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January 07, 2022

Crystal G Hustead
Department of Administration, Purchasing Division
2019 Washington St E
Charleston WV 25305
crystal.g.hustead@wv.gov

RE: MES Strategic Planning RFI

Ms. Hustead:

Please accept our enclosed response to the Request For Information - Medicaid Enterprise System (MES) (Solicitation # CRFI 0511 BMS2200000001) issued by the West Virginia (State) Bureau for Medical Services (BMS). We hope that our feedback is helpful and informative.

For more than 48 years, Telligen has been a trusted provider of enterprise solutions for state Medicaid programs. Our employee-owned company has built a team with the knowledge and experience needed to address the changing Medicaid landscape and execute a fully developed MES Modernization roadmap. Our team is supported by proven processes and a scalable, state-of-the-art information system capable of handling BMS's evolving information management needs.

We understand the responsibilities and challenges BMS faces in the delivery of an effective MES Modernization program in a multi-vendor setup. Based on our years of experience with multiple state MES Modernization efforts, Telligen is well equipped to identify issues and apply solutions that eliminate resource leaks and improve the overall quality and performance of information management programs. We work with state partners to design effective processes that apply resources where they are most needed. Above all else, we build trusted relationships with providers and staff to establish reliable programs that exceed expectations.

We firmly believe that Telligen's Team of employee-owners is the right partner for BMS, and we welcome the opportunity to serve West Virginia's MES Modernization effort. Our team welcomes the opportunity to discuss and contribute to West Virginia's MES modernization process. If you have any questions about our response, please contact Brian Barry, Vice President, Enterprise Solutions at (515) 362-8398, or proposals@telligen.com.

Sincerely,

Brian Barry
Vice President, Enterprise Solutions

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1 Corporate Overview

Since 1972 Telligen, a 100 percent employee-owned company, has been a trusted partner to clients in the state, federal and commercial markets – including state Medicaid programs, government health agencies, managed care organizations, self-funded employer plans and private health plans. We seek to improve quality and access, achieve better health outcomes, and create predictable and sustainable healthcare budgets. Telligen is headquartered in Iowa and has offices in Colorado, Idaho, Maryland, Massachusetts, Minnesota, Oklahoma, and Virginia.

Qualitrac™ is Telligen's proprietary COTS solution, which includes modules for Utilization Management/Prior Authorization, Care Management, and Quality Measurement & Reporting. Qualitrac currently manages services for millions of Medicaid members across ten states. In those states we have implemented standard interfaces with modular solutions across each state's Medicaid Enterprise System.

Medicaid agencies have used versions of our Qualitrac product to deliver health management services for over 20 years. We developed Qualitrac in collaboration with our clinical users to ensure they experience the most efficient, effective, and accurate process possible. Our utilization, case and disease management solutions are certified by URAC. This ensures that our technology and processes meet the highest industry standards.

Proven Implementation Best Practices

Telligen believes that a successful relationship is built on a strong implementation strategy. As a long-standing Medicaid solutions provider, we offer a proven approach to seamlessly transition recipients, providers, and stakeholders while avoiding disruption to service.

Our approach is built around the philosophy of continuous learning and improvement; incorporating lessons learned and best practices from previous Medicaid implementations, including more than 14 state implementations conducted over the last four years, as well as more than 20 federal project implementations for CMS. Each implementation is unique, and we take time to understand and adapt our approach to meet the unique needs of each stakeholder.

Accreditations:

CMMI: Telligen's application development process has been appraised at **Capability Maturity Model Integration (CMMI)** Level 3, an internationally recognized standard for measuring software process maturity. This rating demonstrates our commitment to software development processes that are properly defined, adopted, and

CMMIDEV/3℠
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effectively managed. It also demonstrates our commitment to improving client satisfaction through on-time delivery, faster response times, improved productivity, and cost-savings.

URAC: Telligen was one of the first companies accredited by URAC in 1992 for our Health Utilization Management program. In 1998 our Case Management program obtained accreditation and our Disease Management program followed with accreditation in 2004. All three programs have maintained continuous accreditation since that time.

The combination of Telligen's proven project methodologies, a firm understanding of care and utilization standardized approaches for Medicaid populations, and over 20 years of working with State Medicaid agencies serves as the knowledge base for our recommendations to BMS below.

2 RFI Questions (RFI Section 4.2)

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

Based on our experience working with other state Medicaid programs, we recommend incorporating the following into BMS vision, planning, and implementation:

- Implement an ecosystem of interoperable modules that meet the business goals of BMS, while following the federal mandates and closely align with the Medicaid Information Technology Architecture (MITA).
- Create a culture that sees modular MES not as an IT project, but as a business transformation program, where the focus is on improving business processes, and health outcomes of members.
- Implement Organizational Change Management to ensure all stakeholders are ready for smooth business transformation.

Throughout the remainder of this response, we will provide recommendations and valuable lessons learned from our own experience. We would welcome the opportunity to discuss it with you in more detail, while providing a demonstration of our system.

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?

Each state's situation is unique, with the way their current legacy systems and services are procured, configured, and managed. However, we see certain common themes and patterns that states are following during their evolution to modernize their MES. Typical patterns are:

- Establishment of Enterprise PMO office either managed by the state or a 3rd party vendor. This is a crucial initial step. Your PMO office will typically handle Project management, Enterprise architecture, and Business Process management. This office should also take care of foundational efforts such as establishing governance frameworks, instituting organizational change management, and establishing a well thought out communication plan among all the stakeholders and module vendors.

- Procure System Integrator (SI) module that implements the hub and spoke architecture. This architecture is very important to eliminate expensive point-to-point connections between various modules. The SI module should take care of cross-cutting concerns such as enterprise identity and access management, data management and transformation capabilities, and an API platform. The SI module should also consider standards-based data exchange among modules by implementing emerging standards, such as HL7 FHIR.

By implementing a strong Enterprise PMO office and SI vendor, the state can be more granular with procurements at the module level, allowing them to plug-n-play with the best of breed cloud-based SaaS solutions.

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

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

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

Telligen's Qualitrac System is a proprietary, MITA aligned, mobile friendly, web-based Population Health Management application. Qualitrac is a commercial off the shelf (COTS) solution, offered as a cloud-based multi-tenant SaaS solution, consisting of three defined modules: Utilization Management, Care Management, and Quality Measurement & Reporting. Each module can be used stand-alone, or when services are combined, the modules function as a fully integrated platform to provide value and efficiency for providers, recipients, and Department users. Our pricing model varies by module and is discounted when combining modules. Typically, Utilization Management is priced by annual review volume, while our Care Management and Quality Measurement & Reporting modules align to either a member population volume or PMPM for sub-sets of the population.

We developed the initial version of Qualitrac 20 years ago to support our commercial utilization management and care management clinical services. We have continued to invest in and advance Qualitrac, and it is now being effectively used as a module by ten different state Medicaid programs across the country. It is also being used by multiple commercial health plans, self-insured employers, and municipalities.

Qualitrac is architected as a three-tier services-oriented architecture (SOA). Data exchange is supported in both batch file mode, via our Enterprise Data Management (EDM) solution as well as via a library of API services for real and near-real-time processing. We provide both a business rules engine and an extensive Admin Configuration module to implement Qualitrac to meet the specific needs of the BMS.

Telligen's Qualitrac suite of products is a collection of individual modules, which when coupled together, serve as a comprehensive Population Health Management solution. The capabilities of Qualitrac help Telligen execute on our stated mission of *transforming lives and economies by improving health* for state Medicaid agencies. Examples of innovative features Telligen's system provides to address Medicaid Business Priorities include:

- A robust Enterprise Data Management solution to automate the collection of disparate data of a Medicaid population to create a longitudinal picture of a member's health profile.
- Predictive health models, which leverage the historical data of a population to provide predictive insight into a member population across the spectrum of health needs.
- Systematic identification of those members most in need of focused care plans and case management, allowing for proactive engagement with members to improve member outcomes and reduce healthcare costs for the state.
- A member mobile app, Telligen MyHealth, for an individual to interact with a Health Coach or case manager, sharing activity metrics and progress on care plan action items, supporting improved individual outcomes.

- Implementing system rules against published clinical criteria to automate the decision process for requested services and items, reducing payer and provider burden.
- Ability to consume real-time FHIR-based Prior Authorization requests directly from EMR systems, thus reducing burden for Providers and members.

We strongly recommend BMS to incorporate Utilization management/Prior Authorization as a stand-alone MES module to streamline the business processes and to reduce duplicative efforts to achieve productivity gains for the stakeholders.

We would be happy to provide a demonstration of our Qualitrac solution, highlighting the features of our Utilization Management/Prior Authorization and Care Management modules and showing the value that Telligen could bring as a module vendor within your MES Modernization effort.

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

There are benefits and risks to including BPO services together with technical services or separating them out. Across all our state Medicaid programs today, we have implemented our solutions both ways. Most of our state clients use Telligen for both the BPO services as well as our Qualitrac solution, but some have implemented the services separately.

We believe there are more benefits to combining the BPO and technical services together. Using Telligen's Qualitrac UM/PA solution as an example, the implementation of the module is the same in both instances. Qualitrac is configurable, interoperable, and easy to train new users on how to maximize the system workflow and capabilities. But combining the implementation of the module with the implementation of the BPO services allows a more efficient and cost-effective implementation timeline. Our BPO services team helped define the system workflows and is a part of the user group identifying and prioritizing features on our product roadmap.

The team has an in-depth knowledge of our system which allows them to efficiently begin operations day one and allows them to train, communicate with, and support providers and members across the state to reduce the burden on them as they adjust to a new system and new processes. Using a BPO services team experienced on the new module reduces the overall amount of change and therefore reduces the program risk to BMS.

If you do separate out the BPO services from the technical service, then we recommend you place an emphasis on the ability of the module and the vendor to communicate, train, and provide organizational change management services as a major feature of the system implementation plan.

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

Over the last three years, CMS has undertaken an effort to streamline Medicaid Enterprise System (MES) certification. Outcomes-Based Certification (OBC) is an important evolution in MES certification. In our opinion, OBC is a fundamental rethinking of certification and how we measure the success of system implementation and modernization efforts. The prior certification approach is centrally focused on technical capability, answering the question, "Can the system perform the required functions?" OBC stands for a shift away from this technical certification and toward business process improvement, instead asking the question differently, "Is this innovative technology helping my Medicaid program achieve its desired outcomes?"

OBC introduces outcomes statements which serve as the guiding principles for certification. Everything, including the technical criteria, rolls up into an outcome statement. The biggest difference is the use of key performance indicators (KPIs). These KPIs are not just point-in-time certification measures, they are expected to be reported against regularly. As a BPO services provider, Telligen already has well-defined KPIs in place to measure and monitor expected outcomes on behalf of the State programs we support. Outcomes-Based Certification is still relatively new to the industry, particularly for the modules we provide. That being said, Telligen is actively working with two States who have chosen an OBC certification approach for our UM and CM modules, leveraging the KPIs Telligen has previously identified. We would be happy to keep BMS updated on that progress, to inform your own strategies, should you request us to do so.

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

We continue to see a fair amount of variation when it comes to consistency of approach for business process functions and data architecture. As states make the transition from large, monolithic legacy systems to a modular model, there remains a fair amount of exploration in approaches. Based on our experience, we offer the state two recommendations:

Business process function – Telligen recommends bundling business services with technical services. Selecting a vendor with both services will reduce implementation and training costs for the state, improve operational efficiencies, also leading to lower costs, and should result in lower module license costs. In Telligen's case, we provide a significant discount for our product (Qualitrac) when bundled with our services, because our support costs are reduced significantly as well.

Data Exchange architecture – in our experience, a consistent data exchange architecture is critical to data interoperability. It is important to decide on the Data exchange standards and base them on public, open standards like HL7 FHIR. Do not let vendors convince you to accommodate their exchange standards, rather make them accommodate yours. Defining clear

expectations upfront regarding how and where data should flow within your broader MES platform is critical. Interoperability architecture needs will evolve over time as you become less dependent upon legacy systems and start adopting innovative approaches, such as HL7 FHIR. A strong System Integrator (SI) can play a key role in defining this approach for the state.

4.2.7 - Please provide your recommended strategy for ongoing compliance with the CMS Interoperability and Patient Access final rule (CMS-9115-F). The rule can be found at the following location: https://www.cms.gov/files/document/cms-9115-f.pdf.

The CMS Interoperability & Patient Access Rule for Medicaid FFS and Managed Care, sets requirements for making Medicaid patient information available via APIs for both providers and patients to access. This specific Rule does not directly apply to a module like Qualitrac. In our experience, states are relying upon their legacy MMIS system, leveraging existing data aggregation solutions, such as a Health Information Exchange, or contracting with new data aggregation vendors to meet the interoperability requirements defined in the Rule. Telligen has developed APIs based on the HL7 FHIR standard to make available data uniquely collected within our Utilization and Care Management modules that support final and proposed CMS rules. Here are a few examples of where Telligen is implementing APIs based on the CMS interoperability rules:

- Patient/Member mobile apps, capable of retrieving information from providers, payers, and Managed Care health plans via the published APIs – this would allow West Virginia Medicaid members to access all their information and provide the ability to request transfer of data between managed care health plans, should they elect to change plans. This will reduce unnecessary costs and services.
- Telligen's patient mobile app currently supports exchange of information between the member and Health Coach or Care Coordinator. With access to the longitudinal patient record via these APIs, the care coordination between West Virginia's care coordinators and Medicaid members will be more informed and lead to better outcomes and lower costs.
- Support of the CMS Prior Authorization APIs, making it possible for providers to request authorization for services or items from directly within their EHR (Electronic Health Record) and receive real-time authorization decisions back from the payer. This will reduce unnecessary delays in care decisions for West Virginia Medicaid members, increase provider satisfaction and productivity by eliminating manual processes, and automated processes reduce Review Coordinator labor costs for the state.
- The underlying technical foundation supporting all of this is the adoption of the Fast Healthcare Interoperability Resource (FHIR) standards. West Virginia Medicaid will be required, via the CMS rules, to adopt these standards. Having vendors with robust FHIR interoperability standards will not only help West Virginia Medicaid comply with the CMS rules but will also open opportunities for improved data exchange for the state and your Medicaid MES modernization.

Telligen is actively participating with payers, providers, and vendors to implement and test the new FHIR standards. Specifically, we are developing and testing the Prior Authorization Document Requirement Lookup Service (DRLS) API, including the Coverage Requirement Discovery (CRD) and Documentation Template & Rules (DTR) Smart on FHIR app. We are also implementing the Prior Authorization Support (PAS) API, allowing for real-time exchange between providers and Telligen's systems to streamline the prior authorization process.

Regardless of CMS timing of enforcing the PA rule, Telligen will have these API services in place and available for use on this scope of work with any provider EHRs that support the FHIR API standards. Once implemented, Telligen can support the state's compliance with the rule, while also reducing provider burden with more timely, accurate and efficient authorization decisions of a Medicaid client's services and items.

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.

Telligen has vast experience with HIPAA regulatory compliance and will utilize our policies, procedures, and experience to maintain the compliance for our Modules. Some of our key HIPAA controls are described in the Table below.

Table: Security Controls Summary

HIPAA Data Protection Controls	
Technical controls include but are not limited to	
Authorized users and established access controls, including firewall, intrusion detection systems, and file system access control lists.	Audit trails identify the individual user initiating the event, date, and time the event occurred, success, or failure of each event, and location where the event was initiated.
Encryption of data in transit using TLS 1.2 and strong ciphers backed by a 2048-bit certificate from a trusted service provider.	Encryption of data at rest using strong AES-256-bit encryption.
Destruction of electronic information, as appropriate, via sanitization of the systems holding the information.	Anti-malware and full disk encryption of all user endpoints.
Physical controls include but are not limited to:	

HIPAA Data Protection Controls	
Building access cards and ID badges are required in the main facility and only authorized personnel have access to the locked data center where the hardware used to process this system data is located.	A security guard is present during working hours and off-hour visits are made by security personnel.
CCTV is used for monitoring of the facility.	Proper use policies and procedures for electronic media
Visitor process includes signing in and out, visitor badges and escorting of all visitors.	Locked shred bins are used for document and media destruction and certificates of destruction are received from the bonded destruction company upon completion.
Administrative Controls include but are not limited to:	
A designated security officer and supporting security team that is responsible for developing and implementing Telligen's security policies and procedures. The security team is very experienced and holds certifications from AWS, CompTIA, and ISC2.	Security and ongoing awareness programs including regular phish tests. Appropriate sanctions are enforced when appropriate for violations of policies and procedures.
Regular and ongoing process to identify and analyze risks to E-PHI.	Regular review of overall security program and its ability to meet the needs and requirements of our customers, HIPAA, and other compliance laws or standards.
Access controls, including documented termination procedures, to ensure only authorized personnel have access to facilities and systems, commensurate with their job duties and limiting disclosures of PHI to the "minimum necessary."	

Telligen has not applied for FedRAMP authorization for our Qualitrac solution, as it has not been a customer requirement to date. FedRAMP is a program for the federal agencies as well as third parties that host federal customers. The Qualitrac system does not currently host Federal customers and as such is not eligible for FedRAMP authorization. Should the state, in coordination with CMS, elect to pursue FedRAMP certification, Telligen would be prepared to support.

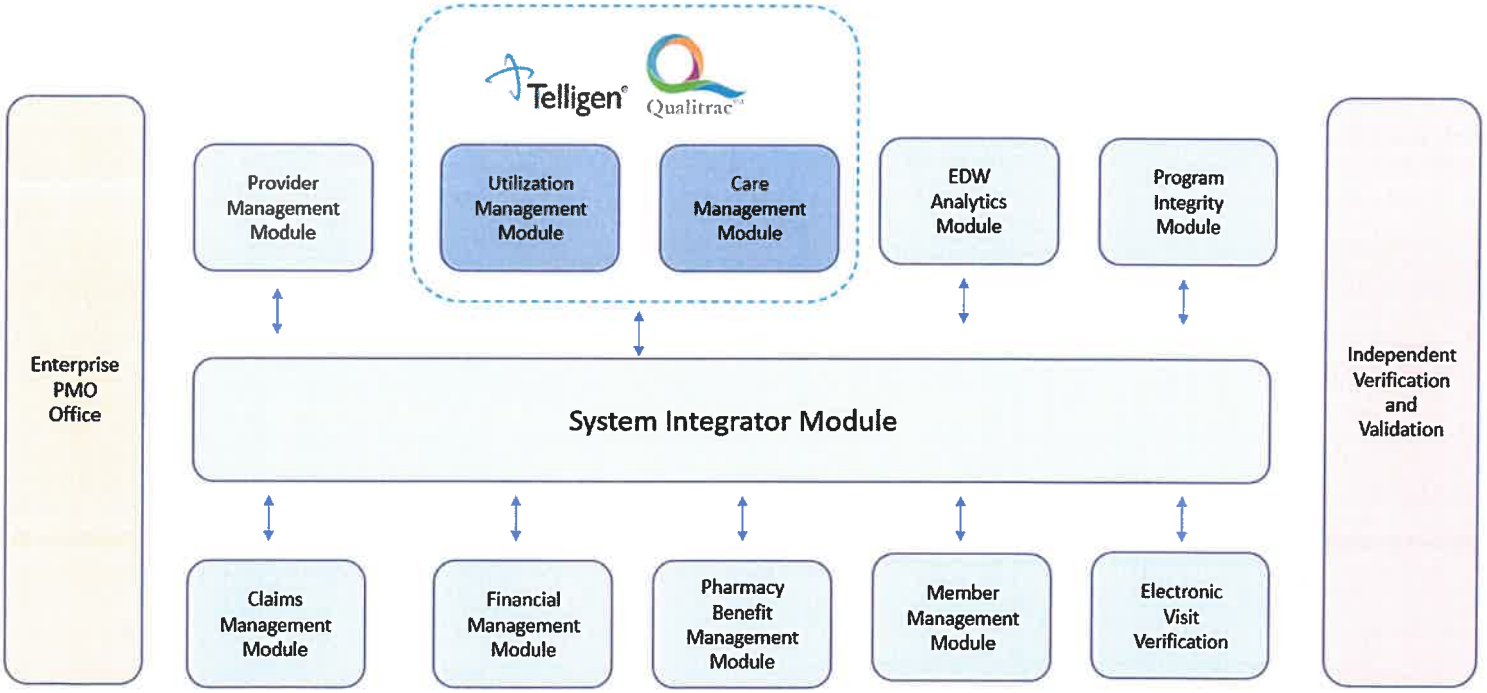
4.2.9 - Provide your strategy for assisting states in achieving compliance with CMS, and federal rules, regulations, and guidance related to modularity, leverage, reuse, and outcomes achievement.

A modular MES is comprised of independent and interoperable modules implemented as best-of-breed solutions. While each state has the flexibility to choose how to define, procure, and implement modules, as a strategy, we recommend states to choose cloud-based SaaS solutions that:

- Can independently support the key business functions or processes
- Meet existing requirements and can easily pivot to address future needs
- Are less expensive to maintain and operate. Telligen follows multi-tenant Software as a Service (SaaS) approach with a perpetual license where features we develop for other states are available to West Virginia, promoting the CMS goal of reuse among states.
- Are interoperable with other internal and external modules and systems. Telligen's modules promote data exchange and interoperability with standards like HL7 FHIR
- Can roll out new functionality at lower cost and risk
- Should have KPIs or should be in the process of developing the KPIs to support OBC certification to meet CMS certification rules. As a business services vendor, Telligen has developed program KPIs that can potentially meet the state's OBC certification needs.

Refer to typical modular MES architecture that we have encountered:

MES Modernization Architecture



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?

To best address having a predictable and reliable Disaster Recovery process in place for a multi-vendor MES program, we recommend you ensure two things: 1) A strong communication plan; and 2) module vendors with a proven DR plan, founded on automation.

Communication – In our experience, it is very important to have a strong Enterprise PMO presence in place, to coordinate communication across your MES multi-vendor environment. An Enterprise PMO office should define and execute a well-defined communication plan among various module vendors to address DR events. There must be clearly defined protocols and lines of communication between your Enterprise PMO and each respective module vendor PMO. Ensure that your Enterprise PMO has collected integration points across and between all vendors and test plans are defined for each. Annual (or semi-annual) tabletop DR exercises that test portions of your MES or all at once must be performed.

Vendor DR plans – ensure that all your vendors have comprehensive DR plans in place. We recommend you ask for specific examples of when a vendor had to execute the DR plan, which will provide a higher level of confidence that the DR plan can address your needs. Vendors that host their module in proven cloud environment, like AWS, will have access to many tools and processes that help them automate the detection and potential avoidance of disasters. In the event disasters do occur, make sure the vendor has automated scripting in place to quickly redeploy production systems, in another region or availability zone, as well as recover any temporarily lost data from periodic snap shots.

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?

Change management is about people. On the surface, IT process automation may seem to be all about the processes being automated. However, we have found that Organizational Change Management (OCM) is much more about understanding the human side of change including fears, needs and perceptions. By acknowledging and addressing human factors early on, we have prevented many potential obstacles. Telligen helps the state manage organizational change via a 6-step process:

1. **Conduct a readiness assessment** - We conduct assessments several ways, from holding focus groups to conducting user surveys to better understand current workflows. The purpose is to proactively identify the risks, benefits, and potential obstacles to rolling out the IT process automation project. It can help determine areas of greatest resistance as well as the reasons behind any contention.

2. **Articulate the benefits of automation** - It is easier to achieve buy-in when the vision and benefits of the new system and processes are clearly explained to those involved. People specifically want to understand how the changes will impact them. We address this by identifying, documenting, communicating, and reiterating the specific benefits that the automated workflow will have for each individual and team.

3. **Make communication a priority** - We know that people resist change when they do not understand what is being done or why it's happening. This lack of knowledge naturally breeds fear, which can derail the IT automation initiative. To avoid this, Telligen keeps lines of communication open and makes sure everyone knows not just what the big picture is, but also their key role in contributing to the big picture goal. Frequent huddle meetings are part of our standard communication process to keep everyone in the loop.

4. **Identify and leverage change champions** - We identify local individuals and leaders who are most excited about the adoption of the new IT workflow and the many benefits it will provide. By identifying these key employees, we leverage them to influence their peers who may be less enthusiastic about the proposed change. These individuals can help bridge the gap between an environment of discontent vs. a positive outlook on the new process.

5. **Celebrate early wins and small successes** - During and immediately after implementation, Telligen identifies what is working well so that this can be celebrated and brought forward to the team. In our experience, celebrating even small successes early on gives the team the motivation to push through the difficulties of changing to new processes.

6. **Ongoing evaluation** - Telligen continues to evaluate workflows post-implementation to ensure that the system is being optimized to its full potential and that leadership is aware of and continues to address any ongoing barriers.

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?

Telligen would recommend the state consider bundling implementation of modules with similar or tightly coupled business processes into single DDI phases; for example, implementing provider-focused business processes or member-focused processes together.

Telligen would strongly encourage the state to embrace the role of and need for Project Management at both the module and enterprise level.

Telligen's Qualitrac solution supports Utilization Management/Prior Authorization and Care Management modules. We have developed a standard set of interfaces for our modules that

can cater data to other MES modules to streamline business processes. However, we agree that each state is unique when it comes to business processes, and to accommodate these unique needs, following is our DDI approach in a multi-vendor setup:

1. Telligen follows the Agile development methodology that offers the flexibility to address data requests from other MES modules in a timely fashion.

2. Rather than receiving data requests directly from individual MES vendors, we recommend routing data exchange through a central vendor - for example, a System Integrator (SI) vendor - who acts as the hub for various MES modules.

3. We recommend aligning to HL7 FHIR or ANSI X12 standards for data exchange needs with other MES modules. If a module vendor needs to exchange data in a "custom" format, we recommend the System Integrator vendor handle such scenarios by converting the data to a pre-defined standard, thus minimizing integration impact to other vendor modules.

4. We currently expose some of our module functionality via HL7 FHIR-based APIs that other MES modules can call using the Authentication framework offered by the System Integrator vendor. Working with the Enterprise PMO office or the System Integrator vendor, we can incorporate development of new set of APIs desired by other module vendors into our DDI work. As our Qualitrac solution is a multi-tenant SaaS offering, whatever APIs or interfaces we develop for one state can be leveraged by other states.

An Enterprise PMO is critical when implementing multiple modules, whether those implementations occur simultaneously or incrementally. There are numerous connection points between modules, System Integrators, legacy MMIS system, IV&V vendors, etc. The Enterprise PMO serves as the hub and provides a master project plan to tie all those activities together.

Module vendor PMs serve as an extension to the Enterprise PMO, matrixed closely with that team to ensure tasks are delivered on time, risks are being mitigated and all expectations of the State are being met.

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

We have implemented robust project tracking processes within our Utilization Management and Care Management modules using Jira and Confluence. However, we also have experience working in collaboration tools provided by the State, or their System integrator (SI) vendor or Enterprise PMO, to support collaboration, if desired. In our experience, we have seen both approaches adopted by different states. Again, having a strong Enterprise PMO can address these kinds of collaboration issues in a multi-vendor setup.

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

Telligen has implemented our Qualitrac solution in states with a System Integrator (SI) in place and in states without an SI. In our experience, the SI role was fulfilled by a vendor separate from the State or other legacy systems.

The primary advantage of an SI is to serve as a centralized, single source of data and information for all other modules within the State's environment. Telligen's Qualitrac modules require data input from other sources (i.e., eligibility, provider, claims, clinical, etc.) to function, as well as share data results or outcomes (i.e., review decisions, provider communication, care plans, etc.). Our Qualitrac system must authenticate and authorize users and services accessing our system or support Single Sign-On (SSO) and comply with Identity & Access Management requirements. Each connection point between a system requires file specifications, implementation, and testing. Having a SI in place, one that has clear specifications, aligned to industry standards where available, reduces the complexity, effort, and cost of supporting a multi-vendor MES module environment.

The "best practice" approach most states have historically taken as part of their MES modernization plan is to first implement a System Integrator (SI) to serve as the "hub" and data connection point for all other modules. Recently there has been a trend in some states to abandon the "System Integrator first" approach, specifically in states electing to incrementally unbundle the legacy MMIS system into individual modules. Instead, new modules are expected to continue to integrate directly with the legacy MMIS system. This reduces the length in implementation time by not having to transition all data integration away first from the legacy system, delaying the State's ability to benefit from implementing new services modules (i.e., Provider, Prior Authorization, Care Management, etc.). Telligen is implementing our Prior Authorization module in one state that has recently taken this approach and elected to delay their SI procurement and focus first on modules that provide benefit to their provider and member communities.

Telligen would still recommend a state implement a SI at some point in time to serve as the data integration hub. This approach will avoid expensive point-to-point connections. In any

model, the more vendors can align to standards-based data exchange will reduce the cost and complexity of implementation for the State.

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

We recommend scanning the production and development environments daily using proven vulnerability assessment solution. At Telligen, we use the Tenable suite of products for vulnerability assessments. We recommend monthly maintenance cycles to remediate all security findings. While scanning vulnerabilities, it is recommended to look for both configuration and software vulnerabilities. As a good practice, we look for vulnerabilities in the operating system as well as the applications on the operating system. For vulnerabilities deemed critical in nature (for example zero-day exploits with known exploits), we recommend performing remediation outside of regularly scheduled maintenance windows to immediately reduce the risk.

As an example, recently on December 9th, 2021, NIST announced a zero-day global vulnerability (CVE-2021-44228) in the Apache Log4j logging library. This critical vulnerability required immediate action. We performed the following remedial measures to address this zero-day exploit:

- **Detect:** There are two methods that we used immediately to detect if our system is compromised,
  - Manual: Scan through the source code of our Qualitrac product to find the log4j library or 3rd party libraries that use the log4j internally.
  - Automated: Use scanning tools (like WhiteSource, Snyk) to scan the source code of our product and detect the log4j dependencies.
- **Mitigate**: Mitigate future attacks and exploitations of this flaw by performing the below,
  - Upgrade the log4j library to its latest version (v2.16.0)
  - If log4j library is being used internally in any 3rd party library being leveraged in the source code of our product, upgrade the 3rd party library to its latest version which uses the log4j v2.16.0.
- **Communicate**: Keep our clients in loop to make them aware of the vulnerability and our remediation efforts to contain the issue.

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

It is critical to establish the following three office/vendor offerings for optimal data sharing throughout the MES:

- Enterprise PMO office - helps with setting up and executing Data governance, defining roles such as data steward, data owner, and data custodian

- System Integrator (SI) - helps with Data integration and transformation and establishing data platform(s). To improve access to state Medicaid Enterprise data, some states are leveraging cloud-first, AI-powered data transformation platforms. These allow states to adopt automated approaches that simplify processes and operations to rapidly onboard new and unforeseen data sources, perform record matching, increase auditability via lineage and comprehensive metadata management, and enhance data governance and integrity. By more easily allowing for consistent and reliable data, states are better positioned to make actionable decisions with higher value reporting and analytics.
- Enterprise Data Warehouse (EDW) - helps state partners with data analysis, actionable data insights, and CMS reporting.

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?

We recommend the following data management guiding principles based on our own experiences working with other states:

- Promote collaboration between business and IT teams – Business and IT teams need to be partners for successful implementation of data governance processes. We strongly advocate that Data governance is a business-driven function that should be supported by IT teams. On that front, we recommend that both business and IT leaders collaborate on day-to-day management of data.
- Implement and ensure compliance with data standards – Data standards ensure better data governance and data management. Implement and enforce data standards to promote reusability and interoperability.
- Ensure Data quality – 'Garbage in – garbage out' is a recognition of poor-quality data entry leading to unreliable data output. The data needs to be highly accurate otherwise data analytics, dashboards, and CMS reporting will be unreliable. We recommend not modifying data unless vetted through proper data governance, remediation, and data resolution processes.
- Use data replication appropriately – Performing data replication is not always the solution. One should use it only when needed. Increased use of data replication can lead to higher maintenance costs, and data synchronization and governance challenges.
- Minimize creation of multiple master patient/provider/organization identifiers –We recommend avoiding multiple redundant identifiers for cross-system identity matching. Where possible, develop centralized "Master Indexes" that are shared across all modules for reliable and accurate data interoperability.
- Practice Reusability – The goal should always be to build data services that can be reused in a standardized and consistent fashion across MES modules. This will help

reduce operational cost and overhead. The design pattern should be to build once and use it multiple times and in multiple use cases.

- Promote Interoperability – With evolution of HL7 FHIR standards, there is greater push for Interoperability so that one module can communicate with others in a seamless fashion using standardized interfaces. All MES module vendors should be encouraged to have interoperability as a key architectural goal.
- Implement Data security – Ensure that data is encrypted both at rest and in transit. Most importantly, maintain data confidentiality to prevent disclosure to unauthorized persons or systems.
- Use Data-as-a-Service (DaaS) –DaaS is a business-centric service that transforms raw data into meaningful and reusable data assets and delivers these assets via a set of standardized APIs for internal and external consumption. Where possible, we recommend employing industry standards such as HL7 FHIR for APIs. We are seeing an emergence of DaaS vendors in the marketplace. The state can evaluate if any of these vendor offerings can meet their data management needs. Telligen can help the state with such evaluations, if desired.

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?

Telligen does not currently offer our own solution as a Fiscal Agent or claims processing system. We are, however, tightly integrated with legacy MMIS fiscal agent systems and modern Fiscal Agent modules. For example, with our Qualitrac Utilization Management (UM) module, we send real-time and batch authorization decisions to the Fiscal Agent for claims processing. We also receive claims information from Fiscal Agents and display that information within our Member Hub. Business Rules can be developed based on the claims data to support member authorization decisions, based on previous utilization information.

Telligen has the capability to provide both the technology and business services for Utilization Management and Care Management functions. By unbundling these systems and services from the core Fiscal Agent system, the State can benefit from vendors who specialize in each function, allowing for quicker to market innovations and subject matter expertise that may become diluted as part of a larger Fiscal Agent legacy system. A primary risk of this approach is interoperability and exchange of data. However, with recent advancements in FHIR standards and use of common APIs, data exchange becomes much easier to implement and maintain for the State.

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?

An Enterprise PMO is critical when implementing multiple modules, whether those implementations occur simultaneously or incrementally. There are numerous connection points between modules, System Integrators, legacy MMIS system, IV&V vendors, etc. The Enterprise PMO serves as the hub and provides a master project plan to tie all those activities together.

Each module vendor, during DDI phase, will have their own set of project activities, milestones, and deliverables. Telligen implementation Project Managers have an in-depth understanding of our modules, and the standard implementation plans we execute to successfully implement the module. Our project plans and document templates align to CMS' Medicaid Enterprise Certification Life Cycle (MECL) and can be modified to meet the State's specific expectations.

Telligen's module PMs serve as an extension to the Enterprise PMO, matrixed closely with that team to ensure tasks are delivered on time, risks are being mitigated and all expectations of the State are being met.

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?

As a first step, we recommend the State to choose an Enterprise PMO vendor who can act as the liaison between various module vendors. This vendor should help with the foundational efforts such as establishing a communication plan, setting up a Project management office, establishing Information Security, and spelling out Data governance processes. This vendor should also take care of common concerns like Business process management, Organizational change management, and Program governance.

Further, at the start of the project, by collaborating with Enterprise PMO vendor, we recommend the State develop a solid Enterprise architectural design approach across the MES platform and then continuously review that as you bring a System Integrator (SI) vendor and new modules and vendors into the fold. This will ensure a common understanding of the architectural design approach and reduce the complexity between vendor integrations and workflows.

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?

There is a definite trade-off and balance when considering whether to implement many modules at once versus taking a phased approach with multiple independent DDI efforts.

Implementing multiple modules at once, or a "Big Bang" approach, can reduce the need to repeat certain functions, such as business requirement reviews and integration testing. But this approach can also greatly increase the project complexity and stretch the State's resources or SI and PMO teams thin. Implementing a phased modular approach reduces the complexity and risk for the MES project but will be more costly.

Telligen would recommend the State consider bundling implementation of modules with similar or tightly coupled business processes into single DDI phases; for example, implementing provider-focused business processes or member-focused processes together.

Further, taking an Outcomes-based certification approach, as the State is proposing, will also reduce the complexity and effort of the DDI phase for modules. The RFP should clearly state the outcomes that the State wants for a specific module, along with the integration standards. This clarity will pave the way to accelerate the DDI work for MES modules.

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

We recommend the following approaches to encourage competition and innovation among MES module vendors:

- The RFP should clearly articulate the business outcomes that the State wants to achieve for a specific module. However, the RFP need not dictate "how" the module vendor should implement their solution to achieve those outcomes. We have seen that some states write their requirements that are in some ways based on how the current process works in the state. This would limit innovation. We recommend having the vendor propose how their solution will accomplish the desired outcomes, and then the State can select the vendor implementation that provides the most advantageous solution in alignment with their goals.
- Module vendors should bring best of breed functionality and technology to the table. The State can use market successes and failures as a guide.
- Modules should be quickly implemented at a lower cost and risk. Modules should follow the guiding principle – Keep it simple. Higher complexity carries higher risk and higher cost. Vendors should follow agile development practices.
- Modules should be less expensive to maintain and operate. Prefer configuration over customization.

- Look for vendors who offer SaaS solutions and that are cloud-based, offer perpetual license models, and support multi-tenant solutions so BMS can benefit from innovations developed for other State Medicaid programs.
- Most importantly look for vendors who are actively engaged in national interoperability efforts (FHIR based data exchange) and offer compliant solutions with CMS Interoperability rule.

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??

In our experience, some of the areas that prolong the implementation timelines are:

- Lack of coordination among multiple vendor timelines and requirements. This issue can be mitigated by establishing Enterprise PMO office at the start of MES modernization project which would define well-established communication channels.
- Delays in the back-and-forth approval process for documentation deliverables. This issue can again be mitigated by Enterprise PMO office with well-established documentation schedules and approval process.
- Customization requests that don't allow states to take advantage of product reuse. Due to competition, module vendors will attempt to deliver best-of-breed offerings. Customization requests will hamper product reuse and increase the risk for the project.
- Custom data exchange formats. This risk can be mitigated by adhering to healthcare interoperability standards like HL7 FHIR APIs and ANSI X12 and establishing a System Integrator (SI) vendor that acts as the hub in the hub-and-spoke architecture.

Telligen's implementation experience has ranged from 90 days to 15 months, depending on the complexity and contract requirements. The two primary factors in impacting duration of the DDI phase are data and methodology requirements. But certainly, the number of modules you decided to implement at one time also plays a factor.

When it comes to successful Outcomes-Based Certification and procurement, we recommend the following steps:

- Engage CMS at the idea stage of a project. That early collaboration will help shape the certification path.
- Consider program outcomes when conceptualizing the procurement. Keep these outcomes central to base procurement language, requirements, and service level agreements. Going forward, we expect states to incorporate these outcomes into their contracts.
- Consider vendors who have a good grasp on Outcomes-Based certification with established outcomes, along with their corresponding evaluation criteria and KPIs.

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.

At a high level, the State should be aware of the following trends:

- Increasing adoption of Application Programming Interfaces (APIs) by EHR/EMR vendors, CMS, and module vendors. This API adoption will significantly cut down the time of the business processes adopted by the State to serve its members.
- Adherence to CMS Interoperability and Patient access rule. This trend will help members take ownership of their own data and help in the creation of longitudinal patient records. Data will truly follow members whatever they go.
- Emergence of HL7 FHIR standards that define both content and exchange specification so that clinical information can be shared securely across various healthcare settings.

In mid-December 2020, CMS published a proposed rule to address prior authorizations and to attempt to reduce the burden on patients and providers. The proposal focuses on standardizing and improving the prior authorization process, which requires that a physician get prior approval from an insurance company for a particular medication or treatment before administering it, by improving the electronic exchange of health data. A key component of the rule requires payers to build and maintain standardized application programming interfaces (APIs) for payer-to-provider and payer-to-payer sharing of health data – including prior authorization data. In January 2021, the new Administration has asked for further agency review, but it is anticipated the rule will be published and enacted soon.

Telligen is currently developing pilot programs with industry partners to develop the proposed APIs, streamlining the electronic prior authorization process by using embedded proprietary tools for electronic prior authorization. We are active participants in the Da Vinci project and are contributing to the cause via industry-wide connections to support and improve the process once the Fast Healthcare Interoperability Resources (FHIR) standards are formally adopted.

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

Telligen's Qualitrac system is driving value through innovative approaches:

- Comprehensive quality measurement program – Qualitrac provides a comprehensive system to address multiple data collection, quality reporting and payment programs. Via our Enterprise Data Management (EDM) solution, we collect health data via multiple sources (hospitals, ACOs, clinics) multiple data sets (member, provider, claims, clinical) and in multiple formats (HL7, flat files, chart-abstracted). We then calculate Joint

Commission, HEDIS and state specific measures to support quality payment programs for the state's hospital, primary care and ACO programs.

- Telligen is an active participant in HL7's Da Vinci Project, implementing FHIR-based standards to automate the prior authorization process. We are working with clinical criteria vendors and a large Medicaid provider in one state as a pilot to demonstrate the ability for a provider to place authorization for service requests within their EHR and directly exchange that information with Qualitrac, applying the State's specific set of eligibility and clinical rules to approve or deny services in real-time. These set of APIs also address new CMS interoperability rules for Medicaid programs.
- The following are examples of Qualitrac implementations that led to higher value outcomes:
    - In the State of Oklahoma, we implemented our Qualitrac Care Management (CM) module as well as provided the business services to stratify the Medicaid population and provide Health Coaching to members and Practice Facilitation to providers to improve member quality of care and reduce healthcare costs for the State. Telligen has supported the program since 2009. The State has an independent auditor (Pacific Health Policy Group) perform an annual assessment of program performance. A few highlights from the PHPG most recent annual report:
        - ✓ Telligen's system and services has resulted in more than $500 million in net savings for the State since 2009 – an ROI of 382%.
        - ✓ Over a six-year span, Telligen's work yielded $2.90 in net medical savings for every dollar in administrative expenditure.
        - ✓ Practice Facilitators and Health Coaches, using the Qualitrac CM module, improved HEDIS and HEDIS-like measures for the actively managed population. The Care Management program focused on asthma, COPD, diabetes, mental health, and prevention. Measure rate compliance for the managed population versus the comparison group were higher by a range of 2.2% to 30.4% across all measure sets.
        - ✓ Should BMS like to review the independent report in detail, we would be happy to share it.
    - In the State of Maryland, upon contract award we introduced Qualitrac's Provider Portal as an alternative to paper and fax submission for Utilization Management.
        - ✓ Our services and system produced a 4:1 annual return on investment (I.e., $4 in state savings for every $1 of contract administration expenses).
        - ✓ We trained providers to use the portal and achieved 99% success rate.

- In the State of Idaho, we implemented our Qualitrac Care Management and Utilization Management modules and provided business services for the programs.
  - ✓ In 2019, we achieved nearly $5 million cost savings, equating to a 6:1 return on investment.
  - ✓ We introduced automated algorithms allowing real-time authorization of services when providers provide the appropriate information via the portal.
  - ✓ We reduced previous review turnaround time for specialized child psychiatric residential reviews from an average of 14 days (about 2 weeks) to 5 days.

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

Telligen's Qualitrac system addresses technical risk management by:

- Supporting a large library of application configuration rules, set at the client level, coupled with role-based access rules to ensure individual users see only the information and functions they need to effectively perform their job.
- A three-tier service-oriented architecture (SOA), allowing for separation of performance and security, as well as publishing a collection of business services as APIs to exchange data with other modules and systems.
- Leveraging industry interoperability standards (i.e., X12, FHIR) and automating Prior Authorization process (HL7 Da Vinci CRD/DTR/PAS) between provider and payer, reducing burden for both.
- Hosting Qualitrac in the AWS Cloud, which ensures predictable business continuity with services like auto-scaling, near real-time data backups and operating across multiple availability zones.
- Following Agile development methodology and DevOps delivery practices helps us to deliver our software quickly and at a lower cost and risk.
- Our solution prefers configuration over customization, thus drastically reducing the technical risk during the DDI phase of the project.
- We have implemented our rules via industry standard Rules engine rather than hard coding that allows our non-technical users to add functionality to our modules.
- Our architecture is a true pluggable platform, wherein we can offer UM, CM and DM modules independently or together. We can turn ON and OFF features based on client needs and preferences.

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.

We offer best of breed functionality and technology for our Utilization Management and Care Management modules. We invest in innovation so that our solutions take advantage of the latest advancements in technology to improve the outcomes of populations that we serve. Some of our innovations are in production and some are in the development pipeline. To name a few:

- Enablement of HL7 FHIR based APIs – this innovation will cut down Prior Authorization time drastically for members and at the same time reduces the burden for providers and payers
- Interactive voice response (IVR) system – Significantly reduces load on our call center so that we can better serve our members
- Conversational AI and Chatbots (in pipeline) - We understand conversational AI will improve our client experience and our UM/CM modules will be enhanced with this feature soon
- Machine learning for Predictive Analytics – We employ Machine learning to understand the spectrum of health for our members.

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?

Please refer to our response above in Question 4.2.25, where we provide multiple examples of Telligen implementations in states that led to high value and outcomes for our clients.

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?

We have recently observed three approaches that states have taken to migrate and modernize their data interfaces. Each approach has its advantages and drawbacks. Which approach to take should depend on your highest priorities in terms of your program needs.

1. **Lead with a System Integrator** – some states are first focusing on getting a solid System Integrator (SI) platform in place, prior to implementing program modules. This approach will lead to the least amount of data integration rework for downstream modules, as each module will integrate directly with the SI as they onboard during their DDI phase. The downside to this approach is it will delay the State's ability to address legacy workflows that may be inefficient or unable to address emerging federal and state regulations.

2, **Lead with Program modules** – for states that have determined modernizing certain areas of their program and operational workflow a priority, they are electing to delay the implementation of a centralized System Integrator. New module vendors are being asked to continue to exchange data with legacy MMIS systems, in many cases in traditional point-to-point flat file batch exchange. This allows a state to modernize workflows and address regulatory or program risks sooner. In most cases, vendors like Telligen, are already interfacing with Legacy MMIS systems, with well-defined systems in place. This approach will lead to re-work by program module vendors when the State introduces an SI down the road.

3. **Hybrid approach –** Telligen is working with one state who has elected to introduce a Data Integration vendor to serve as its Enterprise Service Bus (ESB), and initially transition all existing point-to-point flat file interfaces from the legacy MMIS to the ESB vendor. This initially doesn't change things for existing vendors but provides the State with the flexibility to centrally manage all data exchange through a new vendor and determine which interfaces to modernize over a period of time. This approach still potentially leads to rework for vendors in the future but can be mitigated with a strong ESB/SI vendor who can help the State make decisions about when and how to best update your interfaces and needs to support interoperability.

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?

Telligen's implementation strategy is comprehensive, and we have many examples of successful solution implementations in the state and commercial space. We have built systems to allow our non-technical team to be able to implement our Care Management and Utilization Management modules. We have built configuration tools for reports and capabilities to enable new functionality client by client. Telligen's configuration tools eliminate the need for subject matter expertise and technical skill to configure our system, reducing both the hourly rates and total hours required to implement our modules.

Telligen's implementation approach is simple. We keep our technology standardized yet customizable. Utilizing this strategy allows our system to be supported easily. Even though our implementation strategy is standardized, we would staff a fully qualified implementation team that brings together many years of experience including a Project Manager, Implementation Specialist, QA Specialist, Development Technical Lead and Data Integration Specialist.

- The Project Manager role would coordinate Telligen's tasks while working closely with the State's Enterprise PMO to ensure alignment.
- The Implementation Specialist role will ensure the solution is configured as described in the project documentation utilizing the configuration tools described above.
- The QA specialist role will validate the module has followed the implementation strategy and is meeting the acceptance criteria defined by the State.

- The Development Technical Lead will be the Subject Matter Expert (SME) for any technical questions or defect resolution required to meet the acceptance criteria defined by the State. This role will require an individual from Telligen with knowledge and experience developing the Care Management and Utilization Management modules.
- The Data Integration Specialist will be responsible for data mapping and loading into Telligen's architecture. This role will be an individual from Telligen with technical expertise and experience in the domain given the wide variation in file specification and data mapping requirements

State Medicaid staffing needs for DDI and ongoing operations are minimal. Assuming you have SI and PMO vendors in place to support your DDI efforts, Telligen's implementation team will primarily coordinate with those teams. The State's end-users will need to be involved for various testing cycles, such as User-Acceptance Testing (UAT). Otherwise, assuming you already have State staff engaged in your overall MES efforts who will govern common functions, such as DDI and operations project plans, status updates, change control boards, etc., there should be minimal additional staffing needs to work with Telligen as a module vendor partner.

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?

Telligen follows a SDLC which consists of 10 life cycle phases. Since 2009 we have been certified as CMMI level 3, utilizing our documented methodology. The 10 life cycle phases align to the MECL standards of Initiation & Planning, Requirements Design & Development, Integration Test & Implementation and Operations & Maintenance. We would collaborate with the State to define project documentation standards and processes that align to our SDLC, particularly in the Implementation and Operations & Maintenance phases.

Telligen uses an Agile approach to software development. Our SDLC process allows us to align dependencies to other SDLCs as required, including Waterfall, because we can be flexible in our Agile delivery and pivot every two weeks during our sprint cadence. Every sprint we align with the delivery and implementation steps shared with the State to ensure we are meeting your deliverables and providing the most value to move the implementation forward.

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?

Telligen's implementation experience has ranged from 90 days to 15 months, depending on the complexity and contract requirements. The two primary factors in impacting duration of the

DDI phase are data and methodology requirements. But certainly, the number of modules you decided to implement at one time also plays a factor.

Assuming West Virginia aligns their Medicaid projects to MITA and the Medicaid Enterprise Certification Lifecycle (MECL) framework, based on our experience, we would recommend a 12–15-month implementation timeline. Estimated duration and a list of common deliverables and milestones for each phase would be:

- Planning – 2 months. Key deliverables include Master Project Plan, Communication Plan, Risk Management Plan, Organizational Change Management Plan, Issue Management Plan
- Design – 3-4 months. Key deliverables include Requirements Validation Plan, Requirements Traceability Matrix, Technical Infrastructure Plan, Security & Privacy Plan and Detailed Work Plan
- Development & Testing – 4-5 months. Key deliverables include Test Plan, Data Management Plan, Interface Design Plan and Quality Management Plan
- Implementation – 3-4 months. Key deliverables include Data Conversion & Migration Plan, Knowledge Transfer & Training Plan, CMS Certification Plan, and Operations & Maintenance Plan

Should BMS wish to reduce that implementation timeframe, then considering things like adopting Outcomes-Based Certification (OBC), reducing the number of plans & deliverables, and requiring legacy vendors to adopt standard file formats for data migration can all significantly reduce implementation timelines.

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?
Telligen's experience on key cost drivers during implementation has most often been impacted by two factors: data and documentation.

Data – there are two driving factors that impact length and cost of implementation when it comes to data. The first factor is the quality and amount of data required to migrate to a new system. The better the structure and data dictionary documentation of the source data, the less likely you will experience data quality and accuracy in the new system. The second factor is the number of disparate data sources and file formats of recurring data, both inbound and outbound from Qualitrac. Common data file types are eligibility, provider, and claims. Telligen also has experience integrating clinical, bio-metric and risk data as well as implementing API services to exchange wearable data. Where source systems align to standard file formats, the implementation of those files are less costly. Non-standard files take longer to implement and test to meet our quality and accuracy standards.

Documentation –We recommend the State assess the current and on-going value of the documentation requirements during a traditional DDI phase and consider reducing deliverables during that phase that provide minimal ROI. Telligen has implemented our system for State Medicaid agencies in as little as 90 days and as long as 15 months, depending on the requirements identified by the State during implementation.

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?

Based on our own experience and in talking with multiple states and Medicaid module vendors within the broader MES community, we would recommend that the State consider bundling modules together, where there is overlap that would reduce duplicating certain tasks, rather than a "Big Bang" approach. For example, grouping Provider services and Utilization Management modules at the same time. Both modules will be a change for the provider community you are serving. Training, education, and provider buy-in will be critical to success. By combining modules that impact the same set of stakeholders and end-users, you gain efficiencies in performing similar tasks only once as well as reduce the risk of stakeholder fatigue. It is also important to have SME resources from all vendors actively engaged and available during the DDI phase at the same time, supporting design discussions and performing integration testing. The largest constraint of this approach is the sheer volume of work and getting project plans across multiple vendors to align when they need to. A strong Enterprise PMO presence will help mitigate this constraint.

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

As explained in 4.2.33, Telligen has implemented our system for State Medicaid agencies in as little as 90 days and as long as 15 months, depending on the requirements identified by the State during implementation. In our experience the key factors that decide the DDI duration have most often been data quality, documentation requirements and certification methodology.

We recommend the State adhere to interoperability standards (HL7 and X12) where they exist, eliminate unnecessary documentation, and apply for Outcomes-based CMS certification. Following these approaches will reduce DDI risk and will result in an optimum DDI duration of approximately 6 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.

A project of this scale and complexity requires a highly coordinated, collaborative team approach to achieve the client's goals. Detailed project plans with tracking to critical milestones and deliverables are paramount to success. Telligen's approach to project implementation and operation management aligns all project resources and activities to function within one overall plan with structured oversight and accountability. A comprehensive project management approach provides the framework to guide all members of the team as they manage performance and progress throughout the life cycle of the project.

Key documentation includes the following:

Project Master Schedule: Demonstrates understanding of the project. Lists tasks in work packages, calculated hours for Telligen staff, State staff and stakeholders, start and finish dates, durations, dependencies, and schedule. Includes all activities to ensure a successful implementation plan and seamless transition to the Operations and Maintenance phase.

Requirements Management Plan: Integral to the successful implementation of a system is the complete understanding of what is needed, who needs to do it, and when to complete it. The Requirements Management Plan along with the Requirements Traceability Matrix (RTM) captures all requirements proposed by the client and is used to validate that all requirements are verified via test cases.

Deliverables Management Plan: The Deliverables Management Plan is part of the overall Project Management Plan. It defines how we will collaborate with the client, outlines the process for how deliverable expectations will be determined and how the final deliverables will be developed and submitted. Our process follows these five steps for each deliverable:

1. Present as-is versions of each deliverable document
2. Create Deliverables Expectation Document (DED) based on what updates, if any, are needed to the deliverable for this implementation
3. Obtain approval of the DED from the client
4. Update the deliverable accordingly
5. Submit deliverable for approval

Schedule Management Plan: A Schedule Management Plan is included as part of the overall Project Management Plan. This plan establishes procedures for planning, developing, managing, and controlling the Project Master Schedule and includes:

- Reviewing milestones defined with our clients frequently to ensure they are still feasible and accurate for both parties.

- Creating and maintaining project plans with entire team input – for timelines that are realistic and achievable and investing team members in success of the project or contract.
- Identifying and managing dependencies, assumptions, risks, and constraints within and between projects or contracts.

Staffing Management Plan: Staffing management plans provide blueprints for effective resource management, allocating qualified and trained staff consistent with project schedules and deliverables.

- Defines necessary resources in terms of staffing positions.
- Describes the qualifications and experience for each position.
- Provides a management structure for detailed oversight of resources and deliverables.
- Aligns with the project management plan to apply resources throughout the contract.
- Schedules transition of staff to and from the project for efficient program operations.

Communication Management Plan: Regular communication is cornerstone to maintaining a successful partnership. Our communication plan includes a comprehensive list of "What, Who, Why, How, and When" communication will occur throughout the project phases.

Status Reports: Before each meeting, we provide a pre-meeting status report that outlines the project's progress updates, identifies key issues, identifies risks, accomplishments, and compliance with milestones and delivery dates. This report serves as our agenda. The status report tracks key performance measures and milestones concerning budget/costs, key performance targets, identified risks, and treatment strategies. Other report components include a situational awareness discussion with a summary of accomplishments, SLA compliance, upcoming activities, compliance with milestones and delivery dates. We also include status meeting minutes to ensure that the information is easily accessible by all impacted parties. We provide the status report electronically to all planned attendees the day before each status meeting.

Change Management Plan: The change control process effectively mitigates the adverse impact of changes to the project while allowing flexibility to react to changing program requirements. We fully document the scope, budget, and schedule changes as they occur and then send them to the client for approval. The project manager executes the Change Management Process throughout the DDI phase to ensure that the final deliverables exceed the business expectations. The Change Management Plan is used to track changes that impact any aspect of the project within the prescribed threshold. The changes may impact, but are not limited to, the project scope, budget, schedule, and statement of work. The project manager closely monitors the project activities to ensure the appropriate changes are documented and tracked in the change management process. The Change Management Process provides key stakeholders with accurate, timely, and complete information necessary to make decisions for the project. If there is a change to the statement of work, the project manager identifies and documents the change in writing, identifies the impact to the project, and determines the level

of effort to make the change. Once the statement of the change is completed, the project manager facilitates a review of the requested change and submits it to the client for approval.

Organizational Change Management Plan: The Organizational Change Management Plan (OCMP) is used to document the methods and approaches to manage, communicate, and facilitate the organizational change necessary to transform the current business processes and adopt new processes and procedures defined for each project phase. Its purpose is to ensure proper communications, resources, and strategies to effectively transition to the desired future state at the planned pace. We employ the following steps to document and implement effective change management:

1. Determine the change and align the changes to business goals
2. Identify what and who will be impacted
3. Develop the Organizational Change Management (OCM) communication strategy. This will include:
   a. Identify users and leaders who will receive the communications
   b. Determine the most effective means of communication
   c. Develop a timeline of how communication will be incrementally communicated
   d. Identify key messages and the communication channels
   e. Determine how feedback will be managed
4. Identify the client's Organizational Change Management Champion
5. Deliver effective user training customized to user needs at the appropriate time
6. Implement a support structure such as a user group or client and Telligen SMEs who will help users make the transition
7. Assess the effect of this change management process to determine if it is meeting client leadership's needs

Risk and Issue Management Plan: The RMP identifies, analyzes, and manages project risks and/or issues. Our risk management strategy is designed to mitigate known or anticipated risks and manage unknown risks as they arise. The RMP includes:

- Methodology – management approach, tools to support, and data to monitor, measure, and manage risks and issues
- Roles and Responsibilities – team members and their associated roles and responsibilities concerning managing risk
- Timing – when and how often the risk management processes are performed

Quality Management Plan: Our Quality Management Plan ensures that all project activities necessary to plan, design, develop and implement a project are effective and efficient, and that they meet client objectives and performance expectations.

As part of our overall project management plan, we access quality requirements, audit the results of the quality control measures, and use these measures to optimize quality of the

project through a continuous improvement approach. Our Quality Management philosophy prioritizes prevention over inspection because the cost of rework can be very high.

To ensure the same level of high quality throughout the new contract that we have demonstrated on the current one, we will continue to use specific techniques, tools, and templates to carry out the Quality Management Plan. Our standards include identifying and documenting detailed acceptance criteria for the client to review and approve. Our Agile acceptance testing efforts may include the following:

- Functional Testing – ensuring the product functions correctly in the target environment
- Integration Testing – end to end testing of all product components
- Database Testing – ensuring data is updated and stored correctly
- Deployment Testing – ensuring major features function correctly following deployment
- Role Security Testing – ensuring users have access to only the areas of the product and features they are meant to have
- Vulnerability Testing – ensuring the product is not vulnerable to cyber security attacks
- Usability Testing – user acceptance testing
- Documentation Testing – verification accuracy of project documents and consistency with project goals and objectives

Qualitrac Implementation Plan: Telligen uses a standard approach for implementation of our proprietary Utilization Management/Care Management solution, Qualitrac. Our implementation plan captures all client specific configuration requirements, including review types, SLAs, workflows, data and file mapping requirements and formats, etc.

Test and Evaluation Management Plan: To ensure that we are fully meeting all business requirements, the TEMP includes the following topics:

- Testing/Training Facility
- System Access & Environments
- Requirements Traceability Matrix
- User Acceptance Training
- Operational Readiness Testing
- Interface Testing
- Parallel Testing
- Code Promotion & Defect Management

Interface Management Plan: Our Interface Management Plan is embedded within our standard Implementation and overall Project Management Plan. The IMP captures all technical interfaces, testing requirements and testing results.

Conversion Management Plan: If there is a need for data migration from a legacy system to the new system, a Conversion Management Plan is required to identify and document progress toward that effort. Data migration and conversion is typically difficult and very complex but following a well-defined process can reduce this complexity. Our process includes using

standard formats, companion guides and data dictionaries to first understand and analyze the data, then incrementally testing smaller sets of data, to larger and final data loads.

Privacy and Security Management Plan: Our Privacy and Security Management Plan consists of three major sections:

1. Security and Privacy Considerations – outlines how the Telligen Security Team researches, plans, and complies with security and privacy requirements outlined in the RFP. Includes practices such as risk assessment, legislative reviews, and formal review of requirements to ensure continual compliance
2. Privacy and Security Standards, Regulations, or Laws - This section outlays the relevant privacy and security standards, regulations, and laws. Examples include HIPAA/HITECH, MARS-E, HITRUST, and SOC 2.
3. Activities, Processes, and Tools - Telligen uses a number of activities, processes, and tools to ensure contract compliance. Internally we use a Governance, Risk, and Compliance (GRC) tool and an internal ticketing system to help track risks and corrective action plans for any weaknesses discovered in our overall security plan. The HITRUST MyCSF tool is utilized to specifically monitor, track, and remediate security policies, procedures, and controls related to HITRUST compliance. In addition to our internal activities, we look externally for additional oversight and measurement of our security program which are outlined in the Privacy and Security Management Plan.

Training Management Plan: Outlines all training activities, from preparation through delivery, to ensure smooth implementation for internal and external stakeholders and providers.

Certification Readiness Plan: Our certification experts use the most current criteria to plan, develop, test, and implement operational and technical requirements in compliance with certification needs. Using CMS-provided templates and tools, including the Medicaid Enterprise Certification Life Cycle (MECL), we incorporate the state's desired business outcomes into the Certification Readiness Plan. If following an Outcomes-Based Certification approach, the Plan should clearly outline the outcomes, outputs and KPIs being measured. The Plan should also describe how results will be tracked and reported to BMS and eventually to CMS as part of your certification submission.

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.

We strongly believe that confidence in health data that is used for data analytics and reporting depends on its quality. We have a robust Enterprise Data Management (EDM) solution, responsible for mapping, validating, normalizing, and processing all inbound files and data from other data sources. Data exchange is supported in both batch file mode, via our EDM solution as well as via a library of API services for real and near-real-time processing. We provide both a

business rules engine and an extensive Admin Configuration module to implement Qualitrac to meet specific needs.

With a library of just over 1300 rules, Telligen's EDM allows us to dynamically identify business rules, map and transform files from any source to our standardized data model, and implement validation and quality rules. Within our EDM framework are standard adaptors that enable seamless communication (both sending and receiving) with a wide variety of applications, technologies, and data sources. Our EDM provides the ability to quickly and easily setup a data intake, transformation, and load process.

Having vendor partners with these sorts of EDM capabilities will ensure BMS is capturing quality data within their MES system. Many States procure an Enterprise Data Warehouse (EDW) vendor, routing data from vendors to the EDW. Having all this data centrally maintained supports agency-wide data analytics, trending, and reporting initiatives.

4.2.38 - Describe or illustrate your data visualization capabilities.

Telligen's tenured data analysts have years of experience processing, and analyzing claims data, member data, formulary data, provider data, eligibility data, clinical data, and quality reporting data using visualization tools, such as SAS Viya Visual Analytics, and Logi Analytics to ensure easy interpretation of results. We have demonstrated the ability to collect, aggregate, analyze, visualize, and provide operational, process, and outcomes data on a regular basis to our clients. Telligen uses Logi Analytics in our modules, enabling data analysts to easily create interactive BI dashboards. By using Logi Analytics, data analysts will better understand data, gain insight about the drivers of healthcare disparities and poor outcomes, and seamlessly embed dashboards within our web portal to share with the stakeholders. These practical, user-defined visualizations will provide evidence for action, facilitating data-driven decisions by stakeholders committed to improved health outcomes.

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?

Telligen is not a "Program Integrity" vendor, so we don't offer solutions that directly address fraud, waste, and abuse. However, our Care Management module leverages predictive analytics to identify the most appropriate individuals who should receive coordinated care. And we integrate with industry care guidelines to allow review teams to make informed decisions regarding service authorizations. This combination helps states manage costs to care for a defined Medicaid population. We shared examples of those cost savings in our response to 4.2.25.

To improve access to state Medicaid Enterprise data, some of the states are leveraging AI-powered data transformation platforms. These allow states to adopt automated approaches that simplify processes and operations to rapidly onboard new and unforeseen data sources, perform record matching, increase auditability via lineage and comprehensive metadata management, and enhance data governance and integrity. By more easily allowing for consistent and reliable data, States are better positioned to make actionable decisions with higher value reporting and analytics.

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.

In recent years, the healthcare domain has been catching up with other domains such as financial services, tourism, and others to employ Application Programming Interfaces (APIs). APIs will securely open access to data that was previously siloed and locked down within modules. Further, APIs will aid automating workflows by eliminating manual intervention, so that one module can talk to other modules seamlessly and can exchange data.

On the standards front, HL7 introduced FHIR-based APIs that aid in sharing standards-based clinical data and claims data across multiple modules. Still, the X12 standard is widely used when it comes to sharing claims data, eligibility, and enrollment data.

Telligen uses FHIR-based APIs in our Utilization Management and Care Management modules. We have participated in HL7 FHIR Connectathons and demonstrated these capabilities by performing joint demos with our partners. It will be important for the State to select vendor partners that can demonstrate this sort of capability to promote shared use of data to automate workflows and reduce provider and member burdens.

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?

We follow human-centered design practices. The following are some of the examples where we provide access to the data and services to our end-users:

- Member Hub that provides a centralized view of members clinical, claims, assessment, and utilization data.
- Provider portal, used by provider staff to submit Prior Auth requests
- HL7 Da Vinci accelerator, FHIR-based data exchange of Prior Auth information via APIs. This alternate channel of Prior Auth requests, directly from EMR systems, drastically cuts down the time taken for Prior Auth round trip, thus reducing burden for providers, payers, and members

- Mobile app for timely exchange of information with a member and the care team, such as health coach, review nurse, etc.

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

Our Qualitrac solution systematically identifies those members most in need of focused care plans and case management, allowing for proactive engagement with members to improve member outcomes and reduce healthcare costs for the State. Our member mobile app, Telligen TurnLeaf, aids an individual to interact with a Health Coach, sharing activity metrics and progress on care plan action items, supporting improved individual outcomes.

We employ our Qualitrac analytics solution to figure out gaps in health outcomes such as Social Determinants of Health (SDOH). This capability helps us to get the 360° view of the member and find the answer to the WHY. Some of our analytic capabilities in this area include:

- Predictive:
  - Population health risk stratification
  - Re-admission prediction
  - High cost & outlier prediction
- Descriptive:
  - Population health report
  - Service utilization
  - Gaps in care
  - Network analysis

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?

Our experience includes payment based on a combination of deliverables, milestones, and fixed monthly administrative payments. Milestones and deliverables are captured in the Master Project Schedule, progress is documented and communicated via Project Status Reports, and payment is invoiced upon client approval of the deliverable or completed milestone.

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.

We would welcome the opportunity to demonstrate our Qualitrac solution to BMS. We could provide the demonstration in person at BMS offices, or it can also be done virtually using an online meeting such as Teams or Zoom.

We would recommend attendees be present from both the Medicaid Enterprise technical team and the clinical services team that would be stakeholders and/or users of our Qualitrac Utilization Management/Prior Authorization module or our Care Management module. We would intend to focus our demonstration on showing the functionality of our solution, including how providers would use our portal for easy submission of authorization requests and how users would manage reviews and cases within the program. We would also highlight our approach to implementing our module within the Medicaid Enterprise and how the system would interface with other BMS modules.

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

We have no additional information to share at this time.

3 RFI Signature Form

Request for Information
CRFI BMS2200000001
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.

Telligen, Inc.

(Company)

Brian Barry, Vice President, Enterprise Solutions

(Representative Name, Title)

515-362-8398

(Contact Phone/Fax Number)

01/06/2022

(Date)

4 ADDENDUM ACKNOWLEDGEMENT FORM

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS2200000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

[X]	Addendum No. 1	[ ]	Addendum No. 6
[X]	Addendum No. 2	[ ]	Addendum No. 7
[X]	Addendum No. 3	[ ]	Addendum No. 8
[ ]	Addendum No. 4	[ ]	Addendum No. 9
[ ]	Addendum No. 5	[ ]	Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that 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.

Telligen, Inc.
Company

Authorized Signature

01/05/2022
Date

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