

Request for Information for:

# Medicaid Enterprise System (MES)

Prepared For  
West Virginia Bureau for Medical Services (BMS)

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## Maximus Corporate Overview

Since its establishment in 1975, Maximus, Inc. has been a trusted vendor of state, federal, local, and international government entities in the United States, Canada, the United Kingdom, Saudi Arabia, Singapore, and Australia; providing critical health and human service 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 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 our sole priority is helping our government clients implement and execute public policy. Our company currently employs over 50,000 people and is organized into three units; U.S. Services (Health and Human Services), Federal Government, and Global. We are a publicly traded company listed on the New York Stock Exchange (NYSE) under the symbol (MMS).

Maximus has been operating large-scale health service projects since 1992, and Medicaid and customer service projects since 1995, developing effective solutions for our government clients every step of the way. In addition, our health care operational services encompass support for long-term care programs, assessments, and care planning for the elderly and persons with disabilities, health insurance exchanges, eligibility and enrollment modernization, and health information system technology consulting. Over the course of our history, we have helped our clients meet virtually every kind of challenge that program operations can present, which has allowed us to develop the flexibility to respond to new challenges that come with evolving service needs and policy priorities.

## Modular Medicaid Enterprise Solutions

Maximus offers a wide variety of services across the Medicaid Enterprise, many within the scope of the services component of traditional MMIS. Our modular MITA-compliant service offering supports the CMS 7 Standards and Conditions for MMIS. Within our healthcare practice, we focus our efforts in these primary areas:

- Member Management – Customer Service, Eligibility Support, Managed Care\ACO Choice Counseling, Early and Periodic Screening, Diagnostic and Treatment (EPSDT), and Enrollment.
- Provider Management – CMS compliant Screening & Enrollment, NCQA-compliant Credentialing, Site visits, Provider Customer Service, Network Adequacy.
- Clinical Support Services – Assessments, Case Management, Dual Eligibles, Transitioning LTSS and other more complex populations to managed care.
- Digital Solutions – Across the Medicaid Enterprise, Maximus has implemented sophisticated digital tools to deliver information and provide self-service options to Medicaid members and providers. Whether it is mobile friendly websites, smartphone applications, artificial intelligence (AI) enabled chat, robotic process automation (RPA), other technologies, Maximus is on the forefront of digital transformation of the Medicaid Enterprise.

## Member Management and Customer Service

State Medicaid programs face many challenges in ensuring that timely customer service is provided efficiently for their members. Since customer contact centers are often the first contact that a citizen has with a state program, it is important that they effectively deliver information and assistance to citizens via their preferred communication channel. Whether it's by phone, email, web chat, social media or text messaging, our contact centers are designed to deliver outstanding customer service to your citizens.

Maximus has decades of successful contact center operations experience including on the ground experience in West Virginia as your Enrollment Broker and Contact Tracing vendor. We deliver comprehensive solutions using proven technology tools and our knowledgeable, well-trained staff to help citizens break down the barriers to accessing the services they need. Our ConnectionPoint

CRM Member Management system supports a wide member-focused functions including eligibility support, managed care enrollment, member customer service, and member data management.

### Provider Management

Our Provider Management experience includes every aspect of Medicaid Provider Management including Screening & Enrollment and Provider Customer Service. Maximus was the first company to develop and implement an independent provider management solution outside of the traditional MMIS. We accomplished this project in partnership with the State of Tennessee as they moved away from a traditional MMIS model to a model that more fully supported their managed care Medicaid Program. As modularity ideas have advanced, Maximus has developed a model to transition fiscal agent operations into standalone business services components governed by service level agreements and technology requirements. This approach benefits our clients by allowing the incremental modernization of systems and services to improve the quality of services delivered. It also enables clients to control how and when new services and supporting technology are delivered. The Provider community specifically benefits from having a customer-centric, intuitive, web-based solution that eliminates mounds of paper and encompasses a variety of communication methods that support the modern technology currently used by the larger Medicaid provider population.

And we haven't stopped there. We have achieved modular certification for our solutions in Nebraska and the District of Columbia. We worked with each state's IV&V vendor and led the successful CMS reviews. We are currently implementing our Provider Management System for the Ohio Medicaid program. This includes creating and supporting a fully integrated process for Medicaid screening & enrollment and NCQA-compliant Provider Credentialing. This project will utilize CMS' Outcomes-based Certification process.

### Clinical Services

Maximus is nationally recognized as a fully conflict-free LTSS screening, assessment, and consulting firm that delivers quality, innovative, and value-driven assessment and needs determination solutions for Medicaid populations. Maximus conducts 350,000 screenings and assessments each year for persons served by Medicaid, including 50,000 conflict-free, comprehensive onsite LTSS evaluations of the needs of persons who are at risk of institutionalization, 18,000 onsite assessments of the support needs of individuals with intellectual and developmental disabilities, and 80,000 screenings for disability and level of care eligibility.

Maximus conducts screenings and assessments that help states match individuals with the most appropriate services and placements to meet their needs. We conduct utilization review and quality monitoring of services received for diverse populations across a variety of settings. We provide a full range of screening, assessment, and utilization review solutions, such as:

- Web-based platforms for streamlining screening and assessment information flow, dissemination, monitoring of accuracy and compliance, and providing advanced analytics
- Intensive quality improvement methodologies that promote superior accuracy, validity, and reliability
- Comprehensive stakeholder and provider trainings, including conferences, workshops, manuals, and web-based training
- Management of large-scale clinical and professional field networks
- Development of best practice screens and assessment protocols
- National consulting on behalf of CMS for best practices in assessment of persons with disability for the federally required Pre-Admission Screening and Resident Review (PASRR) program

- The Maximus management team designed procedures still in use today across 10 states, and our leadership team has conducted provider training for many thousands of project stakeholders across the country.

## Maximus Response to Questions

### 4.2.1 Please describe any elements BMS should consider incorporating into its vision, planning, and implementation for a modernized, modular MES.

While Maximus is a strong advocate for MES modularization, we also believe that integration of operations is paramount to delivering modern and modular Medicaid Enterprise System (MES) solutions. We recommend a unified operation center, treated as its own MES module, as the hub for communication flow into and out of the MES environment. In West Virginia, this will transform the way West Virginians—including Recipients, Providers, State Employees, and other Stakeholders—experience Medicaid.

As the leading provider of customer engagement services to Medicaid, Maximus is at the forefront of transforming customer service for health and human service agencies. We call this modernized customer service approach GX to indicate a new kind of Government Experience. GX reflects our deep understanding of the communities served by government and the balance of digital self-service, ease of access, empathetic human touch, and analytics to drive continual optimization. We use the feedback we gather from calls, live chat, and chatbots—combined with analytics and research that helps streamline and automate workflows—to make processes more intuitive and efficient.

Our GX approach is a dynamic framework, not a static solution. We innovate to continually improve upon our level of customer service using technology such as:

- mobile apps & mobile-responsive websites
- machine learning and other artificial intelligence (AI)
- webchat, including chatbots
- infrastructure improvements
- speech analytics to capture customer sentiment
- training on the customer experience

We provide a brief introduction into GX and its benefits in our GX Introduction, found here: [GX by Maximus \(www.maximus.com/gx\)](http://www.maximus.com/gx).

Through GX, we optimize first-call resolution, expand self-service options, and improve customer satisfaction scores across our many projects. The concepts, processes, and technology comprising GX apply to all use cases in a unified operating environment and can help BMS achieve consistency in customer experience across the MES domain.

### 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?

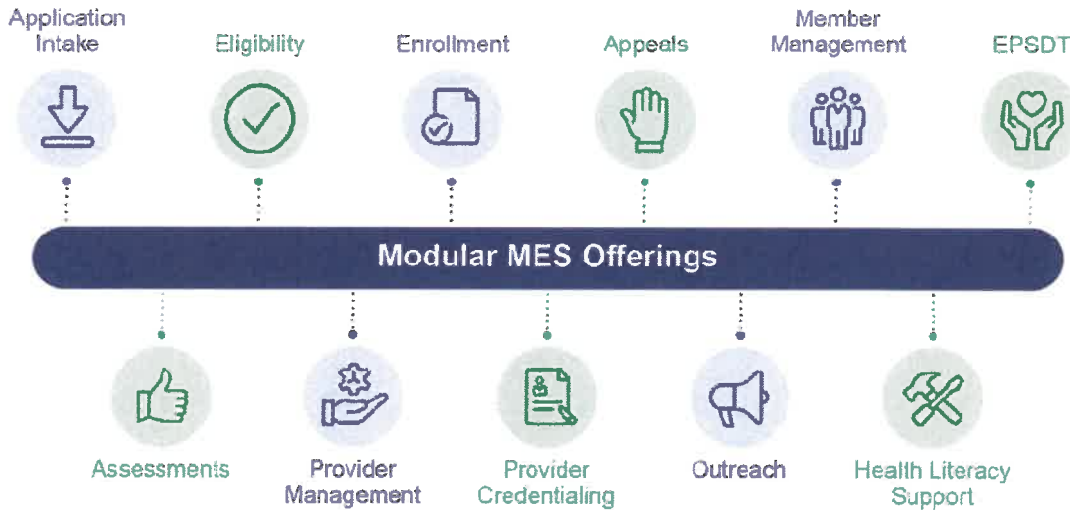
BMS can achieve an optimal MES environment for West Virginia by implementing a unified and module-based operations component. This practice allows the State to select the best-in-class modules that most meet the needs of the State and allows clear delineation of functions throughout the enterprise. Without a unified services operation, potential conflicts, redundancies, and needless transfers may arise regarding the appropriate scope of services performed by any one entity. Resolving these issues requires heavier oversight from the State. Using a more efficient, unified, and modular approach avoids this strain on State resources by clearly stipulating the parameters of each MES module, which results in more efficient service delivery and an improved consumer experience.

Maximus places a high priority on member management. State Medicaid programs face many challenges to the delivery of timely customer service for their members. Since the customer contact center will often be the first contact a West Virginian has with a State program, it is important that the contact center delivers information and assistance effectively and through the customer’s preferred channel. Whether by phone, email, webchat, social media, or text message, our contact centers are designed to deliver outstanding customer service to citizens.

**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.**

Maximus performs a wide range of MES functions, from which States can define and combine modules however best meets their needs. Our offerings run the gamut of MES processes, including those presented in *Exhibit 4.2.3-1: Modular MES Offerings*.



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**Exhibit 4.2.3-1: Modular MES Offerings. Maximus leverages our extensive experience with all aspects of MES processing to bring best practices to each new project we serve. This helps us find efficiencies and deliver an optimal consumer experience.**

Below, in *Exhibit 4.2.3-2: Features of MES Offerings*, we outline some of the key benefits we bring to each MES module.

MES Module	Features and Benefits of the Maximus Solution
Application Intake	<ul style="list-style-type: none"> <li>Robotic process automation to streamline document processing</li> <li>Barcoding of outgoing notices achieves further efficiencies in linking received documents to accounts while minimizing human error</li> </ul>
Eligibility	<ul style="list-style-type: none"> <li>Our robust customer relationship management (CRM) tool helps project staff simplify the complex for consumers using intuitive interfaces and guided, responsive scripts</li> </ul>
Enrollment	<ul style="list-style-type: none"> <li>Multichannel access to services to enable and empower consumers to interface with MES however they choose</li> </ul>
Appeals	<ul style="list-style-type: none"> <li>Informal dispute resolution process to resolve issues before they become formal appeals</li> </ul>
Member Management	<ul style="list-style-type: none"> <li>Initial, ongoing, and remedial trainings for all member-facing staff</li> <li>Managed Care and Accountable Care Organization (ACO) choice counseling</li> </ul>

MES Module	Features and Benefits of the Maximus Solution
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	<ul style="list-style-type: none"> <li>Assessments, case management, and transitions to long-term services and support (LTSS)</li> </ul>
Assessments	<ul style="list-style-type: none"> <li>Person-first interviewing techniques</li> <li>Outcome-oriented approach to help consumers identify their goals and progress toward them</li> </ul>
Provider Management	<ul style="list-style-type: none"> <li>Centers for Medicare &amp; Medicaid Services (CMS) compliant screening and enrollment</li> <li>Periodic reviews conducted through site visits and network adequacy assessments</li> </ul>
Provider Credentialing	<ul style="list-style-type: none"> <li>We support credentialing of providers to Utilization Review Accreditation Commission (URAC) and National Committee for Quality Assurance (NCQA) standards</li> </ul>
Outreach	<ul style="list-style-type: none"> <li>Our hands-on approach to placing outbound calls when needed helps resolve issues faster than traditional mail-only responses</li> <li>Barcoded notices sent after multiple outbound calls promptly obtain missing information, provider selections, and more</li> </ul>
Health Literacy Support	<ul style="list-style-type: none"> <li>Bilingual phone support and multilingual notice availability</li> <li>The ClearMark award-winning Maximus Center for Health Literacy (the Center) helps provide plain language communication</li> </ul>

**Exhibit 4.2.3-2: Features of MES Offerings. Our experience equips us to provide insights, innovations, and efficiencies across the range of MES modules.**

**2. How the Medicaid Enterprise solution is packaged (i.e., commercial-off-the-shelf (COTS) or proprietary; modular or tightly integrated; cloud or local).**

Maximus recommends a modular and cloud-based MES solution. The modular approach is essential for managing a complex modernization effort, enabling competitive sourcing, and meeting the expectations of multiple stakeholders, including CMS, providers, health plans, and members. The Medicaid industry is rich with vendors that specialize in specific modules, such as unified communications, provider enrollment and management, claims adjudication, and business intelligence/data warehousing. Relying on one vendor to pull all of these capabilities together into an enterprise-wide MMIS solution adds unnecessary risk and cost.

Cloud-based solutions have become the de facto standard for modern information systems, including Medicaid. A cloud solution has many advantages over its on-premise equivalent, including scalability, availability, portability and ease of migration. In our recent experience with the COVID-19 pandemic, Maximus was able to mobilize tens of thousands of operations staff, including call center agents, in days or weeks; this would not have been possible with on-premise systems and technology.

In some cases, BMS may find that it is not cost-effective to migrate an on-premise system or database to the cloud. For these reasons, most cloud technology companies have created mechanisms for hybridizing cloud solutions, allowing secure, direct connections between cloud and on-premise components. Maximus advocates a holistic approach to system architecture and design, looking for opportunities to use cloud-based solutions where driven by the need for scalability, availability, and other key parameters.

Deciding between COTS and proprietary software for individual modules or subsystems depends mostly on the purpose of the individual software. For example, when selecting a customer relationship management (CRM) solution, BMS may first look at specialized requirements, such as identity proofing, computer-telephony integration (CTI), and the ability to use specific electronic data interchange (EDI) formats. By examining these requirements, BMS will be able to break down system requirements between those that can be met with COTS software versus those that will require customization. Clearly defined requirements leads to fair competition among industry peers, some of which may utilize COTS solutions and/or may respond to these requirements with purpose-built, proprietary capabilities.

**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).**

Maximus has Medicaid contracts with nearly every pricing \ contracts model imaginable including Firm Fixed Price (FFP), Cost Plus, and Per Member \ Per month (PMPM).

For BPO Services work, a structure where a fixed monthly fee covers fixed costs and a variable monthly fee based on program volumetrics aligns State and vendor objectives and optimizes cost effectiveness. We have found this to be the most efficient and effective pricing structure for BPO Services as clients will pay for the services they receive.

On some of our contracts, Maximus provides both Member and Provider management using a PMPM structure. Even though these contracts can stretch over many years, the PMPM rate is sometimes negotiated annually to account for fluctuations in program enrollees, changing project scope, and shorter term initiatives. An annual negotiation results offers flexibility to both Maximus and our Clients to adjust prices based on latest updated information.

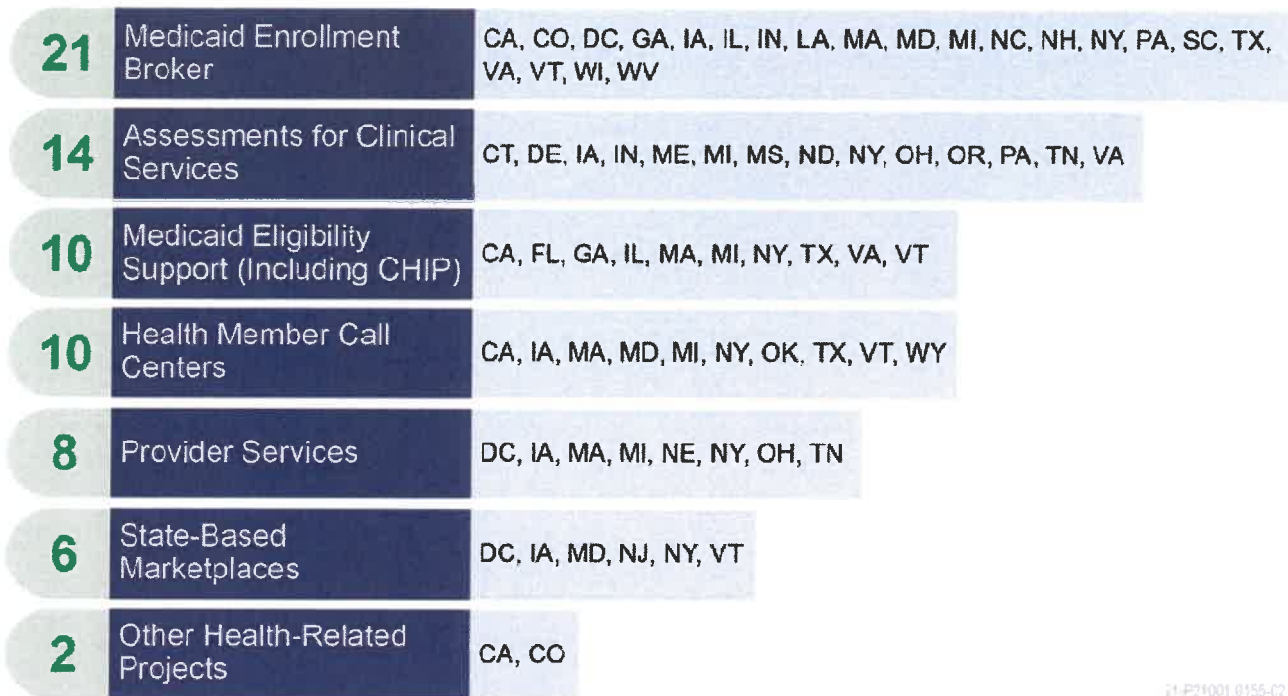
Some of our contracts utilize penalties and incentives associated with meeting or exceeding Service Level Agreements (SLAs) or Key Performance Indicators (KPIs). As long as the SLAs are rational and achievable, Maximus believes that this structure has many benefits. It establishes performance expectations for the vendor, as well as for teams and individuals operating the contract. SLAs often help our client establish parameters for fair competition during a competitive procurement. It penalizes poor performance and incents quality and exceptional delivery.

For our offerings that are available through the NASPO Master Service Agreement (MSA) vehicles, pricing is tiered based upon State Medicaid program demographics such as number of providers, number of recipients, claims spend, etc.

**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.**

Maximus deploys MES solutions in 34 states, including West Virginia and operates projects of similar scope and function around the world, including in Canada and the United Kingdom. *Exhibit 4.2.3-1: Nationwide MES Operations* lists the states where we operate specific MES functions.





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**Exhibit 4.2.3-1: Nationwide MES Operations. States rely on Maximus for a broad range of Medicaid enterprise-level solutions and services.**

Our experience operating critical health and human service programs began in 1975, and since then we have become a trusted partner to government entities in delivering services to diverse communities. Since 1995, we have developed effective solutions for Medicaid, healthcare, and customer service projects, including:

- Long-Term Services and Supports (LTSS)
- Assessments and care planning for the elderly and persons with disabilities
- Health insurance exchanges
- Eligibility and enrollment modernization
- Health information system technology consulting

**5. Configurations and customizations typically requested to adapt the product for use in a State Medicaid Program.**

As is often said, 'If you've seen one Medicaid program, you've seen one Medicaid program.' Maximus has designed our solutions to allow for configuration to meet the varying needs of different state Medicaid programs. Allowing solutions to be tailored to specific state requirements through configuration versus custom software development (customization) has several benefits to the Medicaid Enterprise. Configuration typically costs significantly less than customization and can often be accomplished by Business Analysts. Custom software development also adds complexity to the solution that could create additional work during maintenance in later phases of a project.

**6. Technical architecture and processing capacity/scalability.**

Each Maximus module is designed to ease integration into a larger modular multi-vendor MES ecosystem. They are designed to allow data sharing with other modules, preferably through a shared

enterprise web services infrastructure. The cloud-based hosting model also allows for scalability across the range of Medicaid program sizes.

#### 7. User-facing and self-service capabilities.

Maximus prioritizes self-service capabilities across our MES solutions. Our digital tools include self-service chat, AI-powered chatbot technology, and robust web and mobile platforms. We design our self-service platforms with accessibility in mind by presenting all public-facing interfaces with plain language to aid comprehension. We further enable and empower consumers by offering multilingual self-service options in the most prominent languages spoken in the communities we serve. Our web self-service offerings are also designed to be mobile device accessible.

#### 8. Interface support, flexibility, and extensibility to other stakeholders and State agencies.

Maximus offers integration capabilities that harness a single application programming interface (API) infrastructure to issue secure access to eligibility and consumer data. This approach allows integration with additional solutions in accordance with current and future security and regulatory requirements, supports cost effectiveness, and enables burst capacity. Our solution is founded on three principles:

- **Amazon Web Services (AWS) Infrastructure as a Service (IaaS)** provides the capability and flexibility to integrate via API boundaries with various security services, such as those provided by many Integration Services (IS)/Integration Platform (IP) vendors' Single Sign On (SSO) and Security Audit Logging services.
- This infrastructure provides the flexibility to **support similar API boundary approaches** to regulatory changes; for example, changes in the IS/IP vendor's Business Rules Engine (BRE) to comply with federal and State policy changes.
- We deploy a **cloud-based solution** that is vertically and horizontally scalable to handle burst capacity episodes such as those that occur during open enrollment periods.

Our communications layer will access the enterprise identity matching solution via the IS/IP vendor's APIs to access the Master Data Management (MDM) solution. This process allows us to retrieve unique identifiers for both recipients and providers. Additionally, using APIs, we will access identifiers from the MDM to associate each customer or organization/facility contact record. This API will enable us to send data through the IS/IP vendor's enterprise service bus (ESB) to their MDM solution to determine if there is a match or create a new identification record, as appropriate.

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

We recommend BMS does not combine BPO services with technical services. The greatest risk associated with this practice is that it segments and segregates the member and provider experiences. This would require users—including both members and providers—to contact multiple vendors for various related services. Extensive oversight and communication between vendors and platforms can mitigate this risk, but only by adding complexity and strain to State and vendor resources. This burden can be avoided by using a different approach.

The alternative approach we recommend is to streamline the user experience by keeping BPO services distinct from MES modules. This aids in first-contact resolution rates and customer satisfaction, as the contact center vendor is better able to provide thorough and comprehensive assistance.

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

Maximus is the first vendor to implement a modular Provider Services solution for Medicaid and the only vendor to implement a modular solution for multiple states.

Maximus is currently implementing our Provider Services module for the Ohio Department of Medicaid, which will be certified using the OBC process. In addition, we highlight two successful certifications in Nebraska and District of Columbia (the District). Both demonstrate our experience and commitment to our state partners in achieving successful CMS certification.

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##### **PROJECT HIGHLIGHT: CMS Modular Certification of Nebraska Provider Screening & Enrollment (PS&E) Module**

CMS performed a comprehensive review and assessment of the Maximus' PS&E module implemented for Nebraska. Based on this review, CMS approved Nebraska's request for certification of PS&E at 75 percent Federal Financial Participation (FFP) retroactive to December 1, 2015, when the PS&E module was implemented by Maximus.

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##### **PROJECT HIGHLIGHT: CMS Modular Certification of District of Columbia Provider Data Management System (PDMS)**

Maximus implemented its PDMS module for the District and supported the District through the CMS certification process. The solution received CMS certification in July 2018 and based on this review, CMS granted certification of the PDMS at 75 percent FFP retroactive to January 9, 2017.

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

The typical approaches we encounter for supporting consistency in business process functions and data architecture across systems involves implementing a Systems Integrator (SI) platform—such as Deloitte, IBM, Accenture, or others—to act as the data hub for all vendors. This approach is currently used at the Florida Agency for Health Care Administration (AHCA) in tandem with an Operational Data Store (ODS) within the enterprise data warehouse.

This strategy places data ownership into a single architectural framework where all data flows through the SI. This data is accessible only to authorized users and is stored in the ODS for future use in servicing transaction requests from other modules. Unifying data usage and storage within a central hub facilitates clear delineation of functions and requirements between different modules of the enterprise, which in turn helps establish and clarify the proper scope of vendors and stakeholders.

Similar strategies are used in Georgia and Virginia and are in development for Texas. Assuming an infrastructure architected to sustain the volume of transactions across the enterprise and allow real-time transaction processing, this is a sound strategy for modernizing MES programs.

**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>.**

There are two requirements that most impact Medicaid programs:

- Patient Access to their claims, encounter and clinical information, and
- Access to Provider Directory data.

Both of these come with significant technical, data governance, privacy, and data security implications. All of these aspects must be taken into account when planning for compliance.

For the Provider Directory access requirements, Maximus is implementing API access based upon the HL7 FHIR Release 4.0.1 standard. We are evaluating the Patient Access requirements to determine where they may apply to our MES Member Management solutions.

**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).

Maximus has a comprehensive strategy for compliance with HIPAA and FedRAMP requirements. Our two-pronged strategy addresses:

1. privacy policies and procedures
2. information security and confidentiality

An overview of our strategy is included below.

### Privacy

Maximus' Privacy Official Office develops, disseminates, and implements operational privacy policies and procedures that govern the appropriate privacy controls for programs, information systems, or technologies involving protected health information (PHI) and personally identifiable information (PII).

The Maximus Corporate Statement of Privacy Practices establishes compliance with United States standards for the privacy of PHI designed to meet the requirements of HIPAA as amended by Health Information Technology for Economic and Clinical Health Act (HITECH) and sets forth 10 privacy practices to which Maximus employees must follow, including:

- minimum necessary
- background checks
- compliance reviews
- prompt reporting of all potential or actual incidents.

In addition, Maximus has a Privacy and Security Sanctions Policy that describes sanctions (penalties and corrective actions) for employees who do not keep confidential information or PHI/PII confidential and emphasizes the importance of promptly reporting actual and potential privacy and security violations.

The Privacy Official Office documents and implements a privacy risk management process that assesses privacy risk to individuals resulting from the collection, sharing, storing, transmitting, use, and disposal of PHI and PII.

Maximus has a comprehensive corporate privacy training program. All employees are required to take privacy and security training courses upon hire and annually thereafter. Employees are required to pass a test to demonstrate learning prior to being allowed access to PHI/PII. Training courses include language requiring employees to affirm acceptance of privacy requirements.

Maximus includes appropriate privacy and security requirements in contracts with all subcontractors and/or vendors who may have access to PHI/PII. In addition to privacy contractual provisions, Maximus requires execution of a Business Associate Agreement as appropriate.

The Privacy Official Office documents a formal investigation and risk assessment for every reported potential or actual privacy violation. The risk assessment includes applying legal analysis (based upon appropriate legal framework, including HIPAA, OMB, and/or state law) to make a final breach determination, root cause determination, identifying potential process improvements, recommended sanctions, and additional training recommendations.

### Information Security

As a leading government contractor operating health and human services projects, Maximus has a strong understanding of information security requirements and associated privacy and confidentiality laws and regulations. We take a comprehensive approach to security, which is incorporated as part of our overall defense in depth (DiD) model of information security. Our strategy reflects years of experience working with federal and state agencies, implementing security policies covering physical, software, and personnel security protocols.

Maximus complies with applicable standards, policies, laws, regulations, and governance such as CMS ARS and MARS-e, NIST 800-53, and HIPAA/HITECH. Maximus engaged an external audit firm in July 2021 to perform an assessment of our information security and privacy programs against the 45 CFR 164 Subparts C and E Implementation specifications as they relate to the HIPAA requirements. The assessment considered the Maximus policies and procedures as they relate to the five main sections of the rule. Those sections are administrative safeguards, physical safeguards, technical safeguards, organizational requirements, and policies, procedures, and documentation requirements. This assessment did not identify any exceptions or deficiencies.

Maximus' systems are hosted within AWS East/West environment, which has achieved FedRAMP Joint Authorization Board (JAB) moderate authorization as well as annual AICPA SSAE 18 SOC 1 and SOC 2 compliance. Our security approach, which safeguards mission-critical and confidential data from alteration, loss, theft, destruction, and breach of confidentiality, is designed to meet federal and state guidelines for security and privacy.

#### 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.

Maximus works directly with CMS to make sure that our offerings are in line with these rules, regulations, and guidance. While our MES modules were developed by Maximus and the core software remains our intellectual property, configuration data and other implementation artifacts from previous Medicaid projects can be leveraged and reused.

#### 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?

Maximus' Business Continuity Disaster Recovery (BCDR) Program provides governance and oversight for enterprise- and project-level recovery planning efforts. We maintain a dedicated Business BCDR team, charged with program development and implementation. The BCDR team works to ensure that documented and tested business continuity plans are in place for core products, processes, and services, within each line of business.

BCDR is staffed by team members who are competent in the disciplines of business continuity and disaster recovery. In addition to any personal certifications, all members are formally trained in the use of industry standard planning methodologies as defined by the Disaster Recovery Institute International (DRII) and the Business Continuity Institute (BCI). Team members review critical functions of the business and develop the appropriate recovery strategy on a continual basis.

**BCDR Workflow**

Our BCDR follows a six-phase lifecycle to ensure continuous awareness, oversight, and improvement to the recovery planning process. The BCDR lifecycle is a holistic Business Continuity Disaster Recovery model that encompasses planning and preparation efforts to include crisis management and incident management. The following brief steps and *Exhibit 4.2.10-1: Maximus' ISO-BCDR Six Phase Lifecycle* below explain and illustrate Maximus' cyclical approach to DR and our commitment to continuous improvement:

1. At start of contract, Maximus' corporate managers initiate the Business Continuity Management lifecycle
2. Discovery & Analysis Phase: Business Impact Analysis (BIA) and Risk Analysis (RA)
3. Strategy Development & Recovery Timeframes Phase: BIA and RA results are utilized to design recovery strategy
4. Recovery Plan Development Phase: Plans and risk mitigation approaches are designed
5. Implementation Phase: Project management approves approach and implement BCDR steps
6. Exercises, Awareness & Training Phase: Testing phase to validate efficacy and recoverability of all applications and processes



**Exhibit 4.2.10-1: Maximus' ISO-BCDR Six Phase Lifecycle approach to BCDR. Maximus follows a standardized approach to BCDR.**

After *Step 6. Exercise*, the BCDR lifecycle repeats itself, although subsequent iterations typically only require review and updates as opposed to initial creation. Maintenance of BCDR functions are ongoing processes and reviewable upon request.

### Disaster Recovery Strategy

Maximus deploys a multi-site disaster recovery (DR) strategy that accounts for integration and communication across multiple partners. The production environments will be arranged in the Amazon Web Services (AWS) East region while the DR environment is situated in the AWS West region. Each AWS Region is completely isolated from other AWS Regions, enabling the highest possible fault tolerance and stability.

Within a given region, there are multiple availability zones (AZ). AZs consist of one or more discrete data centers, each with redundant power, networking, and connectivity, housed in separate facilities.

These AZs offer the ability to operate production applications and databases that are available, fault tolerant, and scalable. Each AZ is isolated, but the AZs in a Region are connected through low-latency links. Each AZ is designed as an independent failure zone and physically separated within a typical metropolitan region and are in lower risk flood plains (specific flood zone categorization varies by Region). In addition to a discrete uninterruptible power supply (UPS) and onsite backup generation facilities, AZs are each fed via different grids from independent utilities to further reduce single points of failure. AZs are all redundantly connected to multiple Tier-1 transit providers.

This design allows us to minimize unplanned outages while providing 24x7 availability to providers and State operations staff outside of the planned maintenance windows. Software maintenance and upgrades are critical to the overall maintainability of the application and will be scheduled in advance to minimize the impact on system users. Our hosting approach is designed to meet the following project requirements:

- Provide the production system's availability 24 hours per day, every day of the year, at a minimum of 99.9 percent uptime, except for planned, State-approved downtime, based on Priority Levels as defined in the State-approved System Availability and Incident Notification Process
- Limited scheduled downtime
- A PDMS solution that functions independently of the MMIS
- A user interface response time less than or equal to three seconds
- Disaster recovery within four hours from the start of the unscheduled downtime

The DR environment will be a scaled-down version of a fully functional continuously running environment in the US West-Oregon. We will set up synchronous replication of the data and files from the US East-Northern Virginia data center to US West-Oregon data center. The weighted routing feature of Amazon Route 53 will be used to route a proportion of traffic to the infrastructure in US West-Oregon data center, and the remainder will go to US East-Northern Virginia data center infrastructure. This configuration enables the US West-Oregon data center to serve a subset of the requests making it an always on site.

In the event of a disaster, Amazon Route 53 detects that infrastructure in a region is not healthy, and quickly routes all the traffic to the other infrastructure to maintain business continuity. In the case of a disaster in Oregon, the production instances in the Virginia data center are scaled up automatically to meet the increased load for the subset of services Oregon was processing. Using this design, Maximus will provide a near-immediate failover process that can occur automatically based on the status of each AWS region.

Exhibit 4.2.10-2: Maximus Server Topology and DR Model shows the PDMS server topology for high availability and disaster recovery configurations.

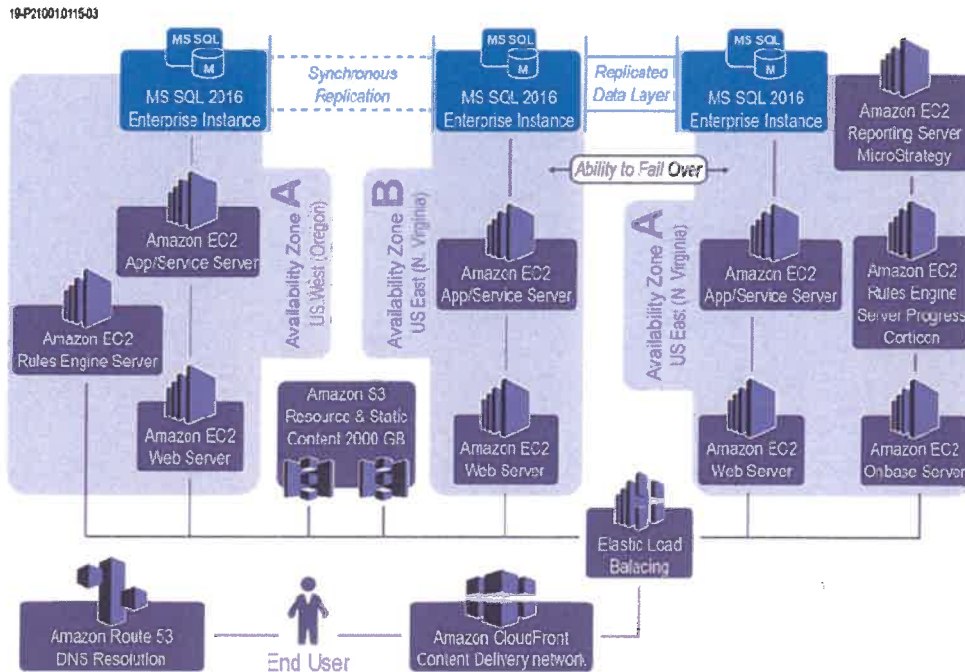


Exhibit 4.2.10-2: MAXIMUS Server Topology and DR Model. The PDMS production server topology is architected for high availability with an always on disaster recovery configuration to provide a near-immediate failover process that can occur automatically in the event of a disaster.

MAXIMUS proposes a high availability infrastructure design to meet uptime and disaster recovery requirements. The AWS infrastructure provides the security controls necessary to protect workloads with sensitive data, including Personal Identifiable Information (PII), patient records and other information, and the flexibility to integrate other solutions for security and regulatory purposes in the future.

We propose to deploy production and Disaster Recovery (DR) servers in different regions within AWS. Each AWS Region is completely isolated from other AWS Regions, which achieves the greatest possible fault tolerance and stability.

Exhibit 4.2.10-3: Maximus Cloud Infrastructure Features and Benefits describes the benefits of using the AWS US East/West Cloud.

Data Center Feature	Benefit to West Virginia
Increased Security	<ul style="list-style-type: none"> <li>FedRAMP Moderate Authorization with security controls designed to protect PII and PHI information</li> <li>HIPAA and CMS compliant infrastructure</li> <li>Continuously audited AWS environments, with certifications from accreditation bodies across geographies and verticals</li> <li>Data storage in highly secure AWS data centers in the continental US</li> <li>Automated tools for asset inventory and privileged access reporting</li> </ul>
High Availability	<ul style="list-style-type: none"> <li>Elastic compute to manage capacity to changing needs</li> <li>Redundancy at all levels of the infrastructure</li> <li>Always-On Disaster environment for best RPO and RTO</li> <li>Dynamic routing to automatically failover between redundant connections</li> </ul>



Data Center Feature	Benefit to West Virginia
Security Monitoring	<ul style="list-style-type: none"> <li>■ Central point of contact to remediate issues</li> <li>■ Ability to monitor system access logs for unauthorized access</li> <li>■ AppDynamics and CloudWatch for collecting data</li> <li>■ Reporting and dashboards for security reports</li> </ul>

*Exhibit 4.2.10-3: Maximus Data Center Features and Benefits. Our data center environment has numerous security and availability benefits for the WV MES.*

**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?**

In a multi-vendor MES implementation, effective organizational change and communications management is critical to mitigating risk and accelerating adoption and success of the overall project.

As a trusted vendor of state Medicaid agencies across the country, Maximus can recommend best practices for organizational change and communications management. For example, Florida and North Carolina engaged independent verification and validation (IV&V) vendors. These vendors were responsible for providing an independent assessment of the work products and progress of the system development project. Under this program model, the IV&V vendor monitors the coordination of the different vendors on various other MES projects. We have also seen agencies set up their own MES-specific Project Management Office (PMO). The PMO is responsible for defining, enforcing, and coordinating project management standards for items such as the integrated master schedule, deliverable format, technology standards, and review timeframes. Both models engage vendors across the MES implementation effort to align around the evolution of the Medicaid Enterprise as a whole.

At Maximus, we have developed repeatable best practices from our experience implementing Medicaid systems. We will apply these best practices in organizational change and communications management when developing and operating any module of the BMS Medicaid Enterprise. We will engage collaboratively with your teams and leverage our understanding of insurers, the provider and member communities, and complex plan designs. Together, we can increase stakeholder engagement by developing communications and outreach plans that are comprehensive and informative.

Best practice recommendations to support your organizational change management efforts

- Implement modules in a phased approach to mitigate risk
- Engage a dedicated organizational change management specialist
- Launch a soft marketing campaign to internal and external stakeholders with a brand for the MES transformation and regular communications regarding the project
- Use a Responsible, Accountable, Consulted, Informed (RAID) matrix to define decision-making level and authority
- Conduct regularly scheduled meetings to capture and maintain RAID (Risks, Issues, Action Items, and Decisions) logs
- Establish a change management plan early in the MES transformation process and make available to vendors and internal stakeholders

**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?**

Moving down the path of MES modernization will require BMS to engage multiple vendors in a complex technical and operational environment. The success of this transformative process will depend on vendors who are experienced working on such complex projects.

Maximus offers a wide variety of services across the Medicaid Enterprise, with deep experience in a multi-vendor, modular environment. Our modular MITA-compliant service offering supports the CMS 7 Standards and Conditions for MMIS. Simply stated, we are experts in a multi-vendor MES transformation. Rather than changing our standard processes to accommodate a multi-vendor environment, we have developed repeatable DDI best practices specifically for a multi-vendor environment. For example, we allocate time in the project planning phase to identify dependencies with other vendors that will not be known until each vendor works together on a path forward. By accounting for this significant variable as part of our DDI work, we mitigate risk for our state partners.

As a best practice, we recommend that BMS engage a strong MES-level PMO to identify dependencies and monitor whether standards are being rigorously followed by all vendors.

The most successful projects include meetings with stakeholders from each vendor to review the project workplan and identify dependencies. The project workplan should be integrated into a master schedule and linked to external dependencies. Our experience is that the dependencies inherent in a multi-vendor environment require tighter collaboration between vendors to identify any risks to the schedule. When schedule slippages occur, the vendors will need to collaborate under the guidance of the PMO to identify schedule adjustments and risk mitigations.

An additional best practice in a multi-vendor environment is to require end-to-end testing for all vendors. Following an agile methodology, we recommend testing connectivity as each vendor develops its own system for the modular solution. As new functionality is developed, all vendors would continue testing. This best practice further mitigates risk and allows for early identification of any issues that may arise.

**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)?**

Maximus has used each of these tools and others on different projects around the country. Maximus uses Jira® for software change control and defect tracking. Microsoft Project Enterprise is used for project scheduling.

Maximus can bring the collaboration tools to the project, or we are happy to use those supplied by the State or the Systems Integrator.

**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?**

In our MES implementations, we have most often encountered two models for Systems Integration.

- Independent Systems Integration vendor hired by the State to perform only SI work

- Independent Systems Integration vendor hired by the State to perform only SI work *and* implement the shared data sharing infrastructure. These components typically include the Enterprise Service Bus (ESB), Share Security (Single Sign-On), Master Data Management (MDM), and other data integration tools.

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

Our recommended approach to IT security management for MES aligns with our own approach used for both internal and project-specific systems. This approach includes but is not limited to the following:

As an integral part of our Medicaid and other projects, the Maximus Threat and Vulnerability Management (TVM) team continuously scans for vulnerabilities across our enterprise. The TVM group performs automated biweekly host-based vulnerability scans. In addition, host-based vulnerability scans are performed on systems exposed to the Internet on a weekly basis. All host and application scan results are automatically provided to system stakeholders and responsible parties for projects associated with those systems.

We conduct nightly application vulnerability scanning and annual penetration tests of the application, correct identified defects, and add them to lessons learned. We provide Test Report results to our clients and work with them on a plan to address the vulnerabilities. We will utilize an industry standard third party to conduct the penetration testing. We also conduct monthly host-based vulnerability scans of all our servers and networks as well as nightly web application scans.

In addition, immediately prior to every production build, Maximus typically performs a security scan of the application software. Once the scan is complete, the build is deployed to the production environment. Maximus conducts a smoke test as the final activity before loading users' security profiles. This test verifies that the production build is complete, functioning to expectations, and ready for operations.

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

Successful data sharing within the Medicaid Enterprise and outward to other partners and constituencies requires the contribution of all stakeholders in the ecosystem. Each entity has a role to play. It starts with an MES architecture that is designed from the ground up with data sharing in mind. That architecture is then brought to life with software tools designed to work together and facilitate data sharing. Once that groundwork is in place then functional components can be layered on. APIs can be implemented to facilitate sharing. Interfaces can be implemented between internal components and outside data sources and systems. All of this must be accomplished within the structure of data governance to maintain the integrity of the data.

#### 4.2.17 What standards and practices would you recommend with regards to key data governance, master data management, data stewardship, and data-sharing concerns? What approaches do you recommend for engaging business data owners separately from technical data system managers?

Data governance is a critical part of ensuring the proper management and reliability of the State's information. Effective management of Medicaid enterprise data can drive personnel productivity, promote meaningful client interactions, and improve administrative performance by delivering process and cost efficiencies, and integrated workflows. We work closely with our MES customers to ensure our adherence to state Data Governance standards and ensure that data available through and from all components is accurate, current, and complete.

Our ability to successfully support data governance for the solutions we deliver does not come from a single component, but is, instead, a holistic integration of qualified and trained personnel, defined and proven processes, and innovative technology and tools selected specifically for the benefits they bring to the Medicaid environment. We tailor our Project data governance model to ensure that data meets precisely defined standards specific to the state's operational needs. It will include strategies for delivering:

- The overall management of operational data, including availability, usability, integrity, and security
- Defined data governance policies and procedures, and a plan to effectively execute those procedures that has been tested and refined in multi-vendor MES environments comparable to that of West Virginia.

Engaging business data owners is critical to truly understand how data is used within the business processes that they are engaged in. Data that may seem inconsequential to one group may be critical to another.

**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?**

While Maximus has not participated in a Medicaid enterprise as a Fiscal Agent, we separately perform nearly every fiscal agent function somewhere across our healthcare administration projects. Maximus is quite experienced working within a multi-vendor Medicaid enterprise. We have integrated our modular solutions with nearly every legacy MMIS system in use across the U.S. We have integrated with most of the Medicaid and integrated eligibility systems.

Maximus is also somewhat unique in that we have many contracts where we provide business process services using other vendors MMIS solutions. We believe strongly that Fiscal Intermediary functions can be performed separately from the technical functions. This aligns well with the integrated and consolidated BPO services approach that several states have already undertaken.

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

Maximus Program Management Office (PMO) oversees the implementation activities, including the orderly transition to operations management for our MES solutions. The PMO organization is a corporate resource pool that provides transition project management support throughout the company and serves as a company-wide conduit for sharing best practices and transition techniques. A dedicated team, led by the Implementation Manager, coordinates activity across the many functional areas of the start-up team and then oversees the methodical transition of the project to the Program Manager, Contract Manager, and operations team.

Our approach is modeled on proven industry principles and standards including the PMI's PMBOK Guide. Maximus has standardized our processes around best practices and lessons learned. The PMO allows the implementation team to access a body of knowledge from previous Maximus project implementations, thereby ensuring the use of best practices for a successful outcome. Our varied experience successfully operating projects of all sizes, scopes, and levels of complexity informs our approach. In addition to following PMBOK principles, we follow quality management standards

established by the ISO 9001:2015 to define and document all functions as repeatable processes, decrease variability through business process improvement, and reduce human error

The overall Medicaid Enterprise PMO sets the standards and rigor between each of the vendors. But each individual vendor's PMO is responsible for managing the project within their own portfolio and contract. Individual vendor's PMO are also responsible for managing the performance of their subcontractors. Each PMO is responsible for managing their scope of work and should be able to work with the PMO teams of other vendors. Each vendor's PMO is also responsible for making connections between their functional workstreams and other vendor's workstreams to fully understand interdependencies and impacts that one vendor's work may have on others.

Creating a responsibility assignment matrix or RACI is an effective tool to make clear where key responsibilities lie on the project

**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?**

We recommend bringing the PMO in early, having them create the project management procedures (not the software development methodology) to be used by all modules vendors and publish the procedures along with the RFPs. Enterprise PMO can set, coordinate, and enforce the standards for project management such as integrated master schedule, deliverable format, technology standards, review timeframes, etc. In addition, clearly define the boundaries of each module and the roles and responsibilities for each module vendor.

Generally, issues come about because of disagreements on scope or boundaries. Also, there can be conflict between the module vendors about who owns what data, the interface and edits, and the testing schedule. Clearly define roles and responsibilities and empower the PMO or State Project Manager with the authority to make decisions to keep the project moving.

**4.2.21 What factors (technologies, development methodologies, frameworks, etc.) would you recommend BMS require in an RFP in order to accelerate the DDI of MES modules?**

One key aspect that will reduce risk and accelerate the DDI phase is to get the core infrastructure in place before any of the modular solutions are implemented. When vendors implementing modular solutions know ahead of time the integration tools (ESB, MDM, APIs, security, hosting strategy) and processes (data governance, use of standards), the integration requirements can be fully understood and planned. When a systems integrator is brought in once module implementations have already started, then substantial replanning and rework is likely.

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

In our experience, the primary factor that limits competition is the composition of Medicaid functions within the modules. CMS has given the states wide latitude in defining what Medicaid business functions are defined for each module. As an example, there are Medicaid systems and services that are offered by a very small number of vendors. Third-party Liability (TPL) is a good example. If TPL is included in a module with a number of other functions, only a very small number of companies will be able to offer a complete solution and compete for the work.

One of the key goals of MES modularity is to increase competition. The composition of modules and the combination of modules procured together has a strong impact on competition. If BMS identifies technologies or solutions with few sources, we recommend those be procured separately and not combined with solutions where healthy competition exists.

**4.2.23 What recommendations do you have for establishing procurement and implementation timelines that help deliver value sooner, reduce risk, maximize Federal Financial Participation (FFP), and achieve Outcomes-Based Certification or Streamlined Modular Certification?**

Maximus recommends a phased implementation of modules into the enterprise. This allows modules early in the schedule to begin to realize their benefits while allowing the more complex modules more time for implementation and integration. For procurement, use of models such as the NASPO Master Service Agreements (MSAs) to procure systems and services can shorten timelines.

**4.2.24 Describe the major trends in your Medicaid Enterprise solution category that you believe BMS should be aware of, including any product or approach changes that you believe will come to market within the next 12 – 24 months. How do your Medicaid Enterprise solution roadmaps stay current with such trends? If possible, please be specific regarding how these trends affect Medicaid, WVCHIP, or healthcare IT in West Virginia.**

Maximus is very active within the Medicaid community and is always looking over the horizon to see upcoming trends. In the course of our provider management projects we identified a problem and sought to find an innovative solution. The managed care delivery model for Medicaid has had many benefits. But one side effect of multiple overlapping managed care organizations (MCOs) serving a state's recipients has been increased 'provider abrasion'. Federal regulations already require that providers undergo initial and periodic screening to be a Medicaid provider. But providers must also submit to provider credentialing, typically done by each separate MCO. Many providers talk of having to undergo credentialing a dozen or more times a year across their various payors.

Maximus has developed an integrated approach using our Provider Data Management System (PDMS) that integrates the Medicaid provider screening and enrollment requirements (defined in 42 C.F.R.) with NCQA compliant provider credentialing. This approach, currently being implemented for the Ohio Medicaid program, allows providers to submit their information one time through a sophisticated web portal. That data is then validated and both screening & enrollment and credentialing are completed. The credentialing package is then provided to each MCO eliminating the need for each MCO to credential separately at the cost of the state. Maximus is accredited as a Credentials Verification Organization by both NCQA and URAC and is the only Medicaid Administrator to achieve this accomplishment.

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

As was described in a previous response, while Maximus is a strong advocate for MES modularization, we also believe that integration of operations is paramount to delivering modern and modular Medicaid Enterprise System (MES) solutions. We recommend a unified operation center, treated as its own MES module, as the hub for communication flow into and out of the MES environment. In West Virginia, this will transform the way West Virginians—including Recipients, Providers, State Employees, and other Stakeholders—experience Medicaid. Rather than procure both system and services for each business function, an integrated contact center and back office can serve members, providers, and other stakeholders across business functions. This approach allows the state to procure the best software module for each Medicaid function, but does not dived the member and provider customer experience between multiple vendors. This seamless customer experience increases first call resolution and eliminates the issue of calls bouncing between vendors when there are not clear divisions of responsibility.

Efficiencies can be gained in contact center infrastructure, inbound mailroom functions, and outbound communications.

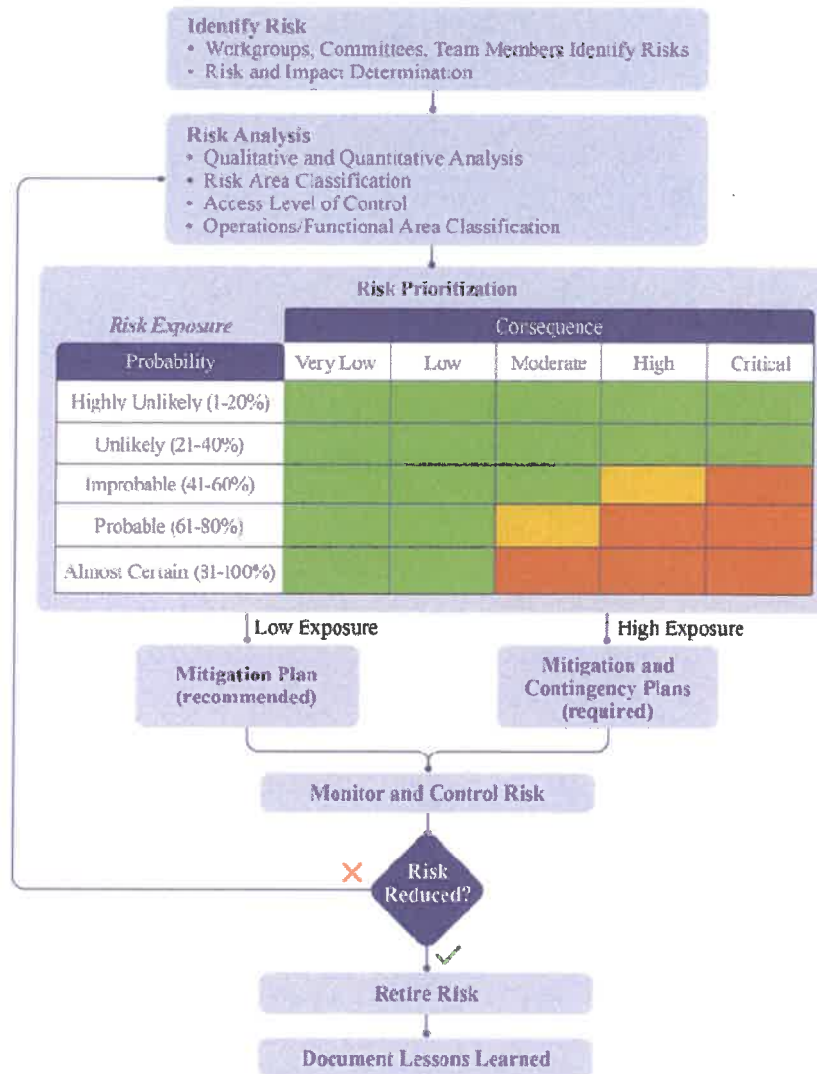
#### 4.2.26 Identify any innovations in your Medicaid Enterprise solution for addressing technical risk management.

Maximus offers a proven risk management process that provides comprehensive and proactive identification, prioritization, and mitigation of risks, as shown in *Exhibit 4.2.26-1: Risk Management Process*. We focus on determining risks likely to have the most impact on implementation timelines and project operations.

**Risks and Issues Identification:** The Maximus governance structure and leadership encourages proactive identification and documentation of risks and issues by all team members. Risk and issue identification occur in numerous forums, including workgroup meetings, reviews of project schedules and work plans, the utilization of risk identification checklists, readiness assessment analysis, brainstorming, and contract reviews. The primary goal of risk identification and all follow-up efforts is preventing risk realization. Maximus strives to uncover all alternative strategies that may prevent the risk from undue attention.

**Risk Analysis and Prioritization:** Once a risk has been identified, it is analyzed and categorized. Teams determine the risk area, probability, consequence, and risk exposure of each risk. These measures assist in realizing and focusing on the potential impact of each risk then prioritizing the risk-reducing activities and responses identified. During analysis, risks are quantified and assigned a risk value. Risk quantification extends the value of the analyzing, understanding, documenting, and reporting on risks by ranking each risk. Ranking risks allows team members to focus project resources efficiently and effectively.

**Probability:** Maximus assesses all identified risks to determine the likelihood that the event will occur. The risk owner must determine if the risk is highly unlikely, unlikely, improbable, probable, or almost certain to occur. The risk owner also assesses the consequence of each risk.



**Exhibit 2.4-1: Risk Management Process.** Maximus offers a proven risk management process that provides comprehensive and proactive identification, prioritization, and mitigation of risks

**Consequence:** The consequence is an estimate of the overall scale of the impact following an occurrence of each risk. This measures the severity of adverse effects, or the magnitude of a loss, if the risk is realized.

**Risk Exposure:** The risk exposure is a factor of the probability that a risk will occur and the potential consequence of a risk. The comprehensive analysis of all project risks provides confidence in the methods that Maximus uses to mitigate risks. We strongly believe that all risks should be identified proactively and escalated through proper channels to facilitate risk mitigation.

**Issue Analysis Prioritization:** Team members must analyze and prioritize issues, just as they do for risks. The analysis of issues determines the level of urgency for the resolution of the issue. Staff members work with their teams to determine priority of issues.

**Documenting Risks and Issues:** After risks and issues have been identified and analyzed by the project team member, they must be documented. To provide visibility on program operations, Maximus enters all risks and issues into the Readiness Assessment Checklist. The Readiness Assessment



Checklist specifies the Review Cycle for each risk and issue according to the priority and severity of the item. The process of accurately documenting risks and issues helps us manage our risks appropriately and resolve issues timely to reduce adverse impacts to program operations and customer service.

**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.**

Our response to question 4.2.28 describes a number of Maximus innovations that have added substantial value to the Medicaid Enterprise. These and many other Maximus solutions can bring immediate value to the WV Medicaid program.

**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?**

Modern technology configured to the state's needs can truly be transformative. In Tennessee, our PDMS solution allowed the TennCare program to implement a truly paperless provider enrollment solution. Processing times went from months to days or even less. Our digital tools have also had an enormously positive impact. In the District of Columbia, we introduced an online chat function for answering providers questions and that channel now accounts for more than half of all interactions.

In New York, we introduced a mobile application (for both iPhone and Android) that allows beneficiaries to upload eligibility documents for to support applications and redeterminations. It took only three months for this to become the most preferred method for Medicaid recipients to submit information. Our Missing Information app has achieved a 4.8 (out of 5) star rating on both app stores.

**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?**

Maximus has built and implemented interfaces to nearly every legacy MMIS system used throughout the U.S. Our modules interface with core MMIS claims modules, program-level eligibility systems, integrated eligibility systems, data warehouses, and enterprise content management solutions. Given the wide range of technical capabilities across these systems, Maximus has engineered our solutions to take advantage of whatever technology, APIs, or standards those systems support. We have implemented interfaces using traditional flat-file batches if that is all the legacy systems can support. We have also implemented interfaces using real-time web services technology over an enterprise services bus (ESB). Having all of these options available allows us to implement interfaces without having to make costly and difficult modifications to those legacy systems.

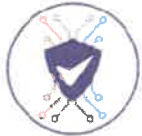
**4.2.30 What staffing levels, including experience and skillset, are typically required to implement your Medicaid Enterprise solution? What are the suggested state Medicaid agency staffing levels to support DDI and ongoing operations? How do these staffing requirements compare to other offerings in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

The levels, experience, and skillsets required to implement an MES module will vary greatly based upon the requirements of each individual project. State resources needed will depend upon the oversight model chosen by the state. If the states chooses to hire outside firms to bear responsibility for Project Management Office (PMO), Independent Verification & Validation (IV&V), Quality Assurance (QA), and Systems Integration (SI), then agency staffing will be significantly less.

**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?**

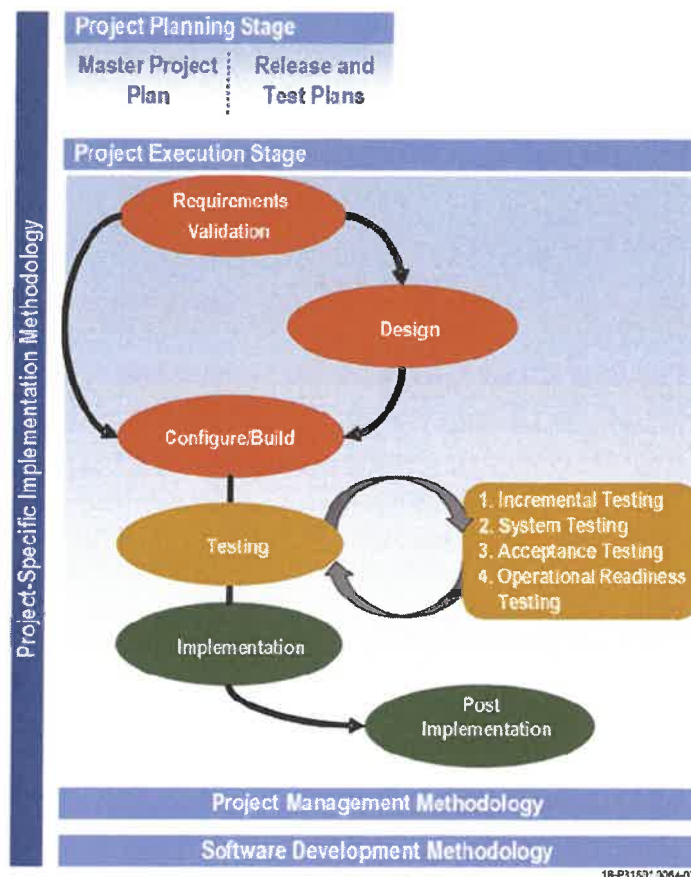
The design, development, and integration (DDI) processes for our Medicaid Enterprise solutions follow a modular System Development Lifecycle (SDLC) approach. In this section, we provide an overview of our processes and describe how they are used to support successful MES operations.



Maximus uses a system design and software configuration process that aligns with Agile/SCRUM practices, but with more focus on completion of functional packages than on four-week sprints. We begin with our established Software-as-a-Service (SaaS) solution that would be configured to support BMS' requirements. Our approach requires functionality validation through system demonstration. We quickly identify gaps in functionality and determine whether a configuration change or new system development is required to fill gaps. We use an incremental build methodology based upon iterative configuration, meaning that requirements and software evolve through collaboration between BMS subject matter experts (SMEs), Maximus Business Analysts, and the development team. We present results of the development effort to the user community as soon as they are complete, rather than at the end of the entire phase. Our approach follows a structured, repeatable cycle, with each development stream producing independent functional components we promote through configuration and testing.

This flexible approach focuses on the tasks necessary for Maximus to configure or enhance our base system to deliver anticipated functionality and support the defined requirements for the system. We focus the bulk of our design and implementation effort on working with internal and BMS SMEs to address any gaps between our proven system and the contract requirements. Once our base system meets Project requirements, we focus on identifying configuration updates to align with specific business processes and required workflows. This approach reduces time spent implementing system changes and enables us to focus on other activities, such as customizing the MMIS interface for West Virginia needs. Our approach also allows quick viewing of any available gap analysis results and progress on requirements activities.

A structured, repeatable cycle guides our approach, with each development stream producing independent functional components we promote through configuration and testing. *Exhibit 4.2.31-1: Incremental Implementation Approach* provides a visual representation of our implementation methodology and approach.



**Exhibit 4.2.31-1: Incremental Implementation Approach.** MAXIMUS uses an iterative configuration and development approach that results in required documentation creation but facilitates expedited configuration activities leading to early testing and confirmation by BMS.

We present results of the development effort to the user community as soon as they are complete, rather than at the end of the entire phase. Our approach follows a structured, repeatable cycle, with each development stream producing independent functional components we promote through configuration and testing.

To promote interoperability with other systems, our Provider Data Management System’s (PDMS) Service-Oriented Architecture (SOA) enables seamless connectivity between our PDMS and other systems such as the MMIS. As we have already completed the core design for our Provider Network Management solution, our design process will focus entirely on configuration to meet West Virginia BMS needs. We will work closely with BMS to streamline functions, identify and cleanse problematic data and help the operations organization move into alignment with the screening and enrollment requirements. Our system contains a suite of configurable interface transactions to accommodate any unique interface requirements for West Virginia.

*Exhibit 4.2.31-2: Project Phases* visually demonstrates the process for the initial design phases of the West Virginia PDMS implementation. Project Initiation and Planning focuses on key deliverables which describe how we partner with BMS to meet the objectives of the PDMS. These plans lay the groundwork for monitoring and controlling the Project, establishing Project governance, specifying deliverables, and setting the timeline for Project completion.



**Exhibit 4.2.31-2: Project Phases.**

**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?**

Project durations can vary based on a number of factors, including interface complexity, amount of configuration and customization, and the level of integration with other MES components. In our experience, Member and Provider projects can be completed in 12 months. Claims Adjudication projects tend to take 24 to 30 months.

It is also important to recognize there is time involved in planning, requirements, and architecture-level design prior to procurement of individual modules. The time frames above apply to well-specified, appropriately vetted projects. If the WV modernization initiative is just getting started, we believe that BMS should budget a fair amount of time towards project planning, budgeting, market research, and feedback from key stakeholders, including CMS.

**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?**

There are many things that can affect the cost of implementing an MES module. From a vendor's perspective, the most significant thing that drives up cost is risk. Requirements or Service Level Agreements (SLAs) that create delivery or financial risk for the vendor will translate into higher cost to the State. While we are used to being held to the highest of standards, overly onerous SLAs, whether intentional or unintentional, can have significant impact on cost. Understanding how SLAs can potentially drive staffing levels and costs up is very important.

The other key area that can drive cost is requirements. If module requirements are vague or open-ended, then these become risk areas vendors will add time and resources to compensate. This again will add to the project cost.

**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?**

As was described in Section 4.2.21, a key aspect that will reduce risk is to get the core infrastructure in place before any of the modular solutions are implemented. When vendors implementing modular solutions know ahead of time the integration tools (ESB, MDM, APIs, security, hosting strategy) and processes (data governance, use of standards), the integration requirements can be fully understood and planned. When a systems integrator is brought in once module implementations have already started, then substantial replanning and rework is likely.

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

Project durations can vary based on a number of factors, including interface complexity, amount of configuration and customization, and the level of integration with other MES components. In our experience, Member and Provider projects can be completed in 12 months. Claims Adjudication projects tend to take 24 to 30 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.**

Documentation requirements for each project vary depending on the requirements of the state. Typical documentation deliverables include but are not limited to:

- Implementation Plan
- Project Schedule
- Project Work Plan
- Schedule Management Plan
- Risk Management Plan
- Change Management Plan (change control)
- Quality Management Plan
- Data Security \ Data Privacy Plan
- Communications Management Plan
- Test Management Plan

**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.**

DecisionPoint® for Business Intelligence (DecisionPoint), our robust reporting and analytics platform, is tightly integrated into our MES solutions to provide a complete view of operational performance and customer service levels across the entire MES operation. Collecting operational information from Maximus modular solutions such as the ConnectionPoint CRM/WMS, the Customer Journey Platform (CJP) telephony solution, and the Provider Data Management System (PDMS), DecisionPoint provides a rich collection of information and analysis on a continuous basis to support tactical and strategic planning. Maximus invested in and implemented DecisionPoint for a dual purpose. For Maximus, DecisionPoint catalyzes continuous improvement in our operations. Beyond simply meeting reporting requirements, DecisionPoint drives policy decisions that improve Medicaid outcomes and costs.

Through DecisionPoint, BMS can view and analyze MES operations and performance. For example, BMS eligibility workers can view real-time status and position of application documents in queues. This data is combined with status updates from our Call Centers and systems, providing BMS with a complete picture of the status of the project. BMS will have direct access to this information through intuitive dashboards, which staff can access via browser or mobile devices to provide clear visibility into day-to-day operations.

Our expertise using the platform earned us recognition in the form of a U.S. Patent for the method we use to monitor and optimize business processes, embedded in our DecisionPoint software.

We have a range of software tools in our performance and quality controls, and communication protocols our management team uses to manage, control, and monitor the completion of Call Center tasks throughout the phases of the contract. Using these management tools, we monitor business process workflows and task completion, evaluate project performance, maintain compliance with

**DECISIONPoint**<sup>®</sup>  
by MAXIMUS




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Maximus was awarded a U.S. Patent for "Request Process Optimization and Management" in recognition of our proven excellence in performing analytics through DecisionPoint.

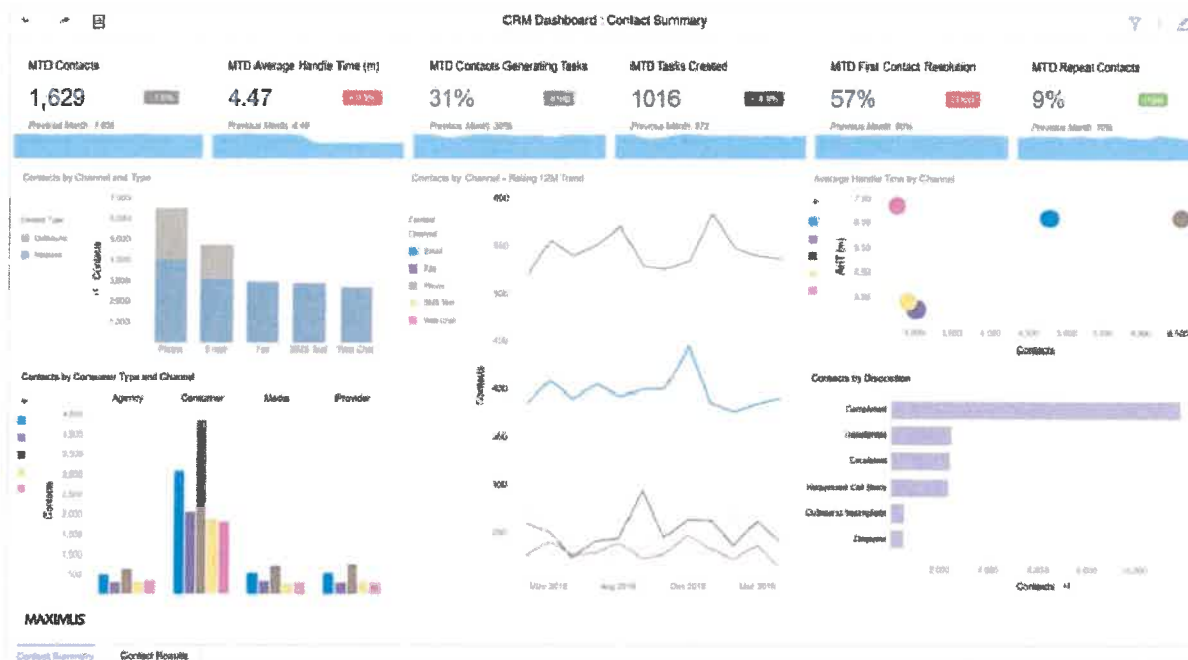
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contractual and financial requirements, assess system integrity and availability, and drive continuous improvements to increase operational efficiency.

Our goal is to help West Virginia maximize its reporting capabilities by offering customizable solutions in concert with our proven proprietary methodologies.

For example, our DecisionPoint reporting platform offers internal monitoring controls unique to Maximus, including data analytics, business process management, and reporting functionality. DecisionPoint continuously compiles and analyzes Call Center statistics and transaction volumes to produce actionable data. Our management team monitors this data to support more efficient program management, adjust workloads to meet demands, improve consumer experiences, and generate detailed quality-monitoring metrics for our continuous process improvement efforts. *Exhibit 4.2.37-1: CRM Dashboard* is an example of a DecisionPoint typical dashboard used within a Maximus project.



*Exhibit 4.2.37-1: Sample CRM Dashboard. This exhibit is an example of a typical DecisionPoint dashboard used within a Maximus project.*

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

Our DecisionPoint® for Business Intelligence (DPBI) solution would enable BMS staff to create pre-formatted or custom, ad-hoc reports at any time with a web-based, user-friendly interface powered by MicroStrategy graphics capabilities.

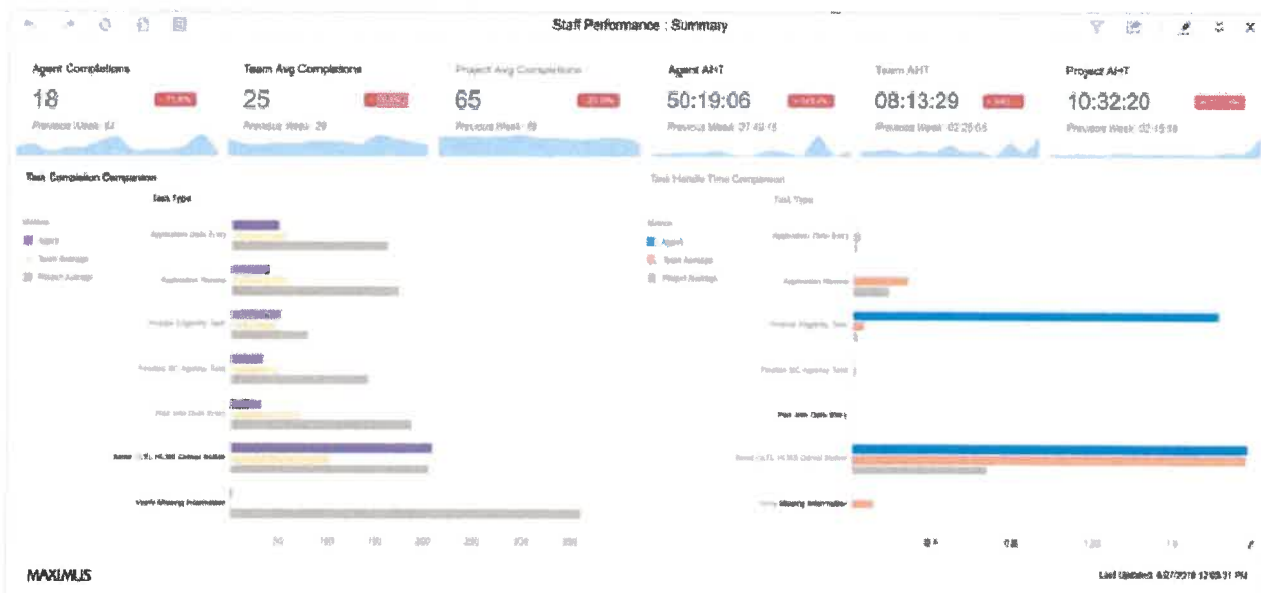
BMS will benefit from a customizable DecisionPoint® for Business Intelligence (DPBI) solution that adjusts with BMS' evolving and needs and preferences. With a variety of data visualizations available, BMS can select which customized elements to integrate into their DecisionPoint Executive Dashboard.

The DecisionPoint solution is not just a data visualization tool that streamlines raw data into meaningful information; it is also a reporting and data analytics front end for Maximus and BMS staff. For instance, the heat map panel (middle row on the left) provides an easy, color-coded picture of queue performance. The size of the queue is proportional to demand, and the color corresponds to the

abandonment rate. We can use this information to proactively reskill and reprioritize queue assignments for the most efficient allocation of resources and service level agreement fulfillment.

By clicking on any one of the charts in our dashboard reports, the user can drill down into the underlying data, generate different views, and create pivot tables. This provides stakeholders with a full view of operations through a single, flexible reporting tool. *Exhibit 4.2.38-1: Staff performance Summary* shows a visualization of key staff performance metrics.

This dashboard shows the standard metrics we display for a call center. We can create multiple dashboards, including a customized dashboard to show the information BMS wishes to see. Users can configure dashboards by various metrics to see the information that is most useful to them. Reports can drill-down to a month, week, day, or even an hour. They can look at particular days of the week or hours of the day. Reports can include metrics such as abandonment rate, abandonment rate percentage change, average speed to answer, average handle time, contacts handled, contacts offered, and talk time.



**Exhibit 4.2.38-1: Staff performance Summary.** *Our dashboards show key metrics for staff performance.*

Through our comprehensive reports, access to near real-time dashboards, and expert analysis, BMS will have full transparency into our operations and actionable information for a successful BMS.

*Exhibit 4.2.38-2: Process Monitoring Dashboard* demonstrates a unique visualization of key process performance metrics

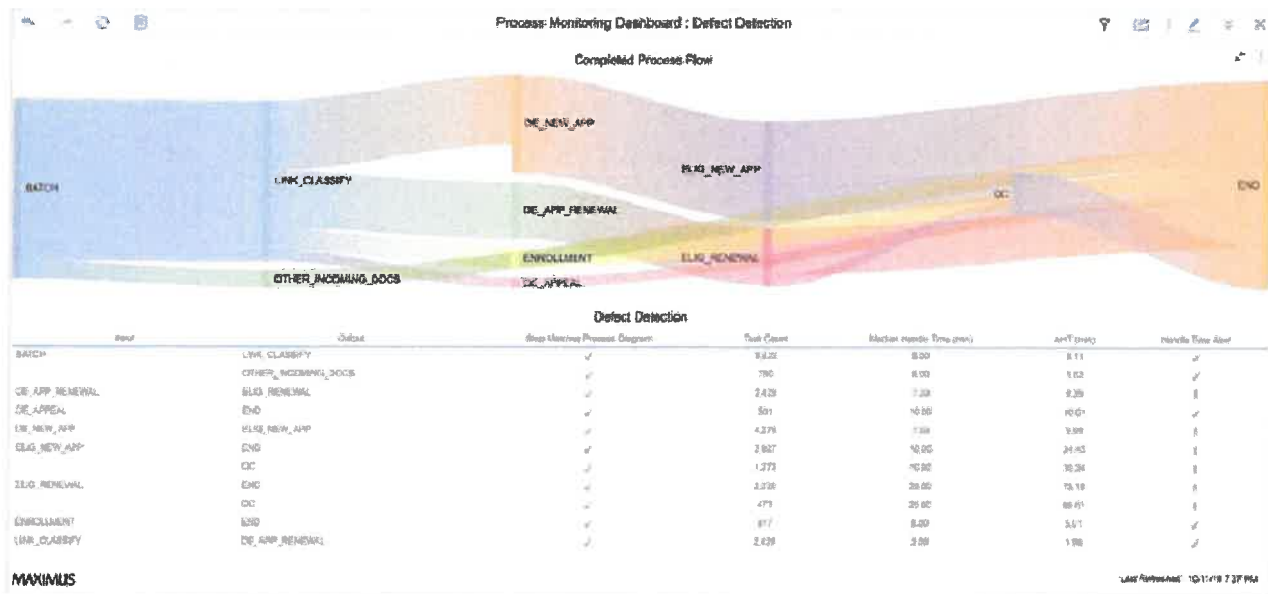


Exhibit 4.2.38-2: Process Monitoring Dashboard. This dashboard demonstrates a unique visualization of key process performance metrics

**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?**

Maximus modular Medicaid Enterprise solutions use multiple data validation tools to promote program and data integrity. Our solutions are designed to prevent bad data from entering the system when entered. For instance, all address information entered into our solutions are validated with the US Postal Service through a real-time interface. If there is a validation source for data that can be integrated in real time, our systems proactively validate rather than attempting to fix it later.

Our Provider Data Management System (PDMS) uses sophisticated real-time data matching to enforce the requirements of 42 CFR for Medicaid Provider Screening and Enrollment. Provider data is validated at the point of application and then monthly from that point forward. Any discrepancies are flagged as part of the application review process. Exhibit 4.2.39-1 Provider Data Management System (PDMS) Provider Screening History shows a Provider Screening History within our PDMS.



The screenshot displays the 'Provider Screening' section of the PDMS. At the top, there is a navigation bar with fields for 'Provider Name' (Jodie Wallace), 'Medicaid ID', and 'NPI' (06200340). Below this is a workflow diagram with steps: Required Documents, Agreement Questionnaire, Agreement, **Provider Screening** (highlighted), Order Screening, Orientation Session Screening, and Workflow Steps. A 'Jump To' dropdown is set to 'Provider Screening'. Below the workflow are buttons for 'Return To Provider Review', 'Previous', and 'Next'. The main content area is titled 'Provider Screening History' and contains a table with the following data:

Screening Type	Screening Start	Screening End	Status	Recall
Registration - New	01/28/16		In Progress	Pending

Below this is the 'Provider Screening Details' section, which includes a profile icon and a table of activities:

Activity	Status	Method	Last Action	Notes	Notices Sent
Application Receipt	Verified	System			
Fee Collection	Verified	System			
OIG LEE Verification	Match - Confirm	System	01/28/16		
SAMEPLS Verification	Match - Confirm	System	01/28/16		
SSOMF Verification	No Match	System	01/28/16		
Licensure Verification	Pending	System			
NPPES Verification	Verified	System	01/28/16		
Medicaid Exclusion Verification	No Match	System	01/28/16		
Medicaid Exclusion Verification	No Match	System	01/28/16		

**Exhibit 4.2.39-1: Provider Data Management System (PDMS) Provider Screening History. Detailed summary reports provide screening history.**

**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.**

Maximus Medicaid Enterprise solutions are designed from the ground up to be integrated into a multi-vendor MMIS ecosystem. While some vendors have approached MMIS modularity by breaking a monolithic Fiscal Agent system into modules, our solutions have been designed from their inception for integration into a modern modular enterprise. Data sharing has been designed into the architecture.

All Maximus modular solutions are designed to support State users. State staff have access to dashboards, ad hoc reporting, and are integrated into automated workflows to speed processing and promote data sharing and data integrity.

**4.2.41 If applicable, how does your Medicaid Enterprise solution improve access to end users, such as a user’s data or access to additional services?**

As was described in other question responses, Maximus provides multi-channel interaction with Medicaid members and providers and our self-service options allow members unprecedented access to their data within the Medicaid Enterprise. While adhering to data privacy and security requirements, these self-service tools such as mobile-friendly websites and mobile smartphone applications allow members and providers to find the information they need, update their information, and make choices of managed care plans and primary care physicians (PCPs).

**4.2.42 How can your Medicaid Enterprise solution help address gaps in health outcomes? Please provide outcomes from other engagements, if applicable.**

Across the Maximus MES offerings, we offer many tools that can promote wellness and contribute to health outcomes. Our clinical assessments and health risk assessments can identify health needs early so that members can be directed to programs and services to address their unique health needs.

Maximus manages Early and Periodic Screening, Diagnostic and Treatment (EPSDT) programs to direct critical services to improve the health of infants, children and adolescents. A key component of all these efforts is engaging members in the way that best meets their needs. Using targeted outreach, mobile apps, community stakeholders, even one-on-one counseling and guidance can be used to address identified healthcare gaps.

**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?**

Yes, in our experience, payment milestones tied to the successful completion of deliverables and milestones against mutually agreed upon schedules and acceptance criteria are the most common and preferred payment method for the implementation\DDI portion of the project.

**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.**

Maximus would be pleased to demonstrate our solutions. Such demonstrations are typically conducted remotely although we find it helpful to have an in-person component as well. We would encourage anyone who will interact with the system or the data it gathers to attend. We suggest two hours be dedicated to the demonstration in order to show the system's full capabilities.

**4.2.45 Is there additional information you would like to share with BMS related to the topics addressed in this RFI?**

We appreciate the opportunity to provide this RFI response. Our Maximus team looks forward to meeting with the state to discuss how we can assist West Virginia on the path to Medicaid Enterprise Modernization.

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: BMS220000001**

**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 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.

Maximus US Services, Inc.

Company

*Kyle Gregory*

Kyle Gregory, Jan 5, 2022, 11:26:13 AM

Authorized Signature

Jan 5, 2022

Date

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

**Request for Information**  
**CRFI BMS220000001**  
**Medicaid Enterprise System (MES)**

By signing below, I certify that I have reviewed this Request for Information in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this response for review and consideration on behalf of my organization.

Maximus US Services, Inc.

(Company)

Kyle Gregory

Kyle Gregory (Jan 5, 2022 11:27 EST)

Kyle Gregory, Manager, Contracts

(Representative Name, Title)

703-251-8500 / 703-251-8240

(Contact Phone/Fax Number)

Jan 5, 2022

(Date)