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Company Name

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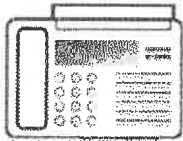
To: Crystal Hustead, State of West Virginia (304) 558-3970	
From: Rachel Hendrickson MediSked LLC	
Date: September 1, 2022	
Regarding: CMS/IMS System RFI Response	
Phone number for follow-up: (866) 633-4753 Ext.709	

Dear Ms. Hustead,

Please find MediSked's response to the State of West Virginia CMS/IMS System RFI response.

Please do not hesitate to reach out if you have any questions or need any additional information.

Thank you!

MediSked LLC

MediSked Response to CRFI BMS2300000001

Case Management System (CMS) & Incident Management System (IMS) for State of West Virginia

Presented to: West Virgina Bureau for Medicaid Services (BMS)

September 1, 2022

Vendor Contact:
Rachel Hendrickson
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Corporate Overview

To Crystal Hustead and Team,

MediSked, LLC (MediSked) is pleased to present this RFI response to the West Virginia Department of Health and Human Resources (DHHR), Bureau for Medical Services (BMS) for the modern case management system (CMS) and incident management system (IMS) to support its HCBS program.

MediSked is uniquely qualified to assist BMS by providing a proven solution that is far superior to any offering available on the market today.

Since 2003, MediSked has been the trusted technology partner to human services organizations across the country. Our solutions support providers, state and county oversight agencies, care coordination entities, and payers to use data to streamline processes, reduce costs, and improve care. All our products and services are informed by our clients and by our decades-deep involvement in the home and community-based services and long-term services and supports industry.

This insight into the requirements of agencies like yours, combined with our committed, mission-driven staff and our comprehensive, easy-to-use software solutions, positions us as a valuable partner as you explore new options for your technology needs.

I believe you will find that many of our goals as a company—to improve lives and drive human services forward towards cost-saving, efficiency, and innovation—mirror your goals. We have built a privately-owned company that is financially stable and a group of approximately 100 smart, passionate, friendly, and dedicated experts that are second-to-none.

MediSked has in-depth experience in supporting statewide systems transformation using integrated case management built on the foundation of the Federal Medicaid Waivers and State Plan options to effectively coordinate supports, improve outcomes, and manage costs. MediSked's familiarity with statewide HCBS systems, including numerous active similar implementations in states including Kansas, North Carolina, and New York, combined with our expertise in partnering with organizations through Medicaid systems change, positions us as the ideal technology partner for BMS.

MediSked's configurable HCBS Suite, outlined in this RFI, offers powerful, intuitive technology to support the life cycle of consumer care for HCBS waiver programs including information and referral, intake, integrated assessment tools, workflows, person centered care planning and documentation, claims management and service authorization, incident management, service delivery and payment, electronic billing, case closure, reporting, data sharing, and a member and provider-facing portal for effectively managing the supports of the individuals you and your network of providers are supporting.

MediSked has a proven track record of taking our solutions and seamlessly making them the robust and secure infrastructure that organizations need for managing supports and improving the lives of populations of any size.

We look forward to continuing in this process and through our joint experiences and expertise, building a long-term partnership between our organizations to benefit all West Virginians.

Sincerely,

Douglas Golub
President

4.2 Questions

4.2.1 Please describe your CMS and/or IMS solution functionality, including:

a. What modules are available?

MediSked's HCBS Suite includes a scalable Care Management platform, MediSked Coordinate, that supports whole-person care with technology capable of aiding BMS in meeting the evolving requirements and exceeding industry standards. MediSked Coordinate is used for day-to-day care management. Coordinate brings all the elements of care management together in a person-centered way while offering configurable, easy-to-use tools such as workflows, caseload weighting, integrated assessments, electronic documentation, and integrated billing. Coordinate is a partner to the care manager, with features that allow users to efficiently track eligibility, enrollment, and referrals, design checklists and workflows, respond to alerts/notifications, prepare and monitor progress on care plans, track transitions of care, monitor staff activity and timely completion of tasks to drive compliance and quality, and run reports and share data with providers, beneficiaries, and their multidisciplinary care team.

MediSked Connect Exchange is designed as a Data Repository, Population Health, and Business Intelligence platform. It is the interface engine that will enable BMS to exchange data with the necessary external entities and can power future interoperability efforts. MediSked is well-positioned to facilitate these data exchanges. With Connect Exchange, the required critical information for care management, including beneficiary data, risk stratification scores, and more will be available for advanced reporting, allowing BMS to monitor progress, risk, and change over time. Connect Exchange also offers a dashboard module, allowing users, including providers, to see key performance metrics, updated in real time, at a glance. MediSked is certified in a range of NCQA HEDIS quality measures and emphasizes quality-focused reporting and analysis through our platforms and solution offerings, including the quality measure builder to create custom reports.

MediSked Portal rounds out the solution as a provider and beneficiary facing platform that further facilitates data sharing and communication among the multidisciplinary care team, allowing beneficiaries to have more control over their care while ensuring care team members have access to the information they need to provide quality services.

b. What features are standard? What features are available at an additional cost?

MediSked's HCBS Suite includes out of the box functionality used to deliver case management and incident management services. The suite is highly configurable to deliver on the specific needs of West Virginia.

C. Please describe how your solutions facilitate each stage in the HCBS Continuum of Care, including:

I.   Intake – MediSked brings deep experience with every step in the HCBS Continuum of Care delivery life cycle, beginning with processing of enrollment and eligibility files, both in standard EDI and proprietary formats. MediSked's fluency in EDI transactions includes 270/271 eligibility queries as well as 837i/837p/835 billing and adjudication files.

        The MediSked Suite facilitates logic-based caseload assignment and management for newly enrolled members via automated, tailored workflows. Intake workflows can also automate scheduling of standard tasks such as generation of welcome letters, completion of consent packets, and initiation of needs assessments. Additionally, the suite supports ADT triggered workflows and tasks.

        MediSked also works with existing systems (including web intake forms) to capture intake information to incorporate into the electronic record for an individual and their contacts.

II.   Screening – The MediSked Solution Suite can also interface with the preferred screening tool workflow to ingest data from the screening assessment into MediSked Connect Exchange, where eligibility can be determined using the waiver slot management feature. When a person is marked as eligible in the waiver slot management record in MediSked Connect Exchange, a new record can automatically be generated in MediSked Coordinate. Once the record is created, MediSked Coordinate can use the data collected from the screening tool to determine if there are any SDOH/Health Equity needs, such as problems related to housing and economic circumstances or problems related to social environments, and MediSked Coordinate can automatically create tasks and/or workflows to help the case manager address these needs.

        The Waiver Slot/Waitlist Management functionality applies to both Medicaid Waivers and State-Funded Services, as long as State-Funded Services substantively similar in workflow to Waiver services, the same tools can be used with a different descriptor and different reporting cohorts based on program type identifier.

III.   Assessment

        a.   What is your approach for supporting assessments, which may vary by populations served under Medicaid HCBS Waivers?

          MediSked Coordinate includes a survey module which allows West Virginia Bureau for Medicaid Services (BMS) to conduct an assessment within the case management platform. Multiple assessments for distinct populations are supported natively within the solution.

The survey module allows multiple users to complete a survey, meaning one person can start the survey and another person can finish the survey, if necessary, or designed as part of a workflow. Reports can be created on completed assessments and these assessments can be printed in a user-friendly format. Completed assessments can drive workflows such creating tasks and individual goals within the care plan/ISP templates listed in the Plan Development section.

Finalized comprehensive case management PDFs may be made available to the individual and applicable representatives immediately upon publication via the Person-Centered Portal. Coordinate users also have access to print the assessment PDF from Coordinate.

b. Does your solution support gathering of assessment information on mobile devices? Please explain.

Yes, assessment information can be collected on a mobile device with an internet connection.

II.   Clinical eligibility determination – Clinical eligibility and enrollment information is stored within the solution. All elements of the record are reportable and retrievable with proper access levels.

III.   Enrollment – The proposed solution does create records for all individuals where inquires are made. These records are not assigned to a waiver/waiver slot (or State-Funded Services) until appropriate, however these records are used to collect documents, phone calls, and other tracking prior to enrollment in services. The MediSked Suite does allow for I&R to be collected without resulting in program/case enrollment and can be reported.

Both standard and custom fields are available in MediSked Coordinate to assist users in tracking an individual's enrollment. These fields can be found in both the header, Enrollment Status tab, and Pre-Enrollment Checklist tab in the individual's More Information Page and reported on in Self-Service Reporting.

BMS can configure eligibility requirements within Connect Exchange and verify eligibility for a program has been achieved prior to offering a slot within a program. Eligibility criteria may include, for example, current Medicaid enrollment, meets level of care requirements, is within a target group, or that necessary functional assessments have been completed.

A full history and current status of the applicant's previous placement requests or program enrollment are neatly located together within the individual's waiver details tab. This shows the status of the individual's request, who submitted the request or last changed a status, and any previous requests or enrollment within programs.

IV.   Care Planning – The Plan of Care is initiated and completed within the MediSked Coordinate environment, using the Planning Module.

Users with appropriate access to the Planning Module can initiate, update, or end a plan at any time, as part of ongoing case management. Plans will have a designated start and end date. Care Team meetings can be documented within the Planning Module and reflected directly on the finalized plan. Plan signatures can be recorded, including date and timestamp, within the Planning Module or electronically using the Person-Centered Portal, and reflected on the finalized plan. Each finalized version of a plan will be available in PDF format in the Planning Module in Coordinate, as well as within the Person-Centered Portal. Any case management documents completed outside of the Planning Module or planning process can be attached to a specific plan via an Attachments section within the Planning Module.

V.   Service Authorization – MediSked's solution efficiently manages electronic claims submission, remittance, and re-billing. Our platform also facilitates management of eligibility and service authorizations, as well as other data required for claiming, such as progress notes or scheduled appointments and services. These authorizations transmit to service plans and also integrate with outside systems to ensure that individuals are connected to supports but also those supports are approved and within budget.

VI.   Service Delivery – The MediSked HCBS Suite will provide BMS the ability to perform a multitude of Case Management activities to support individuals in their care. Such Case Management Activities include caseload management, logging required contacts with individuals and completing associated documentation, viewing alerts, and initiating tasks and workflows to be completed at a future date. Tasks and activities are recorded within the MediSked Coordinate platform for easy search and review throughout a continuum of care and supports.

VII.   Billing/Claiming – MediSked has significant human resourcing and technical capabilities surrounding federal Medicaid claiming standards. MediSked's platforms generate HIPAA-compliant 837I and 837P claim formats and HIPAA 270 eligibility requests. MediSked's platforms receive response documents including HIPAA 835 electronic remittance advices, HIPAA 834 enrollment files, HIPAA 277 claim status responses, and HIPAA 999 functional acknowledgements. Business logic is built into MediSked's systems to ensure that individuals are qualified to bill for services and that appropriate service plans, service documentation, authorizations, and internal audits are followed prior to generating claims. MediSked generates over $2 billion in claims annually to over 300 payers on behalf of providers. MediSked's clients regularly document and bill for ICF I/DD services, targeted case management, and HCBS waiver services through MediSked's platforms.

MediSked's systems all comply with HIPAA claiming standards and MediSked makes standard use of validation tools including EDIFECS to ensure compliant file formats prior to secure submission. In eighteen years, MediSked has seen many changes to HIPAA standard billing and state and payer specific claiming, including, but not limited to, transition from HIPAA 4010 to 5010 formats and from ICD-9 to ICD-10 diagnosis codesets. Each time, MediSked assigns program management resources, gathers full requirements and expertise, and designs and executes on a plan for change management that is accurate, relevant, timely, and tested prior to roll-out.

MediSked's solution efficiently manages electronic claims submission, remittance, and re-billing. Our platform also facilitates management of eligibility and service authorizations, as well as other data required for claiming, such as progress notes or scheduled appointments and services.

VIII.   **Reassessments** – Reassessments can be scheduled to alert a care manager when a reassessment is due or can be initiated during a change in circumstances for an individual (i.e. change in primary caregiver, hospitalization), as appropriate. Care managers can also copy over existing assessment data from a past assessment so only modifications need to be made, therefore creating a more efficient reassessment process.

IX.   **Re-enrollment** – A full history and current status of the applicant's previous placement requests or program enrollment are neatly located together within the individual's waiver details tab. This shows the status of the individual's request, who submitted the request or last changed a status, and any previous requests or enrollment within programs.

X.   **Quality Assurance** – Plans and assessments can be flagged for supervisor audit, ensuring that the final plans and assessments are reviewed prior to being published. Several reports in Coordinate and Connect Exchange are off the shelf to allow the QA team to review and summarize data. Custom reports can also be built to suit agency specific QA needs.

4.2.2 Please describe your CMS and/or IMS solution configurability, including:

a. Is your CMS and/or IMS designed for any particular client, business, or program contexts? Please describe.

MediSked's Solutions Suite is optimized for I/DD, Behavioral Health, Substance Abuse and Mental Health waivers with off the shelf functionality, however there is the ability to customize the configuration of the software to administer and bill other programs.

b. If your solution is not designed specifically for Medicaid HCBS waivers, what configurations and customizations are needed to adapt the product for use by State Medicaid HCBS waiver programs?

MediSked's Solutions Suite is designed for Medicaid HCBS waivers with minimal customization, which is completed during implementation in consultation with MediSked's implementation team.

c. Can any aspects of your system be configured by an appropriately trained state user? If so, please provide some specific examples, preferably from a real implementation scenario.

Most of the configuration is done through the user interface, and the project team is trained on how to make these configuration changes during implementation.

d. What are some of the more challenging use cases to configure? What are some examples of use cases that require customization?

Unless using an off the shelf assessment, custom assessments require discovery and custom engineering to install into the solutions suite. MediSked offers unique tools that automatically populate assessments and plans, creating a seamless workflow that does require process analysis and configuration. Plans and complex online documents also require MediSked engineering to build and install and are identified during the discovery process and included in the Scope of Work to be built as a part of implementation.

4.2.3 Please describe how your system manages user access to member data. Different user types will need different levels of access. Please also describe how your system allows for member transfers from one CMA or service provider to another CMA or service provider, and how it manages user data access when a member is transferred.

All MediSked platforms allow for the configuration of user roles. These user roles are determined by the administrators/project team and are configured during implementation. Some features of the user role functionality include allowing read, edit, or no access to certain data elements, along with the ability to restrict users to accessing data within their own caseload and/or a designated program. In the MediSked Person Centered Portal, data tags can be applied to restrict access to information deemed sensitive, such as diagnoses and other categories of the member's record. Agencies can determine what data could be considered as sensitive and configure data tag categories as needed.

4.2.4 Please describe your CMS and/or IMS implementation experience, including:

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a. How long has the solution has been in use?

MediSked's 20 years and mission as *the leading brand in holistic solutions that improves lives, drives efficiencies, and generates innovation for health and human services organizations that support our community* have built a company that is financially stable and a group of approximately 100 smart, passionate, friendly, and dedicated experts that are second-to-none.

Our solutions support health plans, providers, state and county oversight agencies, care coordination entities, and payers to use data to streamline processes, reduce costs, and improve care. MediSked has in-depth experience in supporting statewide systems transformation using integrated case management built on the foundation of the Federal Medicaid Waivers and State Plan options to effectively coordinate supports, improve outcomes, and manage costs.

b. How many implementations of your CMS and/or IMS have you conducted? How many of those were for state agency Medicaid HCBS waiver programs?

MediSked's familiarity with statewide HCBS systems, including numerous active similar implementations in states including Kansas, North Carolina, and New York, combined with our expertise in partnering with organizations through Medicaid systems change, positions us as the ideal technology partner for West Virginia.

MediSked's configurable HCBS Suite, outlined in this RFI, offers powerful, intuitive technology including integrated assessment tools, workflows, electronic billing, claims management and service authorization, incident management, person centered planning and documentation, data sharing, and a member and provider-facing portal for effectively managing the supports of the individuals you and your network of providers are supporting. MediSked has a proven track record of taking our solutions and seamlessly making them the robust and secure infrastructure that organizations need for managing supports and improving the lives of populations of any size.

c. What Medicaid HCBS waiver programs has your solution been used for?

MediSked has clients across the United States using our Solution Suite for I/DD, Behavioral Health, Substance Abuse, Mental Health waivers as well as local funding, private insurance and private pay.

d. Have you implemented your solution to manage multiple Medicaid HCBS waiver programs? If so, please provide examples.

West Virginia can configure eligibility requirements within Connect Exchange and verify eligibility for a waiver program has been achieved prior to offering a slot within a waiver program. Eligibility criteria may include, for example, current Medicaid enrollment, meets level of care requirements, is within a target group, or that necessary functional assessments

have been completed. Multiple waivers can be supported and are common in our active state HCBS waiver clients.

e. Some of West Virginia's waiver programs include a "self-directed care" option. Have any of your implementations included this type of program? Explain how your solution aligns with self-directed care concepts.

The MediSked Software Suite allows for self-directed care and has a Budget feature that can track spending from both an Individual budget and/or a Service budget. This feature is available to several existing MediSked clients in multiple states. There is also a person-centered portal so individuals, their caregivers, and their circles of supports have visibility into the services being delivered and can provide communications and approvals as appropriate.

f. Have states used your system for Money Follows the Person (MFP) programs? If so, explain how your solution aligns with MFP concepts.

Money Follows the Person is a program focused on rebalancing the long-term care system to allow individuals to be served in their home and communities as opposed to in institutional settings. MediSked's Software Suite includes assessments which feed into care plans for life transitions. These temporary transitional care plans can then feed into a long-term care plan for the individual where services are provided within the community. In addition to supporting transitional care management, the software suite has tools to support institutional services diversion.

4.2.5 Please describe your typical System Development Life Cycle (SDLC) approach.

Application feature releases are planned by the MediSked Product organization in conjunction with MediSked's Technology Operations org.

It is the policy of the MediSked, LLC Technology Operations team that all changes to production environments are tracked, undergo review, and are approved before being implemented by the MediSked Change Advisory Board (CAB). All changes are documented in an internal "CAB Ticket," which progresses through the following workflow during the course of each release cycle.

As of the submission of this Request for Information, MediSked, LLC operates a six-week release cycle for each scheduled feature release – with a scheduled release calendar published to clients in Q1 of each year.

The below release plan, adapted from MediSked's internal SDLC documentation, describes the key activities conducted by MediSked during each feature release cycle. Milestones that may explicitly involve client engagement are marked as such.

SDLC Status	Description	MediSked (Internal)	Client (External)	Must Happen No Later Than

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RELEASE SCHEDULED	New CAB ticket created	X		6 weeks before release
SET RELEASE SCOPE	Release payload is defined. Target release scope is documented and distributed internally and externally	X	X	6 weeks before release
IN SECURITY REVIEW	Conduct risk assessment	X		6 weeks before release
IN DEVELOPMENT	Items in the release development completed	X	Informed (Situational)	6 weeks before release through 11 days before release
DEPLOYMENT DETAILS	Release details fully populated in CAB ticket	X		11 business days before release
STAGING	Release Candidate Promotion to Staging Environment	X	Informed (Situational)	10 business days before release
PRELIMINARY VULNERABILITY SCAN	Initial scan of staging environment completed	X		9 business days before release
REGRESSION TESTING	Regression Testing	X		6 business days before release
FINAL VULNERABILITY SCAN	Final Vulnerability Scanning	X		8 days before release
VULNERABILITY REVIEW	Identified vulnerabilities reviewed and remediation plan developed. Risk assessment validated	X	Informed (Situational)	5 business days before release
CAB REVIEW	Change Advisory Board approves release. Final release payload set and communicated internally and externally	X	X	5 business days before release
RELEASE READY	Merge Staging code and SQL branches merged into master branch	X		5 business days before release
VALIDATION PROMOTION	Promote Release Candidate to VALIDATION Environment(s)	X		1 week before release
RELEASE DOCUMENTATION/DEMOS	Public release notes distributed to clients, optional release demos conducted	X	X	1 week before release
FINAL RELEASE REVIEW	Release Readiness Review Meeting	X		1 week before release
OPEN	Release ready: smoke testing passed, deployment pending	X		Day of release
IN PROGRESS	Release awareness communication sent. Release is deployed to production environments	X	X	Day of release
IN VALIDATION	Production smoke testing	X		Day of release
RESOLVED	Smoke testing passed. CAB ticket updated	X		Day of release
RELEASE DAY MARKETING	Marketing communications sent/published	X	X	Day of release
DONE	Release CAB (ticket) marked complete. SDLC requirements validated and ticket marked as done	X		Day of release

Note: This release plan is separate from (but operates in parallel to) MediSked's Agile software development model, which sees work envisioned, planned, and assigned to iterative development

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sprints in advance of the actual release activities. MediSked values a user-centered design process, and frequently engages key clients to collaborate and validate solution design during the ideation, design, and development phases prior to major features being released to production environments.

MediSked's Software Development Lifecycle includes scheduled deployments every four weeks for features and sustained engineering (bug fix) items. Additionally, MediSked reserves two optional deployment windows between each feature release to deliver incremental sustained engineering fixes as needed.

Supporting Release Documentation

MediSked communicates a finalized list and description of release items to clients one week prior to releases to production environments.

MediSked will also provide any necessary updated quick guides in PDF format 1 week prior to production feature releases to distribute to staff.

Enhancement Requests

BMS will be continuously supported by its assigned Implementation Consultant who will manage change requests and/or enhancement requests and serve as the point of contact for escalating issues or blockers, ensuring West Virginia has 'high touch' account support.

MediSked values collaboration with its clients and partners. The MediSked Product Management team periodically shares its product roadmaps with its clients and solicits product design feedback via focus groups and collaboration sessions.

4.2.6 Please describe your solution's hosting environment, levels of service, and alignment with federal standards for privacy, security, and hosting. Are any browser add-ons or plug-ins required for end users?

MediSked has operated as a cloud-based software as a service provider since inception in the early 2000s. As one of MediSked's core values, cybersecurity is a top priority and as a result the team continuously monitors for ever-evolving external threats, while continuously expanding its cybersecurity skills and capabilities.

MediSked leverages the security and reliability of Amazon Web Services (AWS) to offer a commercial hosting platform with industry recognized certifications and audits such as International Standards Organization (ISO) 27001, National Institute of Standards and Technology (NIST), and the Service Organization Control Reports (SOC1, SOC2, and SOC3). AWS enables covered entities and their business associates subject to Health Insurance Portability and Accountability Act of 1996 (HIPAA) to securely process, store, and transmit Protected Health Information (PHI). This includes cloud web hosting solutions that provide businesses, non-profits, and governmental organizations with low-cost ways to deliver their websites and web applications. AWS services and data centers have multiple layers of operational and physical security to help ensure the integrity and safety of customer data.

MediSked's HIPAA hosting services and other best-in-class system and data security features are summarized below and further described in detail throughout. In addition, we employ advanced security logging, event management, and vulnerability scanning practices.

Secure Hosting Services

- Encryption– Secure File Transfer Protocol (FTP) and 2048-bit Secure Socket Layer (SSL) encryption used between Web and SQL Servers

- Access Controls – Application level Role Based Access Control (RBAC)

- Network Security – Role-based security, Access Control Lists (ACL) and Firewalls, filtering for US traffic only through Web Application Firewalls, and network restriction through Virtual Private Connections (VPC)

- Security Information and Event Monitoring (SIEM) - Network traffic and updated threat intelligence leveraged 24x7x365 to monitor network traffic for threat actors.

- Network Penetration Testing - Annual penetration testing conducted by trusted 3rd parties to ensure applications and data are secure.

- Secure Remote Access - No public-facing access; all ingress points via Virtual Private Network (VPN) or Load Balancer.

- Vulnerability Scanning – Internal and web-facing scans conducted at least monthly.

- Data Backup – Data copied to multiple Availability Zones (AZ) using S3

- Compliance - MediSked's Information Security Program is HITRUST CSF certified and in an AWS SOC1/SOC2 certified environment, Business Associate Agreement (BAA) with AWS

- Performance Monitoring – Server performance (CPU, Drive Space, Memory Utilization) and security event monitoring and alerts

- Scalability – Instances in hardened AWS environment for enhanced scalability.

- Computer Information Security (CIS) – Standard hardened server images

Security Logging

MediSked's security logging includes AWS Cloud Trail logs for any administrative functions, network traffic, VPC flow logs, S3 access logs, Microsoft Active Directory (AD) security logs, CloudWatch alerts for system and database up-time & performance metric alerts, database access logging & alerts. Security event logs are stored in our SIEM for one year and then they go to S3 storage for at least 7 years. MediSked has processes in place to assess audit transactions at least annually to ensure allocation of sufficient audit storage capacity.

Minimum requirements for auditable events of information systems containing sensitive information include (but are not limited to) the following:

- Server alerts and error messages
- User log-on and log-off (successful or unsuccessful)
- All system administration activities
- Modification of privileges and access
- Start up and shut down
- Application modifications
- Application alerts and error messages
- Configuration changes
- Account creation, modification, or deletion
- File creation and deletion
- Read access to sensitive information
- Modification to sensitive information
- Printing sensitive information
- Anomalous (e.g. non-attributable) activity
- Data as required for privacy monitoring privacy controls
- Concurrent log on from different work stations
- Override of access control mechanisms
- Process creation

For end user system administrators, MediSked platforms provide fully compliant auditing functions, including logs that track user activity with date and time stamps, and system access and usage reports. With respect to data security, MediSked platforms also include an audit log for all updates to a user's account, including creation, modification, and deletion, as well as the associated access level permissions, caseload assignments, etc. These changes are logged and made available for reporting in accordance with NIST security controls.

Event Management

MediSked uses Security Information & Event Management (SIEM) technology to provide 24 x 7 x 365 real-time analysis of security alerts generated by network, hardware, and applications. In addition, MediSked's Information Security team has created a security incident response program and coordinates responses to various levels of incidents with numerous teams throughout the organization. Detailed communications charts are included and continuously updated, and training is provided as staff/roles change.

Information Security also uses automated tools to detect and provide real-time notification of suspected security vulnerabilities throughout the system. Baselines or acceptable levels of activity feed into the monitoring process which will report on deviations. Continual monitoring is provided by an industry leading third-party Managed Security Services Provider (MSSP). Security incidents are identified in several ways including:

- Intrusion detection software
- Audit logging and monitoring
- Virus controls

- SPAM controls
- Spyware controls
- Phishing controls
- Individuals reporting suspicious behavior

Vulnerability Scanning and Network Penetration Testing

MediSked conducts annual engagements with third parties to perform security network penetration and web application testing no less than annually to verify the security posture of our network and applications. Furthermore, the Information Security Team runs weekly security vulnerability scans to verify our network and web applications configuration and to validate the patching process, as well as scheduled vulnerability scans as an ongoing part of the Software Development LifeCycle (SDLC).

System & Capacity Monitoring

Through the use of AWS hosts, MediSked monitors CPU, RAM, Disk I/O, Network, and a variety of other measures, with live, real-time alerts to identify when scalability is necessary. MediSked's AWS services can increase web servers and database servers automatically and manually during peak and off-peak times to offer cost-effective solutions that are high performance, high security, and high availability for BMS.

System & Data Security

MediSked delivers our cloud-based Software-as-a-Service (SaaS) solutions with world-class availability and privacy using industry best practices. We also realize the criticality of maintaining effective cyber security controls to protect the confidentiality, integrity, and availability of our client's information - as well as that of the individuals whom we all serve.

As a result, MediSked's Information Technology and Security team implements best-in-class cyber security safeguards for all client projects across the organization. Staffed by seasoned industry professionals supporting cybersecurity client efforts, MediSked's information security team implements a variety of security tools including (but are not limited to):

- Intrusion Detection Systems (IDS) monitoring
- Next-Generation Firewalls (NGFW) and Web Application Firewalls (WAF)
- Identity and Access Management (IAM)
- Anti-Virus (AV) systems
- Industry leading vulnerability scanners

Security procedures and assessments are incorporated into routine computer and network operations to maintain the integrity and availability of information processing, transmission, and storage. MediSked also regularly participates in security audits for our clients conducted by clients or third parties and maintains environments compliant with regulatory and statutory requirements including the Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH), and NIST (National Institute of Standards and Technology) 800-53, as well as MediSked's HITRUST certification.

MediSked offers best-in-class system, data, and network security which extends to our partnership with Amazon Web Services (AWS). MediSked uses AWS as its Infrastructure as a Service (IaaS) partner and maintains a Business Associates Agreement with AWS, using only HIPAA certified AWS services inside their SOC1/SOC2 certified environment.

Broadly speaking, MediSked's cloud-based system security features include:

- Virtual Private Cloud (VPC)
- ACLs and firewalls- including AWS network ACLs, firewall appliances, host-based firewalls, and web application firewalls to limit access and prevent intrusion
- HIPAA compliant services including EC2, Elastic Block Storage (EBS), Simple Storage Service (S3), Glacier, and Elastic Load Balancing (ELB)
- Encryption-data is encrypted at rest and in transit using multiple industry standard encryption technologies, including EBS, VPN, and SSL.
- HIPAA-compliant Disaster Recovery Plan and Business Continuity Plan, including robust RPO (Recovery Point Objective) and RTO (Recovery Time Objective) parameters, data failover/redundancy protections
- 24 x 7 x 365 Security Incident and Event Monitoring (SIEM)
- Role-based security access with formal Identification and Authentication Policies and Procedures

Physical Controls

MediSked employs best-in-class physical AWS data center security and environmental controls to protect client data including:

- Fully redundant Tier-4 "world class" hosting facilities
- AWS East Regions so all data is processed within the continental US
- Multiple Availability Zones within Each Region
- Data Center Structural Integrity includes:
  - Ramming Bollards Outside
  - Reinforced Concrete Walls
  - No Outside Windows
  - Enclosed Cabling throughout the Building
  - 24/7/365 Controlled access, with Security Guards, Photo ID Required
  - Biometric Hand Scanner
  - Surveillance Cameras
- Environment and Power Supply of the Facilities Includes:
  - Redundant Generators / HVAC Units, Diesel Tanks and Redundant Fuel Supply Arrangements
  - Redundant Switched Power for "Uninterruptible Power Supply" Transitioning
  - Facility monitoring tracks all changes in environment and power supply

Redundancy/Failover

MediSked has its AWS environments distributed across multiple Availability Zones (data centers) with isolated and separate power, networking, and connectivity - thereby eliminating the data center as a

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single point of failure. All critical services for the platform(s) are redundant. As an AWS client, MediSked provides the following automated backup capabilities:

- Amazon's Relational Database Service (RDS) automated backup enables point-in-time recovery of all MediSked client data. Amazon RDS automatically performs a full daily snapshot of your data and captures transaction logs as updates are made to DB Instances.

- Point-in-time recovery applies transaction logs to the most appropriate daily backup to restore DB instances to the requested specific time. Amazon RDS retains backups of a DB Instance for a defined retention period – to any second in time - up to the Latest Restorable Time.

In addition to the automated RDS backups, MediSked performs full daily backups using Microsoft SQL Server's native backup functionality. These backups are stored in a private, secured Amazon S3 bucket, automatically migrated to Amazon Glacier after 90 days, where they are stored for at least seven years.

Encryption and Data Integrity

MediSked uses encryption for data in transit and at rest which includes Secure FTP and 2048-bit SSL encryption used between web and SQL Servers (FIPS 140-2). This data also resides behind next generation network, web application, and host-based firewalls. MediSked has also implemented security measures and controls to protect the information systems' environment and the privacy and confidentiality of protected information through best-in-class system and information integrity controls. These controls include:

- Flaw remediation
- Malicious code protection
- Information systems monitoring
- Security alerts, advisories, and directives
- Software, firmware, and information integrity checks
- Information input validation
- Error handling
- Information handling and retention

Network Access

As a SaaS provider, MediSked recognizes that identity is the only true perimeter to our network. To support this strategy, MediSked has formal Identification and Authentication Policies and Procedures which require strong password controls for user authentication and utilizes Multi-Factor Authentication for identification. MediSked will work with the client to establish the appropriate level of security controls required for establishing confidence in user identities electronically presented to an information system.

All MediSked platforms offer granular role-based access to clients/end-users that can be configured to restrict access to specific features, reports, and functions, as well as restrict access to specific

individuals, employees, services, providers, and locations. This access may be deleted, added, changed, or restricted by designated users/system administrators. Access levels include varying controls, including allowing a user access to view-only, print-only, and edit. These controls help ensure that sensitive information is only accessed by individuals or organizations that have been approved by the client.

Additional application security features related to access include:

- Mandatory agreement to terms and conditions of use, required to access system
- Automatic log off after 20 minutes of inactivity between client and server
- Automatic lock-out after a defined number of unsuccessful sign-in attempts with the wrong password
- Strong password requirement with mandatory password expiration policy
- Agency-wide option to enable password or integrate with LDAP/AD
- Two form identification for authentication (agency-wide option)
- Unique logins per user linked to highly configurable access control restrictions based around programs, clients, employees, services, locations, caseloads, schedules, service notes, documents, plans, billing, and payroll
- Access configurable on temporary or permanent basis
- Logging of transactions with audit control capabilities, including login logs and client data access
- Digital signatures on service notes to ensure authentication, non-repudiation, and integrity

Incident Response

MediSked follows a process of investigating any potential data breach, both proactively and reactively. MediSked regularly conducts simulations for its own employees and with clients. MediSked regularly conducts third-party audits. These ensure compliance with NIST Special Publication (SP) 800-53 controls and with other health information security standards and certifications (including HIPAA and HITRUST). In the event of an allegation of a data breach (i.e. if a user believes they are able to access records that they should not access), MediSked immediately invokes its CritSit (critical situation) protocol, spins up a war room bridge, and follows a checklist to investigate, shut off access, reviews logs, configuration, and access, and compiles a report to be shared with the client to address the full details of the situation. At the conclusion of such an event, should there be potential findings, MediSked would immediately work with the client to put into place corrective action steps and complete a full incident postmortem report to address root cause, remediation steps, controls to improve, and assess steps to remedy any damage. MediSked Software Suite does not require any browser add-ons to function.

4.2.7 What is your experience implementing your CMS and/or IMS in a modular MES environment?

a. Has your solution been implemented in a context that requires Centers for Medicare and Medicaid Services certification? If so, was certification obtained? If not, why?

MediSked's Care Management System (CMS) has been implemented in various states with Managed Long-Term Services and Supports. In these implementations, MediSked directly contracted with the Managed Care Organization or with Care Coordination/Management Agencies. These implementations have required completion of readiness reviews by the National Committee for Quality Assurance (NCQA).

Although MediSked has not received certification through Medicare and Medicaid Services, MediSked is prepared to support West Virginia in any certification requirements as part of the Centers for Medicare and Medicaid Services Streamlined Modular Certification process.

In addition to completion of readiness reviews, MediSked Coordinate is certified through the Office of the National Coordinator (ONC) and has attained the 2015 Edition Health IT Modular Certification.

b. If not, are there any known obstacles or risks to implementing your CMS and/or IMS in a modular MES environment that will require Centers for Medicare and Medicaid Services certification?

No known obstacles or risks to implementing the CMS in a modular MES environment.

4.2.8 What is your experience with interoperability?

a. Does your solution align with FHIR interoperability standards, including use of standardized application programming interfaces (APIs)? Please explain and elaborate.

As an enterprise software solution, integrations with internal and third-party systems are a standard component of MediSked's offering. The Service-Oriented Architecture of MediSked platforms allows seamless integration with trading partners supporting many different data types, data formats, and transport protocols.

MediSked's applications are HITRUST certified and follow strict protocols to ensure data integrity and security both in transit and at rest. In support of these security requirements, MediSked's integrations include a combination of REST APIs, SOAP web services, batch integrations using SFTP services, and direct MLLP/TCP connections over site-to-site VPNs. We ensure data quality and integrity by working closely with all partners, conducting rigorous interface testing and maintenance, and ensuring that we configure interfaces to match records based on a variety of different indicators, such as Medicaid/Medicare IDs, SSN, and demographic information like date of birth. MediSked's interface work addresses error and

exception handling, and offers the ability to then accurately match individual records and flag duplicates, with settings to evaluate duplicates (e.g. by First Name/Last Name, DOB, etc.).

MediSked has implemented integrations in a variety of different formats, including, but not limited to:

- HL7
    - HL7 V2
    - FHIR
    - C-CDA
- X12

Some example interfaces we have delivered include:

- JSONXML
- CSV
- Custom
    - Delimited
    - Fixed width
    - Other

Data Format	Transport Method	Data Types	Message Types
X12	HTTPS (SOAP)	Billing	837, 835, etc.
HL7 V2	HTTPS (SOAP)	Individual Linking	ADT
		Authorizations	REF
		Observations	ORU
HL7 V2	MLLP with VPN	Consent for HIE/RHIO	ADT
		Hospitalization Alerts	ADT
FHIR	HTTPS (REST)	Care Plans	
		Goals	
JSON	HTTPS (REST)	Individual Roster Import	
		Provider Roster Import	
CSV	SFTP	CX Entity Exports	
C-CDA	HTTPS (REST)	Continuity of Care Documents	

MediSked Connect Exchange is designed as a platform-agnostic interface engine; we can generate directly from CX bidirectional or unidirectional interfaces, including with the Division of Welfare and Supportive Services (DWSS) systems for Medicaid Waiver Eligibility and the DWSS No Wrong Door referral system. MediSked supports a wide range of data formats, including secure HL7, SOAP web services/ REST APIs, X12 EDI, XML and CSV batch files. MediSked supports SOAP-based and REST-based APIs integration with external systems, including several out-of-the- box web services/APIs for common data types. MediSked is also capable of supporting secure VPN tunnels for real-time transmissions. MediSked's solution includes a scheduling mechanism that can automate regular cadences of data exchange, including daily, weekly, or monthly.

Necessary data integrations along with their corresponding requirements and specifications shall be determined with the client during the discovery phase of the project. The scope and needs for any new integrations will inform the timelines to be defined by MediSked as part of the implementation phase. Whether a client needs a simple monthly flat file import or export, or a real-time API integration, MediSked has the experience and tools to deliver. Our integration team will take a consultative approach and work closely with clients and their trading partners to ensure that each interface is configured to meet the client's needs.

b. What is your experience integrating your solution with the following, and using what methods [i.e., API; custom interface; extract, transform, load (ETL); etc.]

I.   Another vendor's or the state's IMS

MediSked has the ability to submit incident reports within its functionality and can also make an API or custom interface connection to an existing system.

II.   Medicaid Management Information System (MMIS)

MediSked has several active custom interfaces in existence with multiple state MMIS. These include enrollment, eligibility, roster updates, provider network updates, billing, and more.

III.   Medicaid eligibility system

MediSked has several active standard and custom eligibility file interfaces with multiple state Medicaid systems.

IV.   Individual providers

MediSked has the ability to interface with external provider EHR systems in several different formats.

V.   ASO systems

MediSked has the ability to connect with ASO systems.

VI.   Managed care organization (MCO) systems

MediSked has active interfaces with MCO and health plan systems.

c. What challenges have you encountered integrating or interfacing with other systems?

MediSked can seamlessly integrate with any outside system, if those vendors are willing/able to meet the compliance and technical requirements of an interface, without challenges.

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4.2.9 What is a typical implementation timeline? Please include key phases, milestones, drivers, and assumptions. What variables impact the implementation timeline, and how, for instance, number of HCBS waiver programs, number of providers, number of named users?

a. IMS only

See below

b. CMS only

See below

c. IMS and CMS

In general, implementations include six months of Discovery/Requirements Gathering and one year of Implementation. The phases include:

- Discovery/Requirements Gathering
- Development of Scope of Work and Master Project Plan (governing documents, supported by additional project management documents)
- Data Conversion
- Design and Build (application and interfaces)
- Configuration and Validation (application and interfaces)
- Deployment/Roll-out (Pilot or Full)
- User Acceptance Testing (UAT)
- Training
- Additional configurations or UAT, as necessary
- Go-Live
- Transition to Operational Support

4.2.10 What conditions create a favorable environment for a successful implementation? What conditions add risk to implementations?

MediSked recommends, at minimum, weekly meetings between MediSked's Project Team and BMS Project Team. Based upon requirements and discovery, additional "break out" meetings are often scheduled with more targeted audiences (IT, Finance, Case Management, etc.). Meetings are informational, training-based, or discovery-based, depending on phase and necessity for the project. Frequency of meetings, weekly initially, can be adjusted throughout the project based on current needs and customer request.

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4.2.11 What training and organizational change management support does your company provide?

During the project, either party can request modifications to the services and deliverables described in this SOW. These changes only take effect when the proposed change is agreed upon by both parties. All Change Requests that are requested from BMS will require an additional SOW along with an additional cost based on the LOE (Level of Effort) required and consideration for within and outside of existing SOW. The change management process steps are:

> 1.   The change is documented: all change requests will be documented by MediSked via a Statement of Change form, including a description of the changes and the estimated effect of implementing the changes. This will be submitted to the client for review and approval.
>
> 2.   Options will be provided by MediSked regarding if/when the change can be accommodated (current or potential future release), an assessment of whether it has an impact to planned release content, choices on what may need to be swapped in or out of current planned releases, or whether the request is outside the scope of this SOW.
>
>> a.   Changes that are not required to meet a Go Live date may be moved to a post Go Live delivery timeframe, based on item priority and release capacity.

Examples of changes include, but are not limited to:

- Date of delivery changes including training, go live, readiness reviews, etc.
- Configuration changes
- Custom reporting requests
- Regulatory-driven changes
- Invoicing start dates
- Additional onsite training requests

MediSked understands and anticipates that there is the potential for mandated regulatory changes which could be required to be fulfilled at some point in the future, possibly during the term of this agreement. Any such requirements would be considered high priority and be addressed in as expedited a fashion as reasonable and appropriate with the goal of minimizing impact to existing planned software releases.

4.2.12 Please describe your CMS and/or IMS pricing model, and what features, products, services, licenses, etc. are included for each:

> a. For implementation (one-time and recurring, if applicable); what variables impact costs?
>
> See below

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b. For on-going post-implementation (one-time and recurring); what variables impact costs?

See below

c. Can system operations and maintenance be assumed by BMS or another vendor?

See below

4.2.13 In order to secure federal funding for this project, BMS must provide the Centers for Medicare and Medicaid Services with estimated implementation and on-going costs.

We understand there are many variables that impact your pricing. Your assistance completing the table below is most appreciated. Please identify the nature of the cost for each line item, and add rows as needed. If more tables are needed, please include a supplemental file with your response. Assume four waiver programs with the self- directed option plus the state's Money Follows the Person program and State Plan Personal Care Program are in scope; and up to 2000 users. It is not necessary to maintain this table format in your response. Please indicate where hosting in a secure cloud environment is included.

Terms for pricing are based on MediSked's standard Master Subscription Agreement: https://www.medisked.com/legal/msa/

- **Activation Licensing Fees (one-time)**
    - o "Activation" shall be defined as (i) installation of the most recent version of the software as a service on MediSked, LLC's application servers, and (ii) providing Client with access thereto so that it can be utilized by Client in accordance with the terms of the Agreement
- **Recurring License Fees**:
    - o Ongoing rate is based on scope of use for HCBS Waiver Services and associated State-Funded Services.
- **Change Order Budget**: MediSked includes a change order budget in the annual cost that is roughly equivalent to 15% of license costs (initial/activation, ongoing/recurring) for that given year. This budget is managed by MediSked for any change orders that are mutually approved by both BMS and MediSked. This budget is based on historical MediSked project usage data and is managed by the MediSked project management team. Change orders are intended for use when BMS has requests that are not specifically enumerated in scope and/or when changes to Federal, State, or other requirements necessitate a change to the scope in order to ensure compliance. Should the scope of a given change order exceed the budget allocated by

MediSked, a budget amendment will be provided for mutual approval by both BMS and MediSked.

- **Implementation Services (monthly until go-live)**: Certified project managers and industry experts who lead all aspects of implementation and training, providing customized consulting and technical assistance based on best practices. MediSked's experienced Solution Design and Delivery team can advise and consult with BMS on the most efficient and effective implementation and configuration approach specific to the organization's technology needs, business processes, and goals.
- **Data Interfaces and Migration (monthly dependent on scope)**: Our team of engineers, interface architects, and technical project managers work one-on-one with clients to build interfaces for the exchange, aggregation, and analysis of data between disparate systems/multiple sources, to give clients actionable data that helps them create efficiencies, improve outcomes, and enhance cost efficacy.

Please note that MediSked leverages the security and reliability of Amazon Web Services (AWS) to offer a commercial hosting platform with industry recognized certifications and audits such as International Standards Organization (ISO) 27001, National Institute of Standards and Technology (NIST), and the Service Organization Control Reports (SOC1, SOC2, and SOC3). AWS enables covered entities and their business associates subject to Health Insurance Portability and Accountability Act of 1996 (HIPAA) to securely process, store, and transmit Protected Health Information (PHI). This includes cloud web hosting solutions that provide businesses, non-profits, and governmental organizations with low-cost ways to deliver their websites and web applications. AWS services and data centers have multiple layers of operational and physical security to help ensure the integrity and safety of customer data. MediSked's HIPAA hosting services and other best-in-class system and data security features are included in with our cloud environment solution.

4.2.14 What information do you need from BMS in future solicitations to create the most accurate and cost-effective pricing?

In addition to the number of waiver and users provided, MediSked considers the overall number of individual records held within the solution, the required interfaces, and contract term length.

4.2.15 What types of solicitation requirements would prevent you from bidding?

N/A

4.2.16 Describe the major trends in the Medicaid HCBS waiver CMS and IMS solution space 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 solution roadmaps stay

current with such trends? If possible, please be specific regarding how these trends affect Medicaid, including WVCHIP, or healthcare IT in West Virginia.

MediSked is uniquely qualified to assist West Virginia BMS in identifying trends and meeting these needs by providing a proven solution that is far superior to any offering available on the market today. Several key favors make the MediSked solution the best value for West Virginia BMS, aligned with MediSked's core values:

- Home and Community-Based Services Expertise
- Consultative Approach with Similar Projects
- Security
- Agility
- Client Success
- Commitment to Innovation

4.2.17 In the states where you have implemented your CMS and/or IMS, what have been some of the notable program outcomes? What performance metrics were you able to provide to substantiate this success?

MediSked frequently presents case studies at conferences and partners with its clients on research papers and findings. The following are a sample of recent partnerships and case studies that identify population health best practices and outcomes that have been successful with MediSked and its partners (since these are all recent, they have a COVID-19 focus along with population health):

- Emerging From COVID-19: Panel on Using Data to Transform Whole Person Services and Supports, The Arc of the United States
    - https://www.youtube.com/watch?v=FJUXV6xTH0s
- Level Up: Using Data to Improve Social Determinants of Health Before, During, and After COVID-19 NASDDDS (National Association of State Directors of Developmental Disabilities Services)
    - https://www.youtube.com/watch?v=MK3lgDZ6O7s
- Level Up: Using Data to Improve Social Determinants of Health Before, During, and After COVID-19 AADMD (American Academy of Developmental Medicine & Dentistry)
    - https://www.youtube.com/watch?v=3axJ-P19Pl8
- Applying Data & Technology to Help I/DD Service Providers Integrate Care in the Age of COVID ADVancing States (HCBS Conference)
    - https://www.youtube.com/watch?v=GlUtp0-zPZs

4.2.18 If BMS released an RFP that allowed vendors to bid on IMS only, CMS only, or CMS and IMS, which systems would you bid on and why?

Please share any comments on this potential RFP structure in terms of how it would impact your interest in bidding.

MediSked intends to bid on any RFP issued for CMS only or CMS and IMS.

4.2.19 Do you have a short demonstration of your solution that you would like to present to BMS? If BMS wishes to take part in a demonstration, BMS will reach out to the Respondent for further information.

MediSked would like to provide BMS a product demonstration. Typically, MediSked conducts a general overview demonstration that is often followed up with one or more deep dive demonstrations to address specific questions or areas that are important to our potential partners.

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

MediSked is a NASPO Cloud Solutions partner and encourages the state to evaluate this vehicle for streamlined, cost effective procurement of a CMS or CMS/IMS solution.

Request for Information
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(West Virginia Bureau for Medical Services)

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.

MediSked, LLC
_____
(Company)

Rachel Hendrickson, Associate Director of Strategic Growth
_____
(Representative Name, Title)

Phone: 866-633-4753 / Fax: 855-633-4753
_____
(Contact Phone/Fax Number)

9/1/2022
_____
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