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September 21, 2022

Request for Information

West Virginia Department of Health
and Human Resources (DHHR)
Bureau for Medical Services (BMS)

Submitted by:
**Michelle Marks, SVP
Clinical Eligibility &
Assessments**

777 East Park Drive
Harrisburg, PA 17111
Phone: (813) 943-7173
mmarks@kepro.com

RFI # BMS2300000001

September 21, 2022

Crystal G. Hustead
Department of Administration
Purchasing Division
2019 Washington ST E
Charleston, WV 25305

RE: Request for Information-CMS/IMS System

Dear Ms. Hustead:

Keystone Peer Review Organization, Inc. (Kepro) appreciates the opportunity to submit our response to your Request for Information for a CMS/IMS system. Established in 1985 as a Quality Improvement Organization, today we are a nationally recognized premier provider of assessment, care management, and quality oversight services and technology, supporting vulnerable populations of all ages. We focus solely on healthcare, and healthcare technology and have an established reputation for excellence in Medicare and Medicaid program services.

Kepro has more than 36 years of experience delivering care management and assessment services, using our proprietary Care Management technology, to 50 million people nationwide. We have been a proud partner to the Department of Health and Human Resources (DHHR) since 2001, serving your Medicaid Fee for Service and Waiver program populations; Foster Care children and families; and WVCHIP members. Our software helps to deliver better health outcomes to the vulnerable individuals and populations for clients that include federal, state, and local governments.

Kepro's long-standing relationship of over two decades with DHHR and the members and providers we serve provides us with valuable insight into the CMS/IMS system needs of the department's Medicaid program. With a national Medicaid footprint providing services and technology to 36 State partners, coupled with our West Virginia specific Medicaid and Waiver program experience and our proven processes and technology, enables us to offer the DHHR, BMS the right solution for your CMS/IMS system.

Kepro is delighted to respond to this opportunity to provide a CMS/IMS system and demonstrate how Kepro is the right partner for the Department to meet current needs and help shape future performance. If you have any questions regarding our response, please contact me at (717) 265-7036 or via email at mharris@kepro.com.

Sincerely,

Meghan Harris
EVP, Chief Operations Officer

Department of Administration Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130	State of West Virginia Centralized Request for Information Info Technology

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BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: VS000000125086

Vendor Name : Keystone Peer Review Organization, Inc. (Kepro)

Address :

Street : 777 East Park Drive

City : Harrisburg

State : PA   **Country :** United States   **Zip :** 17111

Principal Contact : Michelle Marks

Vendor Contact Phone: (813) 943-7173   **Extension:**

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

Vendor Signature X	Meghan Harris EVP, COO	FEIN# 23-2348176	DATE 9/21/2022

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

Request for Information
CRFI BMS2300000001
(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.

Keystone Peer Review Organization, Inc. (Kepro)

(Company)

Meghan Harris, EVP, Chief Operating Officer

(Representative Name, Title)

(216) 392-2833

(Contact Phone/Fax Number)

9/21/2022

(Date)

Revised 6/8/2018

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Responses To Questions

4.2.1   Please describe your CMS and/or IMS solution functionality, including:
a. What modules are available?

Kepro's proprietary Atrezzo Care Management Solution was designed with our mission at the forefront – to improve the quality of life and clinical outcomes for the vulnerable populations we serve. Atrezzo is a proven Care Management platform, implemented for 31 state Medicaid agencies as a flexible, intuitive, and highly automated system that streamlines processes and reporting for clients and providers.

Atrezzo includes a Case Management module which includes Incident Management functionality, as well modules for Utilization Management, Assessments, Appeals, Scheduling, and a Provider Portal. Kepro will configure a West Virginia DHHR, BMS specific Incident Management module in accordance with BMS requirements.

The Atrezzo application is workflow-driven with business rules separate from the application. This results in a significantly shortened implementation period and rapid response to changing agency requirements. Business rules are maintained through an integrated management portal and do not require application development. **Atrezzo modifications are easily configurable and can be completed and operational as quickly as 1-2 days.**

4.2.1 (a): The following modules are available in Atrezzo.

Module	Description and Function
Utilization Management Module	Designed to support and determine the appropriateness of requested or received services. Key features include: • Integrated criteria such as InterQual® and 3M Grouper • Rules engine that creates automation and efficiency in the review process • Embedded program-specific UM review forms • Request/Review Turnaround Time Tracking • Integrated provider portal for providers to directly provide additional documentation and monitor status and outcome • Qbuilder, a proprietary template building tool, used to build client and program specific UM templates and/or forms • Quality Assurance
Assessment Module	Supports the administration of assessments and creation, tracking, and resolution of incidents. • Intake • Screening • Assessments and Reassessments • Enrollment and Re-enrollment • Clinical Eligibility Determination

Module	Description and Function
	• Offline Assessments supported by our Mobile Assessment Application • Automated assessment scoring for immediate outcomes • Quality Assurance
Provider Portal Module	Technology platform for providers to submit documentation surrounding reviews, requests, and referrals. Key features include: • Electronic provider interface with state-approved algorithms and data entry rules • Provider Access 24-hours, 7 days a week • Real-time viewing and printing of determinations • Access to search and view historical data/forms per user role • Prompts to user on program requirements with few steps for completion • State and provider facing data and report cards (such as volume and outcomes) • Quality Assurance
Case Management Module	Supports providers in tracking case plans, incidents, assessments, and outcomes. Key features include: • Member identification & engagement • 100+ embedded physical and behavioral health assessments • Care Plan generation • Tracks problems, goals, and interventions • Tracks status of goals and barriers to completion • Supports communication/notifications • URAC-accredited Plan of Care • Quality Assurance
Scheduling Module	Provides coordination of resources to facilitate on-site provider reviews, interviews, or meetings. • Integrated with Assessments and Case Management module • Can operate independently to support other scheduling needs • Integrated with Microsoft Outlook • Manages staff calendars and sends appointment invitations in ICS format • Provides regional assignments for assessors and case managers – assuring coverage and provision of backup • Documents and confirms resources such as: o Assessors, Case Managers, Beneficiaries, Family/Guardians, Providers, Locations, Date and time • Email reminder notifications (not including PHI) • Quality Assurance

Table 1. Atrezzo Integrated Modules

Atrezzo's 5 integrated modules promote whole-person care across the individual's continuum of care.

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

All standard Atrezzo module features are available at no additional costs to DHHR, BMS.

No-cost Differentiating System Capabilities: Key to Atrezzo is how we differentiate our system capabilities from competitors, including program and client-specific configurable workflows and algorithms. These features are driven by Atrezzo's rules-engine, which is composed of customizable Review/Assessment Forms that streamline the review and assessment process and capture reportable data. Mobile and offline capabilities also enable the work to be conducted anywhere with automated upload when internet connection is accessible. **Table 2** below describes these capabilities.

Atrezzo Capability	Description
Rules Engine & Workflow	• Workflow-driven with business rules separate from the application. This results in a significantly shortened implementation period and rapid response to changing contract requirements. • Business rules are maintained through an integrated management portal and do not require application development • Review workflows are embedded in Atrezzo for consistency and reliability of the review processes. • Modifications to workflows are easily configurable and can be completed and operational within 24-48 hours of request. • Reviewers enter all interactions and information pertaining to reviews into Atrezzo, which are easily reportable • Pseudocode-based rules, easily built and modified by non-developers - low code or no code configuration used to define all business logic - completely separated from application code • Access to all inbound eligibility, provider, and request data • Rules manage auto-approvals, workflow, eligibility checks
Forms & Data Capture	• Flexible report building with drag and drop build of templated questionnaires – does not require technical expertise to develop • QBuilder questionnaires are usable in the web version and Mobile Review Application • QBuilder allows any type of question to be created – Text, Yes / No, Single Selection, Multiple Selection, or Numeric, Dates and then to quickly build the associated forms using "Drag and Drop" functionality. Used for UM related Reviews, Assessments, checklists, clinical data collection including problems, goals, and interventions
Mobile & Offline Functions	• The Atrezzo Mobile Review Capability provides a platform for reviews to be conducted on site, with or without stable internet connection • Does not require Internet access while conducting on site assessments • Synchronizes data collected when Internet service is available

Table 2. Atrezzo System Capabilities
Key Atrezzo capabilities enable quick and easy configuration changes.

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

      i.   **Intake**

      ii.   **Screening**

      iii.   **Assessment**

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

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

      iv.   **Clinical eligibility determination**

      v.   **Enrollment**

      vi.   **Care Planning**

      vii.   **Service Authorization**

      viii. **Service Delivery**

      ix.   **Billing/Claiming**

      x.   **Reassessments**

      xi.   **Re-enrollment**

      xii.   **Quality Assurance**

Atrezzo is equipped and prepared today to facilitate each stage in the HCBS Continuum of Care, including the following:

Intake – Requests/Referrals can be received via Atrezzo's portal and direct data entry (by a system user) for requests received via fax, email, telephone, or mail. Atrezzo's intake functionality is workflow driven based on configurable rules. As an example, we currently process the WV Traumatic Brain Injury Waiver Medical Necessity Evaluation Request form in Atrezzo. Upon entry of the request, Atrezzo workflow automatically sends the request to a Clinician to initiate the assessment step in the process for applicants seeking TBI Waiver services.

Screening – Once the case is created, Atrezzo's task-based methodology routes the case and screening task to the appropriate screener. The screener will take actions within the system, in accordance with contract requirements, to route the case for additional information, administratively close the request or route to the next phase in the process.

Scheduling – Through our HCBS experience, we have addressed the need to track and report on a complex scheduling workflow. Our Atrezzo scheduler module is linked to staffs' Outlook calendars, so schedulers can view availability as well as select assessors in a regional, county, city or other catchment area (as defined in configuration). Atrezzo tracks attempts to contact applicants, beneficiaries (or others, as applicable) as well as the outcome of the attempt to schedule (appointment scheduled, not scheduled, etc.). Users utilize the scheduler feature to track whether an appointment occurred or not, and why, if it did not occur. This level of detail satisfied WV's current requirements for tracking appointments for Home and Community Based Waivers.

Assessment - Atrezzo can be easily configured to capture any assessment via our "Questionnaire" feature. Questionnaires are fully configurable to capture any question. Our Business Analysts work with Operations or the State to capture questionnaire requirements (such as field validation criteria). Our IT team configures Atrezzo per specification. Any data set (or assessment) not

captured elsewhere in our Atrezzo modules can be captured via a questionnaire. **Atrezzo supports gathering of assessment information on mobile devices.** This allows for in-person assessments to be completed efficiently. Atrezzo is accessible on mobile devices to complete in-person assessments. When internet connection is not available at the time of the assessment, the assessment is completed on the mobile device and once the mobile device is connected to the internet the Atrezzo system automatically imports the completed assessment into the system.

If a specific assessment cannot be replicated due to copyright restrictions, Atrezzo supports the upload of the completed assessment as an attachment. In this scenario, the completed assessment results are uploaded into Atrezzo to be viewed and utilized to address the beneficiary's needs and services throughout their continuum of care.

Clinical Eligibility Determination – WV programs utilize various contractors to determine medical eligibility for various programs. Atrezzo supports use by BMS and other contractors through role-based access and workflow tasks. Once an assessor completes an assessment and data is either entered or attached within the system, we would route the completed assessment to the contractor responsible for clinical eligibility determination. Based on the program and assessment, we could configure Atrezzo to automatically calculate medical eligibility and determine whether an individual's assessment scores quality for the given program. For example, WV's Nursing Facility program is currently in Atrezzo. Since this program utilizes the Pre-Admission Screening, we have configured the system to calculate the number of deficits the individual exhibits. We can automate clinical eligibility determination or can route completed assessment data to the entity responsible for making the determination.

Enrollment and Re-enrollment – We effectively maintain enrollment information and verify eligibility today for DHHR, BMS providers and members. Through our established data exchange process with the state's systems, member enrollment and eligibility information are stored in our Atrezzo database for real-time and accurate eligibility verification. If the new scope of work requires modification of our current processes for consuming additional data or requires revised workflows for eligibility verification, our Atrezzo platform's flexibility and ease of configuration will allow us to make those changes expeditiously. Atrezzo utilizes a pre-configured case status field to determine where an individual lies within the enrollment process. We define case statuses through configuration and set-up to support the entire eligibility, enrollment and redetermination process for each new program. Through case status tracking and reporting, we ae able to manage enrollment onto/off a given program. We can track home and community-based waiver slots available or utilized during the fiscal year, calendar year or defined and configured timeline.

Care Planning – The beneficiary's individualized Care Plan is a key component of conducting a comprehensive assessment of the beneficiary's conditions and needs to determine the most appropriate person-centered plan of care for the beneficiary. Atrezzo Care Plan capabilities include developing and monitoring beneficiaries' plan of care. The system's embedded physical, behavioral,

and social health assessments and accompanying rules-based workflows help to drive the person-centered Care Plan. Assessments are configured to automatically link assessment results to feed into a consolidated person-centered plan of care. This allows for the beneficiary's Care Team to provide an integrated and well-coordinated approach to develop interventions and support the beneficiary in meeting their physical health, behavioral health and social health goals. This also prevents duplication of Care Team efforts and ensures that Care Team member's interventions are in sync, supporting high quality outcomes for the beneficiary.

Service Authorization – We understand the primary objective of the service authorization function is to serve as a utilization management measure allowing payment for only those services that are medically necessary, appropriate, and cost-effective. *We currently provide Service Authorizations that follow these guidelines in our DHHR, BMS program today*. Service review and authorization resides in Atrezzo's Utilization Management (UM) module. Submitters create a UM case in the Provider Portal where they designate the service, amount, duration, start and end dates. Today, Kepro reviewers issue determination (authorization, deny, etc.). The system can be configured to send an email to submitter once a case status has changed, or the system users can also utilize "messaging" feature in Atrezzo to request/track requests for additional information from the submitter.

Kepro currently sends authorization files to the DHHR's MMIS system. We do not anticipate any needed changes to this process.

Service Delivery – We monitor Service Delivery across our Waiver programs utilizing Atrezzo. Atrezzo' automated prompts and workflows drive the process. Examples include, determining if services recommended in the care plan have been provided as indicated; beneficiary satisfaction with service delivery; Provider service reviews to determine quality and compliance with program requirements.

Billing/Claiming – Atrezzo has the capacity to track provider services, case management hours and units of care. This information can be used to create invoice documentation, as well as create data that can be sent to the claims payer for payment.

Reassessments – Our Atrezzo workflow is configured to notify users when a reassessment is required. Through our Assessments module, as an example, we can set a system task for 30 days prior to when a beneficiary's reassessment is due. This supports the requirement for reassessment per the state's defined cadence (annually or other, as necessary).

Quality Assurance – Atrezzo's 5 integrated modules include automated workflows and pre-loaded forms within each module to ensure quality assurance in all processes. Atrezzo's quality assurance rules-based workflows are designed to ensure efficiency, accuracy, and timeliness based on the program-specific services and populations serviced. Integration between these modules shown in **Table 1** promotes whole-person care and quality assurance across the individual's continuum of care.

d. Please describe your standard reporting features. Can users create their own custom reports? How does your solution support measuring outcomes?

Atrezzo's reporting capabilities are highly configurable and adaptable to client-preferred formatting and data. Users can configure reports via drag and drop functionality in Tableau. All data contained in the system is reportable, therefore outcome measure dashboards can be configured as required. Our reporting solution includes the capabilities listed in Table3.

Reporting Capability	Description
Standard Recurring Reporting	• Standard tabular reporting powered by SQL Server Report Services (SSRS) • Tabular reports • Scheduled or run ad-hoc (available 24/7) • Parameter-driven to provide the needed level of detail • **Value**: On-time, accurate contractually required reports that provide immediate answers to questions
Advanced Analytics Dashboards	• Powered by Tableau and available via Tableau Server • Range in capability from simple reporting and monitoring to deep-dive drill thru analysis • Built on top of line level detail, meaning that data is available at the necessary level of detail for analysis (easily roll up or drill thru) • Exportable in a variety of standard file formats; can create alerts, export underlying visualization data, etc. • **Value**: Easily monitor performance and operations through data visualizations and get answers to questions by using drill thru, without the need to submit additional ad hoc requests
Drag and Drop Report Creation (Report Authoring)	• Powered by Tableau and available via Tableau Server • Report authoring sits on top of the various client-specific data models • Data grouped by dimensions and measures and organized into concise folders • Users can create calculated fields and parameters • Tabular or visual • Savable to client-specific Tableau Server folder and will populate with up-to-date data • **Value**: Easily manipulate existing reports or create new reports to answer questions about performance and operations; reduces the need for additional ad hoc requests

Table 3. Atrezzo Reporting Capabilities
Atrezzo supports a wide range of flexible reporting options.

e.   What type of on-screen user help is included?

Users are prompted through pop-up messages to assist in completing steps for different workflows and processes. Detailed user guides are available to provide step-by-step instructions.

f.   Please provide your support structure (e.g., hours of operation, methodology including email, support, online ticketing system, etc.)

Kepro regards technical assistance and help desk functions as an essential component of our programs. Our centralized Customer Service Team serves as our first level contact for help desk and technical assistance, available via a toll-free telephone number and email address during normal state business hours Monday through Friday. The toll-free telephone number is included in all correspondence with individuals and providers.

The help desk and technical assistance process begins with routing all initial calls to our centralized Customer Service Team. The team responds to all emails within two (2) business hours of receipt. Based on our experience, most technical inquiries or issues are resolved at this level, including issues such as password changes, log-in lock-out due to multiple attempts with incorrect passwords, and data entry requirements. When a complex system issue arises, our Customer Service Team engages our tier two Corporate Technical Support Team to troubleshoot and identify steps to immediately resolve the issue.

Additionally, Kepro's technical support:

- For critical incidents, BMS can contact a Technical Support team member twenty-four (24) hours per day, seven (7) days per week, and 365 days per year.
- Returns calls for service of emergency system issues within one (1) hour.
- Returns calls for non-emergency IT service requests within three (3) hours or immediately the following day if after normal state business hours.
- Provides BMS with information on software problems encountered at other locations, along with the solution to those problems, when relevant to BMS software.

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.

Atrezzo was designed by clinicians, for clinicians to support the care management needs of our 31 Medicaid agency customers – all based on our three decades of state government healthcare experience.

The Atrezzo application is workflow-driven with business rules separate from the application. Business rules are maintained through an integrated management portal and do not require application development. Atrezzo also contains a drag and drag form builder (QBuilder) that allows new form creation without custom coding. These features enable a high degree of configurability - Atrezzo modifications can be completed and operational as quickly as 1-2 days.

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?

Atrezzo was specifically designed to support Medicaid HCBS waivers and is currently being used by 9 clients for HCBS Waiver programs, including West Virginia.

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.

Yes, most aspects of Atrezzo configuration can be performed by an appropriately trained state user. An entire HCBS waiver program from intake & screening, through assessment, eligibility determination, care planning, and case management could be configured by a trained state administrator.

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

Atrezzo was designed to address the challenges faced by Medicaid agencies and programs. With each state's unique requirements and programs, the platform is highly configurable for customization by state and by program. Every field and rule-based workflow is configurable; hence, we have not faced "challenging use cases" to configure. Configuration is well planned within the implementation phase of the contract and with Atrezzo's highly flexible platform, we do not experience "challenges" that our competitors may face.

Customizations that require source code modifications are usually limited to implementation of new features or enhancements. For example, the inclusion of a new communication method such as text messaging. Once new features are implemented, they are still accessed via configuration when possible.

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.

User access to member data and general system functions is based on role-based security. Atrezzo requires a unique login ID for every user that accesses the system, and each unique user is assigned specific roles. This role-based system dictates a user's ability to update and/or edit a case or record, upload documents, create new cases, or access reports.

As an example, for DHHR Waiver programs today, Atrezzo functionality includes a "Care Team" concept where the members care team can be added / changed and terminated as necessary to accommodate changes to the team. It is at the member level so care team members (providers with NPI) can see service authorization and assessment cases for the member.

4.2.4. Please describe your CMS and/or IMS implementation experience, including:
a. How long has the solution has been in use?

Atrezzo was first implemented in 2011 with a major application upgrade in 2020.

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?

Atrezzo has been implemented and is currently in use for 31 state Medicaid agencies, including 9 clients supporting HCBS Waiver programs – Florida, Maine, Mississippi, Nebraska, New Hampshire, New York, Oregon, Virginia, and West Virginia.

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

Atrezzo has been used to support HCBS waiver programs for the following populations/functions: Adult Day Care, Aged / Disabled, Behavioral Health / Substance Abuse, Intellectual / Development Disability, Mental Illness, Traumatic Brain Injury, and Children with Serious Emotional Disorder.

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

Yes, Atrezzo has been implemented to support multiple Medicaid HCBS waiver programs as shown in Table 4 below.

Waiver Program Population	Florida	Maine	Mississippi	Nebraska	New Hampshire	New York	Oregon	Virginia	West Virginia
Years of Service	**29**	**14**	**1**	**1**	**6**	**1**	**5**	**15**	**20+**
# Participants	20K	16K	250	12K	9700	3600	16K	1.1M	80K
Aged / Disabled	▓	▓	▓	▓	▓	▓	▓	▓	▓
Behavioral Health / Substance Abuse		▓	▓		▓		▓		▓
Children / Young Adults		▓	▓						▓
Intellectual / Developmental Disability		▓	▓		▓		▓		▓
Mental Illness			▓	▓	▓		▓		▓
Traumatic Brain Injury		▓	▓		▓		▓		▓

Table 4. Atrezzo Usage with Waiver Programs

Atrezzo is used by multiple states to support six different HCBS waiver populations.

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.

Kepro has decades of experience in supporting and working with Self-Directed care options for Intellectual and Development Disabilities Waivers, Traumatic Brain Injury Waivers and Aged and Disabled Waivers. Today Kepro supports DHHR's Waiver programs with self-directed care option to ensure each beneficiary has decision-making authority over certain services and take direct responsibility to manage their services with the assistance of a system of available supports.

Atrezzo supports self-direction of services through a comprehensive person-centered planning process.

Atrezzo's person-centered planning process and assessment rule-based workflows are used to develop a person-centered plan. The process is directed by the individual, with assistance from a representative if needed, or desired. **Each of our state clients follow unique guidelines, but all state's share some common characteristics related to self-direction options which is configurable in Atrezzo.**

- **Care Plan** – Atrezzo's care plan model specifies the services and supports that are to be furnished to meet the individual's preferences, choices, abilities and needs, and that assist the individual remain the community.

- **Individualized budget** – The individual controls how their individualized budget is spent; it is individually tailored according to their needs and preferences.

- **Information and assistance** – Workflows ensure an individual's needs for assistance in developing their person-centered service plan and budget plan are met, as well as quality oversight of services and providers.

SPOTLIGHT

Kepro has been supporting West Virginia's Personal Options (Self-Directed care) in the I/DD Waiver, Aged and Disabled Waiver and Traumatic Brain Injury Waiver programs since 2010.

For our current the I/DD Waiver, Traumatic Brain Injury (TBI) Waiver and the Aged and Disabled Waiver programs implemented in Maine, West Virginia, Florida, and Virginia, we also work with the state's selected Resource Consultants who request services for individuals, we explain individuals' rights and responsibilities along with offer them their Freedom of Choice of service model, setting and providers.

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

Kepro State programs in Florida, West Virginia, and Virginia use Atrezzo for Money Follows the Person (MFP) to support state efforts for rebalancing their long-term services and supports system so that individuals have a choice of where they live and receive services. Atrezzo's rules-based configuration provides a system-based workflow that connects intake, screening, assessment, care planning, service delivery and quality assurance of providers and services rendered for MFP beneficiaries.

Implemented in 2011 for DHHR, we have been providing expedited assessment and eligibility processes and tracking within our systems to accommodate those wishing to leave facility and receive HCB. Specifically, Kepro's eligibility assessments for ADW and TBIW are used in collaboration with the Take Me Home (TMH) Waiver to support program evaluations conducted by

state entities. Another example is the MFP service reviews we conduct for our Virginia client and MFP Waiver beneficiaries, utilizing Atrezzo's configured workflows to support individuals in receiving their preferred services in a quality-driven and efficient manner.

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

Kepro has successfully implemented a lightweight and effective software development lifecycle approach known in the industry as SCRUM Agile. SCRUM Agile is an iterative development methodology derived from the well-known Agile development methodology used for years by Fortune 500 companies around the world. By using the SCRUM Agile approach, we are using the best practices for strategizing, designing, transitioning, operating, and continuously improving the products and services we deliver.

Figure 1 depicts an overview of the SCRUM Agile process cycle:

Figure 1. Agile Development Methodology
Our SCRUM Agile process is reliable, proven, and used by Fortune 500 companies globally.

At every software release cycle, the project manager and stakeholders actively engage in an interactive demonstration of the latest functionality in the software product. At that time, the stakeholders give feedback on things they like or dislike about the product. This feedback is taken back to the development team and worked into the work item backlog to correct any potential issues immediately instead of waiting until the end of the SDLC. This process is invaluable for

correcting issues early on, preventing a lot of re-work and ensuring the stakeholders are getting exactly what they expect.

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?

Our Atrezzo infrastructure is a web-based platform and is easily scalable to meet client needs. Atrezzo is built on Microsoft® technology and is hosted in a HIPPA, NIST, and SOC 2 compliant data center, making it a mature, developed system that requires minimal configuration. It's designed at its core to be compliant with all federal, state, and contractual regulations. It is configured to be agile, adaptable, and scalable.

Atrezzo will be available statewide to West Virginia 24 hours a day, 7 days a week except for regularly scheduled maintenance windows. Our primary data center is hosted by Element Critical, located in Austin, TX, with continuous automated backup to Microsoft Azure Site Recovery, West Des Moines, IA, USA. Element Critical is an SSAE 18 Type II, SOC 2 Type II, PCI DSS 3.2, and HIPAA standards with ISO 27001:2013 compliant data center. Redundancy for Atrezzo is built into the hardware platform in the following places:

- Firewalls
- Core Switching
- Network Runs
- Hypervisor Hosts
- SQL DB Hosts
- Storage Architecture
- Off-site DR Capabilities

Kepro's Contingency and Business Continuity Plan (CBCP) is designed to prepare for and address the elements necessary to ensure continuity of service to critical business systems and safeguard State data during any emergency. The principles of Kepro's CBCP are based on guidance from the National Institute of Standards and Technology (NIST) Contingency Planning Guide for Federal Information Systems, Special Publication 800-34 Rev 1. Our CBCP covers all systems including computer systems and telecommunications (telephone and fax), and all business processes. The CBCP is reviewed and updated annually or more frequently if issues arise in the twice-annual failover testing.

No browser add-ons or plug-in are required for end users.

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?

Kepro has already performed multiple MITA assessments on our Atrezzo Care Management platform working with the State of Maine and Commonwealth of Virginia. In both Maine and

Virginia, Atrezzo passed the MITA assessment as part of the broader state MMIS evaluation, though no specific Atrezzo module was required to be certified.

We are also in the process of beginning the first ever Streamlined Modular Certification (SMC) process for a UM/CM module in partnership with the state of Oklahoma. Our experience with the rigorous certification process has primed our staff to handle the exacting requirements necessary to succeed in CMS certification. If BMS decides to pursue CMS Certification, we are uniquely positioned to help. In addition to our knowledgeable staff, we have a full set of previously approved templates and deliverables that will provide a valuable head-start and accelerate the certification process.

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?

There are no known obstacles or risks to implementing Atrezzo in a modular MES environment for CMS certification. In the first quarter of 2022, Kepro completed a corporate MITA assessment of our Atrezzo platform. Kepro engaged a third-party firm, expert in MITA, to assess our Atrezzo solution for alignment with the MITA framework. To determine if Atrezzo embodied the MITA standards, conditions and review criteria, the assessor reviewed our evidence and artifacts. The results of the assessment showed that Atrezzo is more than 90% complaint and aligned with MITA. We are in the process of evaluating the items that are not completely aligned to determine how best to include them in the Atrezzo roadmap. Some of these items have already been deemed to be "not applicable" and others required only minor updates.

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.

Atrezzo has standards-based APIs using HTTP and REST for internal services. The APIs are documented and versioned so developers can effectively leverage and maintain systems that use Atrezzo APIs. Expanding the APIs to support FHIR is in our product roadmap and will be implemented as part of this deployment for BMS if required.

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
ii. Medicaid Management Information System (MMIS)
iii. Medicaid eligibility system
iv. Individual providers
v. ASO systems
vi. Managed care organization (MCO) systems

We bring significant integration experience working with state and state partner systems including each system listed in part (i) through (vi) above. Kepro has successfully exchanged data via file transfer / ETL, APIs, and custom interfaces for over 35 years. We have systems in place to exchange files daily with every major MMIS vendor (including eligibility systems) and selected state-

managed systems. We manage over 420 unique daily, weekly, and monthly file transaction processes that account for over 2,500 daily job executions that involve data exchanges between Kepro and our clients. Kepro's staff bring best practices we have acquired through decades of handling millions of transactions daily.

More recently, we have also added Robotic Process Automations (BOTS) to facilitate data exchange with source systems that are not accessible with the standard integration methods described above.

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

Typical challenges we encounter with integration / interfacing with other systems include:

- Alignment on schedule and timing for activities with the integration partner
- Timely and appropriate access to subject matter experts for the source system
- Sufficient, accurate, and current documentation on interface specifications
- Information on security implementation details and provisioning of required access/accounts for the source system
- Availability of "test" systems and infrastructure for the source system

4.2.9. What is a typical implementation timeline? Please include key phases, milestones, drivers, and assumptions.

Typical implementation timelines range from 4 to 8 months.

We use a six-phase implementation approach where each phase builds on previous activities to achieve clear, measurable goals that culminate in a successful go-live solution as shown below in **Figure 2**. Implementation work is iterative by nature; therefore, phases will overlap to accommodate the complexity of the work required. We find this approach to be an efficient and effective method for deliverable timelines.
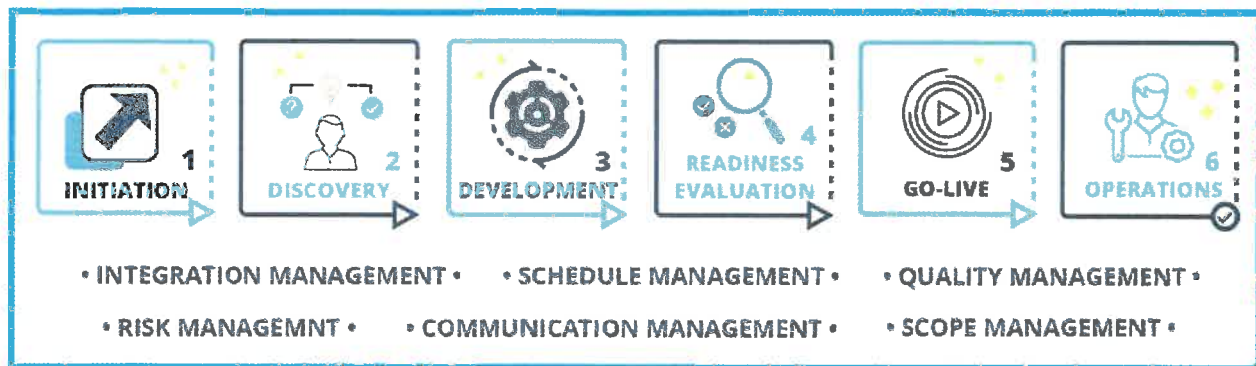

Figure 2. Implementation Methodology
Implementation work is iterative by nature; therefore, phases will overlap to accommodate the complexity of the work required.

Each phase of our implementation methodology is detailed below:

1. Initiation – Kepro's implementation team will meet with BMS staff to kick-off the project where we align on scope, schedule, communications cadence, key project stakeholders and expectations/ requirements to transition from current to future state.

2. Discovery – Our business analysts and leaders will review existing materials and meet with BMS to discover, document, and gain approval on key requirements. This includes any potential risks for the transition from current to future state and expectations regarding quality assurance and management, business continuity, reporting/analytics, operational business processes, IT/security requirements, and other work streams.

As approved by BMS, we will work with other parties throughout the Discovery phase to understand existing processes/systems. We will receive and/or gather any documentation detailing desired future state processes so that that we can ensure they are supported correctly in Atrezzo.

3. Development - Based on what we learn through Discovery, we finalize process flows, develop necessary plans, BMS specific training plans, and tools necessary to successfully implement the scope of work. Using the documented requirements, our technology team assists BMS to configure Atrezzo based on the requirements for the contract. We work with BMS to test all systems and processes end-to-end.

4. Readiness Evaluation - Our core implementation team prepares the readiness evaluation tool that is based on contract requirements. We will evaluate all aspects of contract implementation to gauge our readiness to go-live. During this phase we will train all BMS staff. We formally evaluate readiness multiple times throughout an implementation to permit operations and leadership the data necessary to make decisions and escalate risks to minimize any negative impact.

5. Go-Live – We will deliver all items in scope, within timeline. Our implementation team remains engaged to support implementation success, including system configuration. We are ready to assist when urgent needs arise. We conduct daily huddles to review the operations data to identify any issues that arise as well as discuss any issues requiring mitigation.

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
b. CMS only
c. IMS and CMS

The largest variables that will impact the implementation timeline are the number and complexity of the HCBS waiver programs, the number and complexity of required reports, the number of external system interfaces and the associated availability of state / state vendor resources for them, and then level of training required for state users.

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

Based on our experience, successful implementations share several common factors:

1. **Sponsorship & Commitment** - the project is a top priority for the client, with the associated senior leadership and management commitments.

2. **Clear Requirements** - requirements are clear, complete, and articulated at a detailed level.

3. **Available Resources** - key staff are knowledgeable, available as required, and free from conflicting priorities.

4. **Strong Governance** – an efficient governance model to monitor program progress and risks, remove barriers, provide signoffs and gate approvals, and ensure timely decisions are made.

5. **Effective Change Management** – including the five components described in question 4.2.11 below.

The absence of any of these factors will add risk to an implementation. Based our experience, the two most critical factors that negatively impact implementations are a lack of clear requirements, and an ineffective program governance model.

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

Kepro can provide an organizational change management strategy with the following components:

1. **Readiness Assessments** – tools to analyze the anticipated level of change required to successfully implement the program, the level of impact the change will have on the key internal and external groups, and their readiness and willingness to accept the change.

2. **Communication Planning** – a comprehensive change management communication plan that outlines how changes will be addressed with each involved group taking into consideration each individual audience, specific message, timing, and coordination.

3. **Sponsorship / Stakeholder Maps** – an analysis to determine how to effectively communicate the importance of the change to key stakeholders and sponsors, gain their support, and how those parties can help build a network of support that extends to other key stakeholders and influencers involved in the program.

4. **Training** – a comprehensive set of Atrezzo training for clinical and non-clinical staff covering applicable modules and system functionality.

5. **Feedback & Quality Improvement** – as the program is implemented, feedback is collected to determine what is working well and where improvements can be made in policies, processes and or system configuration.

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?

Our proposed model includes the Atrezzo features and functionality described within this response inclusive of all required hosting costs (software licenses, hardware, support), initial configuration and customization, reporting, and training. There are no anticipated recurring implementation costs. Variables impacting costs are included in Table 5 below.

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

Our proposed model includes the Atrezzo features and functionality described within this response inclusive of all required hosting costs (software licenses, hardware, support), configuration updates, reporting updates, and ongoing training. All costs are recurring costs. Variables impacting costs are included in Table 5 below.

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

Yes, some components of system operations and maintenance can be assumed by BMS or another vendor. For example, Tier 1 help desk support, user account creation, password management, and basic system configurations fall into this category.

Tier 2 help desk support, system customizations, and new system features/enhancements are items that would be performed by Kepro.

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.

Category	IMPLEMENTATION		ONGOING		Assumptions
	Low Estimate	High Estimate	Low Estimate	High Estimate	
IMS only – Development	$300,000	$400,000			CMS certification not applicable
IMS only – Integrations	$50,000	$90,000	$15,000	$30,000	Cost driven by number of integration points
IMS only – Hosting and Support			$400,000	$500,000	Assumes 2000 users and a secure private cloud environment
IMS only – User Training & Support	$15,000	$30,000	$20,000	$30,000	Variables include user types, hyper care duration, number of users, user related SLAs. Low estimates assume train the trainer model

Category	IMPLEMENTATION		ONGOING		Assumptions
	Low Estimate	High Estimate	Low Estimate	High Estimate	
IMS only – Custom Reporting	$30,000	$80,000	$20,000	$75,000	Low estimate includes configuration of our standard reports. High estimate includes custom reports. Ongoing varies on desired level of reporting support
IMS only – Total	**$395,000**	**$600,000**	**$455,000**	**$635,000**	
CMS only – Development	$900,000	$1,200,000			High estimate assumes CMS certification
CMS only – Integrations	$160,000	$300,000	$50,000	$115,000	Cost driven by number of integration points
CMS only – Hosting and Support			$400,000	$500,000	Assumes 2000 users and a secure private cloud environment
CMS only – User Training & Support	$40,000	$100,000	$60,000	$100,000	Variables include user types, hyper care duration, number of users, user related SLAs. Low estimate assumes train the trainer model
CMS only – Custom Reporting	$50,000	$200,000	$30,000	$100,000	Low estimate includes configuration of our standard reports. High estimate includes custom reports. Ongoing varies on desired level of reporting support
CMS only – Total	**$1,150,000**	**$1,800,000**	**$540,000**	**$815,000**	
IMS + CMS – Development	$1,200,000	$1,600,000			High estimate assumes CMS certification
IMS + CMS – Integrations	$210,000	$390,000	$65,000	$145,000	Cost driven by number of integration points
IMS + CMS – Hosting and Support			$400,000	$500,000	Assumes 2000 users and a secure private cloud environment
IMS + CMS – User Training & Support	$55,000	$130,000	$80,000	$130,000	Variables include user types, hyper care duration, number of users, user related SLAs. Low estimate assumes train the trainer model
IMS + CMS – Custom Reporting	$80,000	$280,000	$50,000	$175,000	Low estimate includes configuration of our standard reports. High estimate includes custom reports. Ongoing varies on desired level of reporting support.
IMS + CMS – Total	**$1,545,000**	**$2,400,000**	**$595,000**	**$950,000**	

Table 5. Estimated Cost Ranges

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

To create accurate and cost-effective pricing, we need more detail on the functional requirements of each solution module, details on expected data integrations, details on reporting (number, format, layout, and frequency of reports), any updates on anticipated user counts by user category, expectations on the vendor's role for supporting CMS certification, and desired timeframe for development and implementation.

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

Solicitation requirements that could prevent Kepro from bidding include transfer of ownership in pre-existing intellectual property, on-premises deployment, perpetual licensing of technology, sublicensing rights, and disclosure of source code.

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.

The most significant immediate major trend and issue facing Medicaid is the end of the national Public Health Emergency and redeterminations. While we recognize most of the lives in question with this RFI will remain the waiver programs, it will be incumbent on West Virginia Medicaid and its contractors to ensure all avenues are pursued to accomplish the task of maintaining membership for those appropriate and accessing other social services for the very small population that would not. While it is uncertain when the Public Health Emergency will end, it will be a considerable task and policy change for DHHR to manage.

The additional trends that Kepro believes will be impactful in the waiver space can be broken into three areas:

1. **Program integrity issues in the form of Federal requirements**

    a. Compliance with HCBS setting rules.

    b. Compliance with Electronic Visit verification for non-skilled person providers.

2. **Workforce challenges**

    a. The challenge of workforce capacity for direct source providers given the issues surrounding employee hiring in today's economic environment.

    b. The disbursed nature of the West Virginia population seeking waiver services which also dovetails into workforce capacity issues in both urban and rural areas of the state.

3. **Social Determinants of Health**

    a. The Covid 19 pandemic has caused many policy challenges during its time, but the issue of addressing SDOH engagement in the waiver programs on loneliness and its impact on the behavioral health challenges that can ensue.

Finally, there are a series of changes recently announced by CMS created by the Consolidated Appropriations Act (CAA) of 2021 which extended funding for the Money Follows the Person (MFP) program through 2023. The act created two changes to expand participant eligibility that are expected to increase the number of transitions into the community.

First, the CAA of 2021 reduced the minimum length of time in an inpatient facility before an individual can qualify for MFP from 90 days to 60 days. Second, the days a person receives skilled nursing services or skilled rehabilitative services in a certified skilled nursing facility now can be counted toward the length-of-stay requirement.

While these changes took effect January 26, 2021, and states with MFP programs can implement them retroactively. This means that states may offer the opportunity to transition back to the community earlier in an eligible individual's stay. Importantly this includes, supporting people in moving from institutions to the community, which play a role in assisting states in implementing and capitalizing on new flexibilities in Medicaid to expand home- and community-based services waiver programs.

Two factors help us to keep our Atrezzo solution current HCBS trends. First, our national client base provides valuable insight into the daily issues and challenges experienced by our customers. And second, the flexible configuration nature of Atrezzo makes it fast and easy to make system changes to accommodate changing program requirements.

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?

We have consistently seen the following program outcomes where our software is deployed:

1. **Increased Provider Satisfaction** – Our average provider satisfaction rate is 85%. Providers appreciate Atrezzo's ease of use and automation.

2. **Utilization Cost Savings** – Across our client portfolio, we saved our clients more than $580 million dollars in aggregate by ensuring that services approved and paid for are, in fact, medically necessary and consistent with pre-established coverage criteria, coordinated alternate levels of care, and timely, appropriate discharges.

3. **Faster Turn Around Times** – Our clients typically experience a reduction in turn around time metrics based on system automations and efficient workflow processing.

4. **Increased Data Quality** – Comprehensive data validation rules and reliable data interfaces with related systems help to increase overall data quality.

5. **Reporting Insights** – Real time data access supported by interactive dashboards help identify trends and opportunities to improve program performance.

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.

Kepro would bid on a combined CMS and IMS RFP. We believe there are a lot of natural synergies and functional workflow connections between the CMS and IMS requirements as well as shared data and reporting insights that can be realized with a single unified solution. Similarly, we believe that BMS would benefit from having a consolidated solution for use by both the CMA and ASO functions.

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.

Yes, we would be happy to present a short demonstration of our solution to BMS.

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

None at this time.

Corporate Overview

In addition to the question responses, Respondents may supply a corporate overview of no more than two pages describing their organization's experience, staffing, ownership, and technical maturity. BMS discourages overly lengthy responses. Therefore, marketing collateral, manuals, or other materials beyond that sufficient to present a complete and effective response are not desired. While additional data may be presented, material not relevant to this RFI will not be reviewed by BMS.

Kepro is a privately held company that was originally established on May 16, 1985. Today, **we are a nationally recognized premier provider of assessment, care management, and quality oversight services and technology, supporting vulnerable populations including the 65+ aged population and disabled populations of all ages**. We focus solely on healthcare, and healthcare technology and have an established reputation for excellence in Medicare and Medicaid program services.

We have more than 36 years of experience delivering care management and assessment services using our proprietary Care Management technology to 50 million people nationwide, including 22 years serving BMS and West Virginia population. Our software helps to deliver better health outcomes to the vulnerable individuals and populations for clients that include federal, state, and local governments.

Experience Managing Long Term Access Services

Kepro has been serving Medicaid beneficiaries receiving Long Term Supports and Services (LTSS) and Home and Community-Based Services (HCBS) since 1992. We provide an array of services, helping millions of individuals maintain optimal quality of life while remaining in the community, as well as transitioning individuals from institutional care to community-based settings. We simplify access to long term services and ensure Beneficiaries receive the most appropriate services to achieve their goals for independence while maintaining exceptional quality.

Atrezzo is used to deliver objective assessments to individuals needing LTSS and HCBS services. **Across our clients, Atrezzo is used to perform over 300,000 assessments annually.** We have summarized Atrezzo deployments for clients with similar requirements to BMS in **Table 6** below.

RFI Scope Component	Arkansas	Florida	Illinois	Maine	Mississippi	New York	Oregon	Pennsylvania	Virginia	West Virginia
Years of Service	1	29	19	14	1	1	5	4	15	20+
# Participants	100	20K	50K	16K	250	3600	16K	11K	1.1M	80K
Populations Served	B, I	A, B, I, M	A, C	A, B, C, I, T	A, B, C, I, M, T	A, B, I, M, T	A, B, I	I	A, B,	A, B, C, I, M, T
Intake Processing										

RFI Scope Component	Arkansas	Florida	Illinois	Maine	Mississippi	New York	Oregon	Pennsylvania	Virginia	West Virginia
Screening	■	■	■	■	■	■	■	■		■
Assessment	■	■	■	■	■	■	■	■		■
Clinical Eligibility	■	■	■	■	■	■	■	■	■	■
Enrollment		■				■		■		
Care Planning		■			■		■			■
Service Authorization	■	■	■				■		■	■
Service Delivery	■	■		■						
Billing / Claiming	■			■						
Reassessments	■	■	■	■	■		■	■	■	■
Re-enrollment	■		■		■		■	■	■	
Quality Assurance	■	■	■	■		■	■	■	■	■
Data Transfer & File Maintenance	■	■	■	■	■	■	■	■	■	■
Standard / Ad-hoc Reporting	■	■	■	■	■	■	■	■	■	■

A = Aged/Disabled	I = Intellectual/Development Disability
B = Behavioral Health / Substance Abuse	M = Mental Illness
C = Assessments for children and young adults	T = Traumatic Brain Injury

Table 6. Kepro Experience Relative to West Virginia Requirements
Our Atrezzo platform is used by other state government agencies with similar requirements.

We are URAC accredited in Case Management, Disease Management, and Utilization Management, as well as an Independent Review Organization - Internal/External Comprehensive accreditation. Our staff consist of more than 1,500 physicians, nurses, social workers, pharmacists, case managers, client service representatives, information technologists, analysts, and communications and administrative professionals. Kepro remains physician-led, with clinicians in key leadership and management positions throughout the organization.

Our technical maturity has been developed and honed by more than three decades of providing clinical technology solutions to our clients. Our technical teams are skilled at using a wide range of modern application development architectures, frameworks, and technologies. Our software is developed and maintained using industry standard agile software practices. We have experience helping our clients achieve CMS certification as well as reusable templates and artifacts to support the certification process.

The combination of our national Medicaid experience, technical acumen, and comprehensive knowledge and understanding of West Virginia makes Kepro uniquely qualified to partner with BMS on the scope of this CMS / IMS implementation.

Kepro has corporate offices in Nashville, TN and Harrisburg, PA in addition to 16 program offices, including our existing office in Charleston, WV. We have worked in states with larger, smaller, and similar population size to that of West Virginia, giving us a broad range of experience and a scalability of solutions. Kepro is local: offering a West Virginia presence and a Charleston office for 22 years. We have established contacts with community and stakeholder groups statewide, which we will leverage to ensure a seamless transition for West Virginia's program as well as its residents and stakeholders.

Contact Information

Respondents should designate a single point of contact within their response. The BMS may use this information to request additional information, provide additional RFI materials, and inform respondents of potential future solicitations.

Kepro would be pleased to provide any additional information that the West Virginia Department of Health and Human Resources (DHHR), Bureau for Medical Services (BMS), would find helpful. The single point of contact for Kepro regarding this RFI is:

Michelle Marks
SVP Clinical Eligibility & Assessments
mmarks@kepro.com
(813) 943-7173