

# Request For Information-Medicaid Enterprise System (MES) For The West Virginia Purchasing Division

Solicitation # CRFI BMS2200000001  
Due Date: January 11, 2022

Submitted by:  
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01/11/22 11:29:32  
WV Purchasing Division

January 10, 2022

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West Virginia department of Purchasing Administration  
Purchasing Officer  
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RE: Request For Information-Medicaid Enterprise System (MES) for the West Virginia  
Purchasing Division, CRFI BMS2200000001

Dear Crystal:

Thank you for the opportunity to respond to this Request For Information (RFI). Conduent offers the following information, in addition to our previous discussions with your Medicaid team, to assist you in the formation of your Medicaid strategy and modular roadmap. We have responded to the questions where we believe we provide valuable information to assist your strategic development. We look forward to further conversations and are always available to assist in this important endeavor.

As one of the few companies focused on solutions and services with expertise supporting the public sector industry, a key Conduent strength lies in the Medicaid arena. We are one of the two oldest firms in the Medicaid marketplace where we have played a prominent role since 1970.

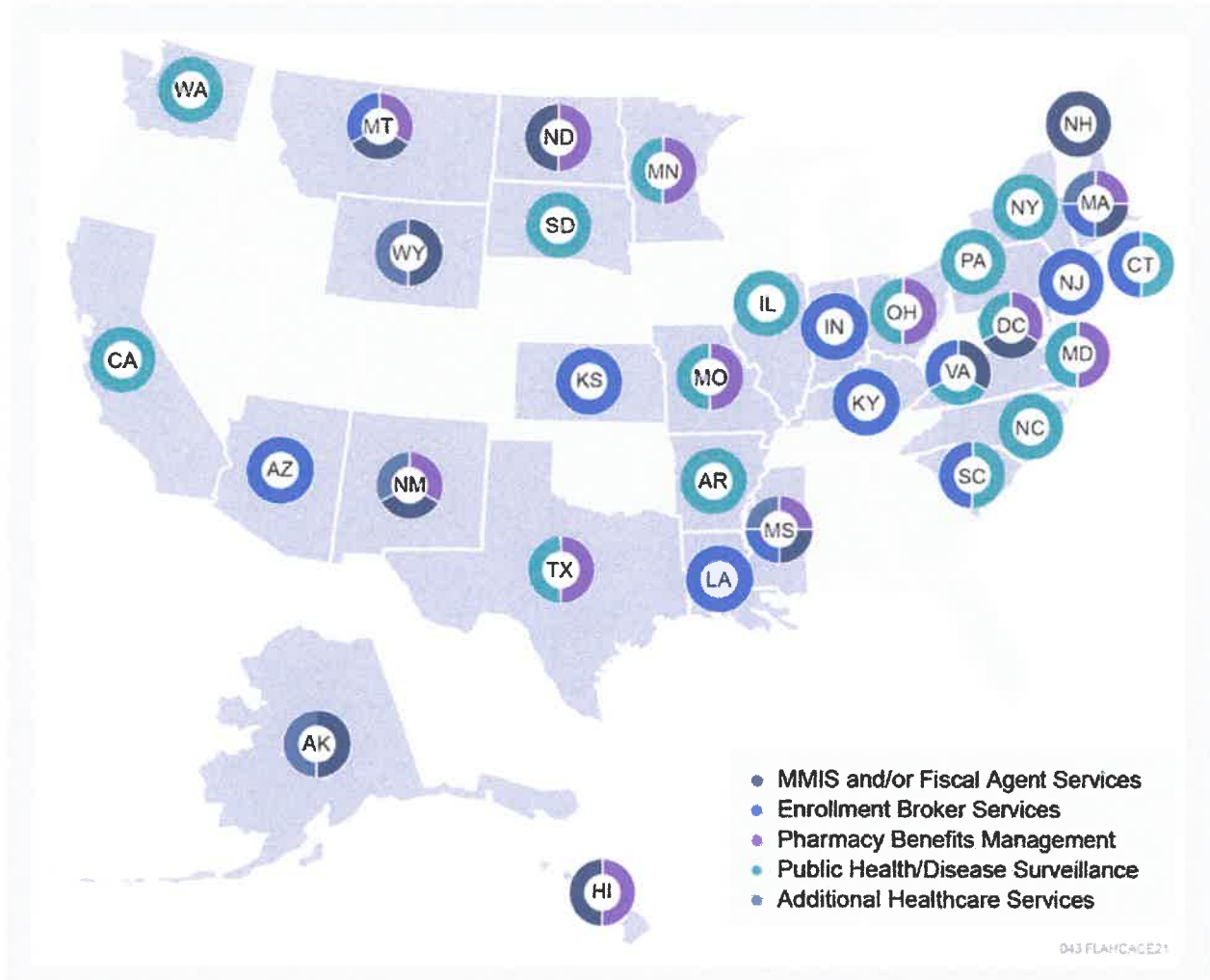
Conduent's average Medicaid customer relationship is 20 years. We operate and maintain large-scale MMIS systems that process more than 659 million claims annually. Conduent is the fiscal agent for 9 state Medicaid contracts and provides prime MMIS services to 21 other state Medicaid contracts, as well as the District of Columbia and Puerto Rico. These are not just facts; they are proof that Conduent has the organizational capacity, knowledge, and vision to support WVA Medicaid's transition to a more efficient and modern modular MES.

For over 50 years, Conduent has been a trusted partner working with governments to help achieve their most pressing health and human services policy objectives. In fact, we currently attend to the healthcare needs of 30 states, the District of Columbia, and Puerto Rico, providing a range of healthcare solutions and services that positively affect the lives of millions of people.

The exhibit below is a graphical view of the many states that we have had the privilege of providing similar MES solutions and services. For several states, we deliver healthcare services under more than one contract, meaning that those states have chosen to engage with Conduent on several mission critical healthcare projects. Additionally, many of our current contracts represent multiple consecutive contract awards, meaning that these states have decided to renew contracts and maintain long-term relationships with Conduent over multiple contract terms. These are points of pride for our over 60,000 global employees. It suggests that our clients value our working relationship as much as we do, and they trust Conduent to provide the highest levels of service and technology to meet their needs.

### Nationwide Government Healthcare Experience

*Our breadth of experience gives us a strong overall perspective of national healthcare trends.*



### EXTENSIVE EXPERIENCE IN SIMILAR SERVICES

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Our commitment to the Medicaid market led us to expand our offerings to address healthcare outcomes, care management, and cost containment. We have consistently invested in the services, solutions, and technology to help our Medicaid clients deliver healthcare to the nation's most vulnerable citizens efficiently and effectively. The following list illustrates our deep experience in Medicaid and Healthcare Services:

- 50 years of experience in Medicaid Management Information Systems (MMIS)
- 50 years of experience in Health Information Technology (HIT)
- 40 years of experience in Medicaid Eligibility Systems
- 39 years of experience in Contact Center Services
- 39 years of experience in Fiscal Agent Services (FAS)
- 38 years of experience in Claims Processing
- 38/37 years of experience in Healthcare Enrollment Broker (Medicaid/Medicare)

- 37 years of experience in Fraud, Abuse, Audit and Compliance
- 29 years of experience in Pharmacy Benefits Management (PBM)
- 26 years of experience in Care Management/ Care Coordination/ Disease Management
- 25 years of experience in Primary Care Case Management (PCCM)
- 22 years of experience in Data Warehouse (DW) and Decision Support Services (DSS) Technology
- 22 years of experience in Health Information Analytics and Reporting
- 21 years of experience in Long-Term Care (LTC) and Home and Community-based Services (HCBS)
- 16 years of experience in Health Information Exchange (HIE)/Electronic Health Records (EHR)
- 15 years of experience in Payment Method Development (PMD)
- 8 years of experience in Health Insurance Exchanges

## CONDUENT MEDICAID SUITE (CMdS) MODULES

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To implement our Core Solution with precision and quality, Conduent pairs the CMdS product with knowledgeable industry experts, experienced staff and partners, and best-in-class tools. Allowing us to deliver quality services, on time and within scope. CMdS is an API-driven, modular product that is completely cloud-native. Conduent designs the CMdS for maximum program configurability, interoperability, and scalability while providing information security protection. Our solution uses a COTS-based Business Rules Engine (BRE) that meets all MECT requirements for decision management and aligns with advanced (above level 3) MITA technical architecture capabilities. Additionally, our solution requires minimal customization to achieve the outcomes State Medicaid Agencies require, as we designed it to be highly adaptable and flexible.

Together with our history, experience and expertise coupled with our modern scalable and efficient solutions aligned for the future of Medicaid, we believe we can offer valuable advice and counsel to WVA Medicaid that will create a foundation for the future for the West Virginia residents we ultimately serve together. We look forward to further discussions on this important endeavor.

Sincerely,

Doug Davis

#### **4.2.2 In the projects you have been on, what was the optimal configuration of MES modules specific to functionality, integration of other solutions, and management of data?**

Some examples of successful module pairs include:

- Claims processing, financial, and EDI
- Pharmacy claims processing, prior authorization, and drug rebate

Most MES projects have an ESB that provider- API services to connect modules and pass data. Most modules sold expect to be the source of truth for the data they support rather than external master data management (MDM).

#### **4.2.3 Describe Medicaid Enterprise solutions your organization provides or is developing that BMS should consider during its roadmap planning. BMS is interested in learning about the following:**

- 1. The Medicaid Enterprise business processes or discrete functionalities targeted by the Medicaid Enterprise solution.**
- 2. How the Medicaid Enterprise solution is packaged (i.e., commercial-off-the-shelf (COTS) or proprietary; modular or tightly integrated; cloud or local).**
- 3. How the Medicaid Enterprise solution is priced (please include methodology only, e.g., Per Member per Month, fixed price per year, data usage—please do not provide actual purchase prices).**
- 4. In how many states is your Medicaid Enterprise solution currently deployed, or expected to be deployed, and how long has it been in use.**
- 5. Configurations and customizations typically requested to adapt the product for use in a State Medicaid Program.**
- 6. Technical architecture and processing capacity/scalability.**
- 7. User-facing and self-service capabilities.**
- 8. Interface support, flexibility, and extensibility to other stakeholders and State agencies.**

Conduent Medicaid Suite (CMdS) is a production-ready application portfolio that supports your future migration from a legacy MMIS to digital, interoperable, and scalable enterprise. It fully supports MITA goals and aligns with CMS Seven Standards and Conditions. CMdS is federally compliant system that provides an assurance of applicable security standards.

**Business Processes Targeted.** Each of the CMdS modules perform critical functions to realize the state's modularity vision, efficiently operating together as well as integrating seamlessly in the MES multi-vendor ecosystem. Our modules support many typical Medicaid business processes including:

- Claims processing
- Financial management including A/P and A/R
- Electronic Data Interchange (EDI)
- Pharmacy services including claims processing, prior authorization, rebate, and RetroDUR
- Third Party Liability (TPL) processing
- Federal reporting including T-MSIS, MARS, and SURS
- Reporting and analytics, including visualization and geolocation
- Omnichannel customer service
- Managed Care enrollment

**Packaging.** CMdS modules are delivered as Software as a Service (SaaS) cloud-native applications. CMdS modules work great together but are designed to operate as separate modules that also work well with SI platforms and modules from other vendors.

**Pricing.** Conduent is flexible on different reimbursement methodologies including transaction based, fixed fee, etc.

**Deployment history.** Our first module deployed was our pharmacy module in Montana in 2015. CMdS is a new technologically advanced offering backed by 50 years of Medicaid experience based on proven business functionality.

**Configurations and Customizations.** Conduent's approach to implementations is to provide a demonstration and configuration-based approach that aims to minimize custom development.

**Technical Architecture.** The CMdS solution uses an application programming interface (API)-led microservices architecture, allowing us to add additional functionality without causing major disruption to the solution. Our CMdS solution is also internally modular—with each component acting as an individual product interconnected by the integration platform. This structure gives the flexibility to easily integrate functionality and data into the State's customer-facing web portal or provider portal with minimal risk to program integrity. The CMdS solution, including all APIs and module components, adheres to compliance standards for the National Information Exchange Model (NIEM), National Institute of Standards and Technology (NIST), and Health Insurance Portability and Accountability Act (HIPAA).

**User-facing and Self-Service Capabilities.** CMdS modules include web-based user interfaces that are mobile friendly and easily deployable. Integration with Single Sign-On frameworks are supported. We have both a Member Portal and a Provider Portal.

**Interfaces.** Our preference is for real-time interfaces due to the benefits of up to data, but we also support batch interfaces. CMdS includes many standard interfaces typical to Medicaid programs out of the box.

#### **4.2.4 What do you see as the benefits and risks of including business process outsourcing (BPO) services together with technical services?**

From a pure risk perspective, the lowest risk option will typically be allowing vendors to provide operational services for the systems they provide. Any system vendors that do not have BPO capabilities can easily partner with a firm that does.

#### **4.2.5 Describe your experience, if any, with CMS Outcomes-Based Certification or Streamlined Modular Certification.**

Conduent currently is supporting five active State OBC/Streamlined Modular Certifications for which we are the prime contractor. Three are for PBM modules and two for EVV modules.

#### **4.2.6 What approaches to supporting consistency in business process functions and data architecture across multiple systems and vendors have you encountered?**

States are trying several different approaches, including some that are highly prescribed. Generally, it is proving easier to establish similar business processes than data architectures, given the effort and impact on vendor solutions to comply.

#### **4.2.7 Please provide your recommended strategy for ongoing compliance with the CMS Interoperability and Patient Access final rule (CMS-9115-F). The rule can be found at the following location:**

<https://www.cms.gov/files/document/cms-9115-f.pdf>.

The Conduent Interoperability Exchange (IOX) supports standards-based exchange of healthcare data and was designed to support payer compliance with CMS-9115-F. More information about its capabilities can be found here:

<https://insights.conduent.com/brochures/interoperability-exchange-iox-solution-brochure>

#### **4.2.8 Provide your strategy for compliance with the Health Insurance Portability and Accountability Act (HIPAA) and Federal Risk and Authorization Management Program (FedRAMP) Requirements. Information about HIPAA compliance can be found at the following location:**

<https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>. Information about FedRAMP can be found on [www.fedramp.gov](http://www.fedramp.gov)

Conduent leverages cloud hosting services that comply with FedRAMP and HIPAA to deliver our solutions as SaaS.

#### **4.2.9 Provide your strategy for assisting states in achieving compliance with CMS, and federal rules, regulations, and guidance related to modularity, leverage, reuse, and outcomes achievement.**

Conduent has extensive experience with meeting CMS, other federal and, state regulations over 50 years of supporting Medicaid projects. Conduent supplied the first State certified module in the country and has 5 outcomes-based certification efforts in progress.

#### **4.2.10 What approaches do you suggest for Disaster Recovery processes in a modular MES that accounts for integration and communication across multiple partners?**

States are generally assigning disaster recovery/business continuity requirements down to module vendors without a lot of specific requirements to coordinate. We recommend that module vendors share necessary information about their plans with other module vendors and the State. Access to the test environments of other vendors for use in disaster recovery testing is cost effective and sufficient.

#### **4.2.11 What organizational change and communications management processes have you seen employed for a modernized, multi-vendor MES implementation? How would you help support the evolution of the Medicaid Enterprise as a whole?**

The differences in organizational change management tend to be in the degree to which each state embraces organizational change as part of the project and the degree to which it is outsourced. Most states have been focused more on accelerated implementation timelines, which limits the amount of organizational change that can be completed within the time constraints of the project. Communications management has been a focus of every project. Some states have hired a firm to manage project management activities, including communications management. Conduent's 51 years providing solutions for the Medicaid market as well as the breadth of our offerings put us in a unique position to understand and appropriate the work that happens in each state outside of our own scope of work. This allows us to make meaningful tactical and strategic recommendations.

#### **4.2.12 How does a multi-vendor environment change how you manage your own Design, Development, and Implementation (DDI) work? How should dependencies be identified, negotiated, and implemented in a multi-vendor environment?**

Every system implementation has boundaries that must be negotiated and other systems that must be connected to. The complexity in a modular implementation is heightened in projects where multiple modules are being implemented simultaneously, although that may be lessened if the core system is not being replaced simultaneously.

#### **4.2.13 Describe your experience, if any, with collaboration tool(s) such as or equal to Jira®, Confluence, and IBM® Rational Team Concert (RTC) or other tools to track items, which include, but are not limited to, project milestones, deliverables, and/or implementation testing. Do you recommend any specific approaches or tool(s) for collaboration in a multi-vendor environment? Does your company prefer using its own collaboration tool(s) to support an implementation, or do you prefer using collaboration tool(s) provided by a state and/or a systems integrator (SI)?**

We prefer to use our own tools, but we frequently use State required and/or SI provided tools.



#### **4.2.14 What roles and responsibilities have you seen for a system integrator (SI) in a modular systems environment? Was this role fulfilled by a separate vendor, incorporated with other services, or performed by the state Medicaid agency itself? What are the key success factors and risks to success related to using a SI?**

States that are implementing several new modules tend to have a SI, while the SMA is more likely to perform the function in a state making fewer changes. We have not observed any serious downside to SMAs serving as the SI.

The SI set of services does vary from state to state, but may include ESB, API Gateways, EDI, a data hub, single sign-on, workflow, portal, and project management. We recommend the SI support typical industry integration patterns and avoid approaches that are costly to support by module vendors.

Examples that may add excessive risk for limited benefits:

- Requiring a module vendor to externalize their existing proven rules processing capability with a different rules engine provided by the SI
- Having a module vendor that has integrated workflow capabilities in their solutions externalize their workflow processing through a SI solution

Such requirements are cost prohibitive for proprietary systems and reduce leverage. They may be impossible for COTS solutions.

#### **4.2.15 Describe your depth, breadth, and frequency recommendations for performing periodic vulnerability scans of production and development environments?**

While Conduent does perform periodic scans that include all project infrastructure at least monthly, we also recommend approaches that also include continuous monitoring of intrusion attempts.

#### **4.2.16 What processes, techniques, and solutions does your organization consider critical for delivering optimal data sharing throughout the MES?**

We recommend that your Systems Integrator (SI) handle vendor interfaces using an ESB that supports a number of interfacing protocols including both API calls and secure file transfers. Leveraging existing interface capabilities of modules speeds implementation and simplifies maintenance. The SI can translate interfaces as needed.

**4.2.18 Describe your company’s current roles and responsibilities as a fiscal agent, if applicable, in a modular systems environment. Describe how you coordinate with other vendors to incorporate their services in a modular systems environment. What are the key success factors and risks for separating Fiscal Intermediary functions from technical functions?**

Conduent is an experienced fiscal agent with experience enrolling providers, providing customer service to both providers and members, processing claims, and making payments. We can perform the full range of fiscal agent activities without the assistance of any partners.

Separating FI functions from technical functions may increase competition, at the potential cost of managing additional an additional vendor and having system vendors that aren’t incentivized to maximize the efficiency of their solutions for their own operational use.

**4.2.19 Describe the division of responsibilities on successful projects, in relation to a multi- vendor environment, between vendor and subcontractor Project or Portfolio Management Offices (PMO), and an Enterprise PMO provided by either BMS or a separate vendor?**

States have attempted a variety of approaches, including hiring a contractor to manage the relationship between vendors. Ultimately vendors are going to have to internally manage their own projects regardless of other parties involved, so there can be some duplication of effort with the state’s PMO. The best approaches set common standards each vendor must follow.

**4.2.20 Describe your recommended approach to addressing the complex relationships between a variety of vendors working on separate parts (or modules) of the overall Medicaid Enterprise System. To what degree do you recommend BMS require these approaches in any RFP(s) it issues?**

Clearly a system integrator is required with a common Systems Development Life Cycle (SDLC) that is workable for all vendors, and follows PMI process and guidelines.

**4.2.22 Describe ways you feel BMS should structure an RFP to encourage competition and innovation from Medicaid Enterprise solution bidders.**

As always, to encourage competition, States should consider ways to score and price proposals that create level playing fields for all vendors, and not favor an incumbent. RFPs should be clear in terms of scoring, including how pricing is weighed into the process. This also includes clear timelines and process for the procurement. In terms of innovation, we recognize and appreciate where States have created sections specifically around innovation suggestions. These typically are not scored, or priced and are evaluated during negotiations.

**4.2.25 Identify any innovations in your Medicaid Enterprise solution for addressing Medicaid Business Priorities (cost savings, performance efficiencies, improved care outcomes, etc.).**

**Financial Single Source.** The solution tracks all financial information to its category of service and funding sources and can automatically enforce state budget limits and financial forecasting activities.

**Pharmacy Prior Authorization.** Our electronic PA solution allows providers to find it easier to submit a PA request which eliminates paper and faxed PA forms and allows the PA to be applied directly to the pharmacy system. Our clinical expertise has created an extensive library with thousands of rules from which to select from to support your clinical goals and objectives.

**Payment Method Development.** The payment method development team at Conduent specializes in understanding standard health care industry payment methods such as DRG, RBRVS, APC, RUG, and fee schedules. We have in-depth knowledge of MMIS and Medicaid claims processing systems as well as Medicaid programs and providers. Our expertise has included a wide variety of projects such as:

- Design and implementation of DRG payment methods in six states
- Conduct one of the nation's most in-depth analyses of variation in payment to all of a state's hospitals across public and commercial payers
- Analysis of a state's potentially preventable complications and readmissions at statewide and hospital-specific levels and provision of hospital-specific quality results to more than 450 hospitals
- Design and implementation of value-based payment methods for outpatient hospital care, nursing facilities, physicians and other providers and payers

#### **4.2.26 Identify any innovations in your Medicaid Enterprise solution for addressing technical risk management.**

Conduent's approach to implementations is to provide a demonstration and configuration-based approach designed to minimize custom development. This reduces technical risk for a project,

The CMdS solution uses an application programming interface (API)-led microservices architecture, allowing us to add additional functionality without causing major disruption to the solution. Our CMdS solution is also internally modular—with each component acting as an individual product interconnected by the integration platform. The CMdS solution, including all APIs and module components, adheres to compliance standards for the National Information Exchange Model (NIEM), National Institute of Standards and Technology (NIST), and Health Insurance Portability and Accountability Act (HIPAA).

#### **4.2.27 Describe 1 to 3 use cases where innovations in your Medicaid Enterprise solution would apply and the value your Medicaid Enterprise solution would add when applied to them.**

Conduent has created our interoperability exchange (IOX) to support standards-based exchange of healthcare data as defined by the Interoperability and Patient Access Final Rule.

#### **4.2.28 In the states where you have implemented, what have been some of the higher value outcomes? What performance metrics were you able to provide to substantiate this success?**

Conduent solutions provide the ability to quickly turn policy into results. Here are some examples from some of our states of taking a change from conception to production:

- Updating managed care plans to include/exclude services – 3 weeks

- Brand new state plan to combat substance abuse services – 6-8 weeks
- Covid-19 new benefit plans for testing coverage and reimbursement – 3 weeks

**4.2.29 Discuss any experiences you have had integrating your Medicaid Enterprise solution with legacy system management and lessons you have learned for implementing new Medicaid Enterprise solutions. Do you recommend any specific approach for modifying, interfacing with, and managing the legacy system while implementing a new Medicaid Enterprise solution?**

Legacy systems interfaces tend to be more batch versus real-time. They also may not be capable of being changed as quickly. There are many exceptions. Some legacy systems fully support real-time interfaces.

With planning, states can minimize the differences between different types of interfacing partners:

- System integration solutions can handle translation between the formats each system supports
- Similar messaging formats can be used for passing information for both real-time and batch interfaces, minimizing change as new modules come online with real-time capabilities.

**4.2.30 What staffing levels, including experience and skillset, are typically required to implement your Medicaid Enterprise solution? What are the suggested state Medicaid agency staffing levels to support DDI and ongoing operations? How do these staffing requirements compare to other offerings in your Medicaid Enterprise solution?**

The staffing levels and skillsets will vary based on the requirements of each project, including the implementation duration and integration requirements.

Conduent's approach to implementations is to provide a demonstration and configuration-based approach that aims to minimize custom development. This reduces the number of developers and testers required for a project.

**4.2.31 Describe the System Development Lifecycle (SDLC) approach that you use for implementing your Medicaid Enterprise solution. Can your SDLC approach be incorporated into an environment that uses a traditional "waterfall" SDLC approach? What about "agile" methodologies to support the implementation of your Medicaid Enterprise solution? If so, how can this be accomplished?**

Conduent's SDLC accommodates a variety of development life cycles, enabling a project to conduct analysis, design, development, testing, and deployment activities using an approach and sequence that suits the needs of the client, project, and technical solution. Our SDLC includes a life cycle of phases that can be executed in a traditional waterfall, agile, or hybrid

sequencing. Most projects will find a balance between both approaches by tailoring the SDLC to include a hybrid of agile and waterfall development approaches

#### **4.2.32 What is the typical duration of a project to implement your Medicaid Enterprise solution? How does this timeline break down across the planning and DDI phases?**

States have become increasingly aggressive with their requested implementation timeframes with as little as 6 or 12 months depending on the module. Faster implementations require compromises in terms of parallel testing, limited organizational change, etc. The amount of time for discrete implementation tasks is generally driven by the amount of change and configuration required to implement project requirements – which derives from the product fit.

#### **4.2.33 What do you see as the key cost drivers for implementing your Medicaid Enterprise solution? What recommendations do you have for managing MES costs and demonstrating outcomes that mitigate any unnecessary costs of a Medicaid Enterprise solution?**

Key cost drivers for implementing our solution are the length of implementation, the amount and duration of prescribed testing (i.e., long parallel tests), required deliverables, required customization, and the number of required project specific interfaces. Some ideas for containing costs:

- Have your Systems Integrator (SI) handle vendor interfaces as-is and translate as needed
- Have a source of truth that is logical based on the solutions that vendors in the market provide – i.e., don't expect a claims module to process without its own data store
- Allow vendors to deliver project management information in formats it can be most quickly delivered rather than requiring prescriptive state specific deliverable formats
- Allow project phases to happen in parallel where possible.

#### **4.2.34 Using your Medicaid Enterprise solution as an example, what guidelines do you recommend for “phasing in” your modules and/or services? How do these guidelines maximize efficiency and/or minimize risk? What constraints would they place on DDI partners and BMS?**

Rather than focus on the phasing in of the solution of a particular module vendor, states may benefit more from focusing on the phasing of modules. For example, how many modules to implement concurrently. Conduent can implement any our modules without the need for phasing.

#### **4.2.35 What do you believe would be the optimum duration and the minimum duration for DDI of your Medicaid Enterprise solution?**

Our duration recommendations are affected by both the modules to be implemented, but also the totality of many things:

- Which modules are to be implemented concurrently
- What phasing requirements exist
- How many vendors are involved
- The degree to which requirements are finalized prior to the DDI beginning
- The number of requirements that are unique to the state
- Testing requirements, i.e., fixed length parallel testing, duration of UAT
- The number of business rules in the legacy system not yet extracted at the beginning of the project
- The amount and complexity of any conversion to be performed.

Generally, the simplest module in the best environment needs 6 months due to the duration of deliverable submission cycles. Larger more complex implementations (i.e., a claims and financial system) are best served by a longer durations like 24 months.

#### **4.2.36 List and describe the documentation developed by your company and/or the state Medicaid agency that is essential to DDI and operations of your Medicaid Enterprise solution.**

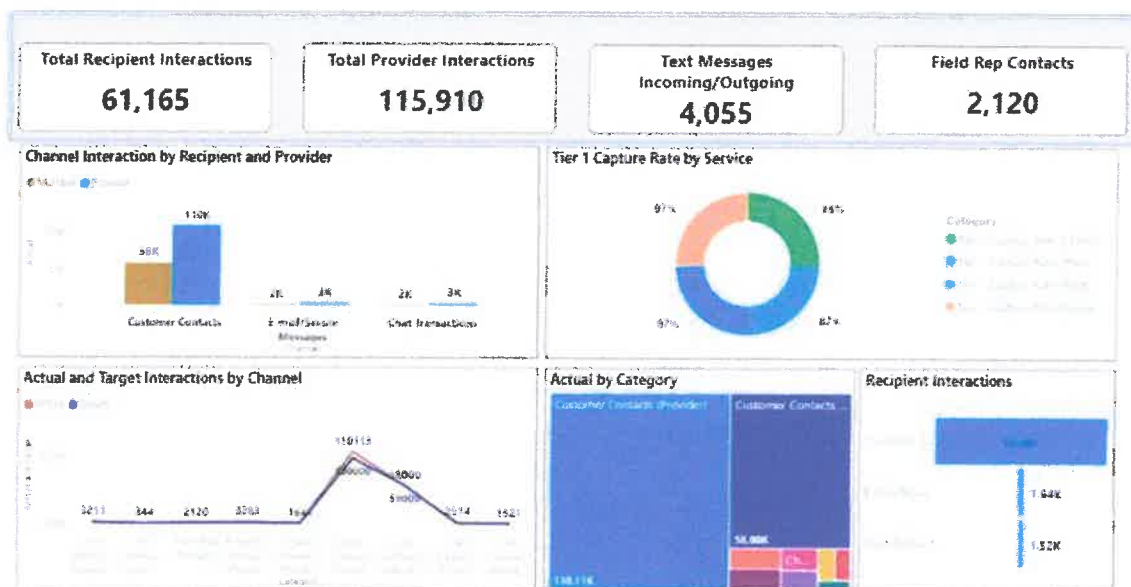
Standard DDI and operations project plans are essential to successful implementation and operations. Critical elements include system integration and change management so all vendors operate seamlessly together.

#### **4.2.37 Detail how your Medicaid Enterprise solution could support BMS in improving data analytics and reporting capabilities, data sharing initiatives, and overall confidence in health data.**

CMdS includes a business intelligence, information management, and analytics solution. It provides program insights, trends and actionable knowledge to support Medicaid programs' transformation, fiscal management, waste and abuse avoidance and overall program quality. The solution combines analytics and predictive modelling, scalability and flexibility to support the evolving needs for state programs along with intuitive visualizations that delivers informative program information.

#### **4.2.38 Describe or illustrate your data visualization capabilities.**

Conduent uses COTS products to perform visualization, including different types of charts, maps, and forecasting. By leverage COTS products to support specific technical tasks like rendering visualizations you gain continual access to upgraded capabilities. An example built for demonstration purposes follows:



**4.2.39 How does your Medicaid Enterprise solution improve the coordination of care, detect and prevent fraud, waste, and abuse to support Medicaid program integrity, and improve stakeholder access to state Medicaid Enterprise data?**

Conduent Medicaid Suite (CMdS) includes a FADS/SURS module. Additionally, capabilities exist throughout CMdS modules to prevent fraud, waste, and abuse. Our Portals, our Interoperability Exchange (IOX), and EDW offering improve stakeholder access to data. Care Coordination is supported by EPSDT and Managed Care capabilities. Coordination of Benefits supported by our TPL and Claims modules.

**4.2.40 Describe how your Medicaid Enterprise solution increases access and shared use of data with both the State and other vendors, improves healthcare quality management, and increases automation capabilities.**

CMdS supports increase of access and shared use of data using our Interoperability Exchange (IOX), which means the Patient Access Final rule. Healthcare Quality Management is improved by the consulting capabilities of our Payment Method Development team. Automation is supported by the CMdS integrated workflow capabilities.

**4.2.43 Describe your experience with payment milestones during the DDI of your Medicaid Enterprise solution. In other DDI projects, were payments tied to deliverables, acceptance criteria, and/or other DDI milestones?**

We typically see payment milestones tied to accepted deliverables. Examples include various project management plans, requirements, design, test results, approval to implement, and certification.

**4.2.44 Do you have a short demonstration of your approach and/or Medicaid Enterprise solution that you would like to present to BMS? If so, please describe the method of presentation for the demonstration and suggestions for who should attend. If BMS wishes to take part in a demonstration, they will reach out to the Respondent for further information.**

Conduent would welcome the opportunity to demonstrate our CMdS modules to BMS. We can modify the demonstration to fit the duration and audience. We recommend program, financial, and technical staff attend demonstrations of modules that relate to their areas of responsibility.





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

State of West Virginia  
 Centralized Request for Information  
 Info Technology

Free Folder: 964162			Reason for Modification:
Doc Description: REQUEST FOR INFORMATION-MEDICAID ENTERPRISE SYSTEM (MES)			ADDENDUM 3 TO CORRECT MAILING ADDRESS TO WASHINGTON STREET
Proc Type: Request for Information			
Date Issued	Solicitation Closes	Solicitation No	Version
2022-01-05	2022-01-11 13:30	CRFI 0511 BMS2200000001	4

**BID RECEIVING LOCATION**

BID CLERK  
 DEPARTMENT OF ADMINISTRATION  
 PURCHASING DIVISION  
 2019 WASHINGTON ST E  
 CHARLESTON WV 25305  
 US

**VENDOR**

Vendor Customer Code: VC0000055933

Vendor Name : Conduent State Healthcare, LLC

Address: 750 First Street, NE

Street : 10th Floor

City: Washington

State : DC Country: us Zip : 20002

Principal Contact : Doug Davis

Vendor Contact Phone: 804-477-5463 Extension:

FOR INFORMATION CONTACT THE BUYER  
 Crystal G Hustead  
 (304) 558-2402  
 crystal.g.hustead@wv.gov

Vendor Signature X *Lyndie Quibe* FEIN# 58-247-9287 DATE 1/05/22

All offers subject to all terms and conditions contained in this solicitation

**ADDITIONAL INFORMATION**

REQUEST FOR INFORMATION:

THE WEST VIRGINIA PURCHASING DIVISION IS ISSUING THIS REQUEST FOR INFORMATION FOR THE AGENCY, WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES (DHHR), BUREAU FOR MEDICAL SERVICES (BMS), FOR THE PURPOSE OF GATHERING INFORMATION TO DEVELOP SPECIFICATIONS FOR A MEDICAID ENTERPRISE SYSTEM (MES) MODERNIZATION. INFORMATION PROVIDED WILL ASSIST THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES IN DEVELOPING SPECIFICATIONS AND WILL ASSIST IN THE PROCUREMENT PROCESS.

\*\*\*QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS\*\*\*

ONLINE RESPONSES FOR THIS SOLICITATION ARE PROHIBITED

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
	Medicaid Enterprise System (MES) Modular				

Comm Code	Manufacturer	Specification	Model#
93151507			

**Extended Description:**

Medicaid Enterprise System (MES) Modular

**SCHEDULE OF EVENTS**

Line	Event	Event Date
1	VENDOR QUESTION DEADLINE	2021-12-06

**SOLICITATION NUMBER:** CRFI BMS220000001

**Addendum Number: 3**

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The purpose of this addendum is to modify the solicitation identified as ("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

Other

**Description of Modification to Solicitation:**

1. To correct mailing address for responses to:  
2019 Washington Street East  
Charleston, WV 25305

No other changes

**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.

# ATTACHMENT A

To correct the mailing address to

\*Mail or drop off in person at:

2019 Washington Street East

Charleston, WV 25305

***Emailed responses are not acceptable***

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: BMS2200000001**

**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)

- |                                     |                |                          |                 |
|-------------------------------------|----------------|--------------------------|-----------------|
| <input checked="" type="checkbox"/> | Addendum No. 1 | <input type="checkbox"/> | Addendum No. 6  |
| <input checked="" type="checkbox"/> | Addendum No. 2 | <input type="checkbox"/> | Addendum No. 7  |
| <input checked="" type="checkbox"/> | Addendum No. 3 | <input type="checkbox"/> | Addendum No. 8  |
| <input type="checkbox"/>            | Addendum No. 4 | <input type="checkbox"/> | Addendum No. 9  |
| <input type="checkbox"/>            | Addendum No. 5 | <input type="checkbox"/> | 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 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.

Conduent State Healthcare, LLC

\_\_\_\_\_  
Company

*Lynnie Quate*

\_\_\_\_\_  
Authorized Signature

January 6, 2022

\_\_\_\_\_  
Date

**NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.**  
Revised 6/8/2012