group By Summary	▼

ID	ⓘ	WBS	Task Name	Duration
609		1.17.5.8	Production Environment configuration	51 days
610		1.17.5.8.1	Define business units, teams & load groups	0.25 days
611		1.17.5.8.2	Train staff to load any new users	0.25 days
612		1.17.5.8.3	Modify baseline roles	0.25 days
613		1.17.5.8.4	Define roles for permissions	0.25 days
614		1.17.5.8.5	Define business units for receiving tasks	0.25 days
615		1.17.5.8.6	Messaging and look-up table configuration	1 day
616		1.17.5.9	Jobs Development in MAXeb	10 days
617		1.17.5.9.1	Daily Eligibles job	2 days
618		1.17.5.9.2	Upload to BMS job	1 day
619		1.17.5.9.3	Member Linkage Response job	1 day
620		1.17.5.9.4	Auto Assignment job	1 day
621		1.17.5.9.5	Letters job	1 day
622		1.17.5.9.6	Letters Image job	1 day
623		1.17.5.9.7	Outbound Dialer job	1 day
624		1.17.5.9.8	MVX Recalculation job	2 days
625		1.17.6	QA/System Testing	10 days
626		1.17.6.1	Interfaces QA & System Testing	10 days
627		1.17.6.2	IVR, QA & System Testing	10 days
628		1.17.6.3	Enroll/Disenroll/Transfer QA & System Testing	10 days
629		1.17.6.4	Auto-Assignment QA & System Testing	10 days
630		1.17.6.5	Letters Interface QA & System Testing	10 days
631		1.17.7	Creation of Test Plans & Test scenarios	20 days
632		1.17.7.1	Create Test cases for Systems Components	20 days
633		1.17.7.1.1	Call Center module	2 days
634		1.17.7.1.2	Pending Enrollment module	1 day
635		1.17.7.1.3	Complaints & Appeals module	1 day
636		1.17.7.1.4	Materials Request module	1 day
637		1.17.7.1.5	Task Management module	2 days
638		1.17.7.1.6	MAXeb configuration	1 day
639		1.17.7.1.7	Website	5 days
640		1.17.7.1.8	Letters module	3 days
641		1.17.7.1.9	Exemptions & Exclusions module	1 day
642		1.17.7.1.10	IVR (Outbound Dialer, Customer Satisfaction Survey) test case creation	3 days
643		1.17.7.1.11	Daily Eligibles test case creation	5 days
644		1.17.7.1.12	Enrollments/Disenrollments/Transfers module	5 days
645		1.17.7.1.13	Auto Assignment module	2 days
646		1.17.7.1.14	Other Interfaces test cases	5 days
647		1.17.7.1.15	Reports test case creation	5 days
648		1.17.7.1.16	Review test cases with Systems team	0.5 days
649		1.17.8	Ready for UAT Testing	0 days
650		1.17.9	Systems Training and Pre-Release Deployments	20 days
651		1.17.9.1	Systems Training to Operations	20 days
652		1.17.9.1.1	Create user guide for Operations	5 days
653		1.17.9.1.2	Train staff to use MAXeb	10 days
654		1.17.9.2	Pre-release deployments	7 days
655		1.17.9.2.1	Load data files into UAT environment	3 days
656		1.17.9.2.2	Set up Pre-Production environment	2 days
657		1.17.9.2.3	Load data files into Production MAXeb tables	5 days
658		1.17.9.2.4	Request Security scanning of Production environment	2 days

Task	▬▬▬	Rolled Up Task	▬▬▬	Split	··············
Critical Task	▬▬▬	Rolled Up Critical Task	▬▬▬	External Tasks	▬
Milestone	◆	Rolled Up Milestone	◇	Project Summary	▼
Summary	▼▬▬▼	Rolled Up Progress	▬▬▬	Group By Summary	▼

ID		WBS	Task Name	Duration
659		1.18	Reporting and Data Analytics	48 days
660		1.18.1	Define Reporting Requirements	33 days
661		1.18.1.1	Define reporting requirements from RFP and Proposal	15 days
662		1.18.1.2	Develop Reporting Specification and Requirements Document	3 days
663		1.18.1.3	Review Reporting Specification and Requirements Document	2 days
664		1.18.1.4	Update Reporting Specification and Requirements Document	2 days
665		1.18.1.5	Finalize Reporting Specification and Requirements Document	1 day
666		1.18.1.6	Submit Reporting Specification and Requirements Document to BMS	0 days
667		1.18.1.7	BMS Review of Reporting Specification and Requirements Document	5 days
668		1.18.1.8	Update of Reporting Specification and Requirements Document	2 days
669		1.18.1.9	BMS Review of Reporting Specification and Requirements Document	3 days
670		1.18.1.10	Sign-Off on Reporting Specification and Requirements Document	0 days
671		1.18.2	Complete Infrastructure	2 days
672		1.18.2.1	Define Access requirements for MAXDat users and developers and systems	1 day
673		1.18.2.2	Confirm Dev Environment Complete	1 day
674		1.18.2.3	Confirm Test Environment Complete (ETL)	1 day
675		1.18.2.4	Confirm Test Environment Complete (MCRSTR)	2 days
676		1.18.2.5	Confirm Prod Environment Complete	1 day
677		1.18.3	Required Reports Development and Testing	15 days
678		1.18.3.1	Provide Test Data to Development and Integration Testing Environment	11 days
679		1.18.3.1.1	Provide munged test data to development and integration testing environment	10 days
680		1.18.3.1.2	Confirm Data is sufficient size and integrity	1 day
681		1.18.3.2	Report Development and Coding	15 days
682		1.18.3.3	Report Testing	15 days
683		1.18.3.3.1	Create Test Scenarios	5 days
684		1.18.3.3.2	Setup Test Data	5 days
685		1.18.3.3.3	Ready for UAT Testing	0 days
686		1.19	User Acceptance Testing	19 days
687		1.19.1	MAXeb Application UAT	5 days
688		1.19.1.1	UAT Testing	5 days
689		1.19.1.1.1	Log On	1 day
690		1.19.1.1.2	Enrollment	0.5 days
691		1.19.1.1.3	Transfers	1 day
692		1.19.1.1.4	Call Center	1 day
693		1.19.1.1.5	Complaints	1 day
694		1.19.1.1.6	Exemptions & Exclusions	1 day
695		1.19.1.1.7	Miscellaneous	1 day
696		1.19.1.1.8	End to End Testing	3 days
697		1.19.1.1.9	Incoming Daily eligibles file	2 days
698		1.19.1.1.10	Letter file testing with BI	1 day
699		1.19.1.2	Sign-off on End-to end testing	0 days
700		1.19.2	ACD & Telephone System UAT	5 days
701		1.19.2.1	Conduct ACD UAT	3 days
702		1.19.2.2	Update System Based on UAT	1 day
703		1.19.2.3	Conduct Follow-up ACD UAT Testing	1 day
704		1.19.2.4	ACD UAT Sign-Off	0 days
705		1.19.3	Business Ink UAT Testing	7 days
706		1.19.3.1	Conduct BI UAT Testing	3 days
707		1.19.3.2	Update BI Based on UAT Results	1 day
708		1.19.3.3	Conduct Follow-up BI UAT Testing	3 days

Task	▬▬▬▬	Rolled Up Task	▬▬▬▬	Split	....	
Critical Task	▬▬▬▬	Rolled Up Critical Task	▬▬▬▬	External Tasks	▬	
Milestone	◆	Rolled Up Milestone	◇	Project Summary	▬	
Summary	▬▬▬▬	Rolled Up Progress	▬▬▬▬	Group By Summary	▬	

ID	ℹ	WBS	Task Name	Duration
709		1.19.3.4	BI UAT Sign-Off	0 days
710		1.19.4	Website UAT	8 days
711		1.19.4.1	Conduct Website UAT Testing	5 days
712		1.19.4.2	Update Website Based on UAT Results	1 day
713		1.19.4.3	Conduct Follow-up Website UAT Testing	2 days
714		1.19.4.4	Website UAT Sign-Off	0 days
715		1.19.5	Reports UAT Testing	8 days
716	▦	1.22.2.3.3	UAT Testing	2 days
717	▦	1.22.2.3.4	Update/Fix Code	2 days
718	▦	1.22.2.3.5	UAT Testing	2 days
719	▦	1.22.2.3.6	Update/Fix Code	1 day
720	▦	1.22.2.3.7	UAT Testing	1 day
721	▦	1.22.2.3.8	UAT Testing Passed	0 days
722		1.20	Deployment	14 days
723		1.20.1	Telephony and Call Center Technology	7 days
724		1.20.1.1	ACD & Telephone System	1 day
725		1.20.1.1.1	ACD & Phone system deployment	1 day
726		1.20.1.2	Knowledge Management System	0 days
727		1.20.1.2.1	Deploy KMS	0 days
728		1.20.2	Systems	8 days
729		1.20.2.1	Schedule Deployment of MAXeb and MAXDat Systems	1 day
730		1.20.2.2	System Go-Live	0 days
731		1.21	Readiness Review	38 days
732		1.21.1	Meet with BMS to finalize Readiness Review expectations and requirements	1 day
733		1.21.2	Meet with corporate QRM to define level and areas of involvement	1 day
734		1.21.3	Finalize Readiness Review Schedule and Tasks with BMS and all Stakeholders	2 days
735		1.21.4	Conduct Readiness Review	34 days
736		1.21.4.1	Readiness Review Meeting #1	1 day
737		1.21.4.2	Readiness Review Meeting #2	1 day
738		1.21.4.3	Readiness Review Meeting #3	1 day
739		1.21.4.4	Readiness Review Meeting #4	1 day
740		1.21.4.5	Readiness Review Meeting #5	1 day
741		1.21.4.6	Readiness Review Meeting #6	1 day
742		1.21.4.7	Readiness Review Meeting #7	1 day
743		1.21.4.8	Readiness Review Meeting #8	1 day
744		2	Project Go Live	0 days
745		3	Post "Go Live" Meeting with BMS and all stakeholders	0 days
746		4	Work with Operations Team for gradual hand-off of project activities	10 days
747		5	Final meeting to document lessons learned and sign off on hand-off	1 day
748		6	Implementation Team Phased Out	0 days

Task	▬▬▬▬	Rolled Up Task	▬▬▬▬	Split	......
Critical Task	▬▬▬▬	Rolled Up Critical Task	▬▬▬▬	External Tasks	
Milestone	◆	Rolled Up Milestone	◇	Project Summary	
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