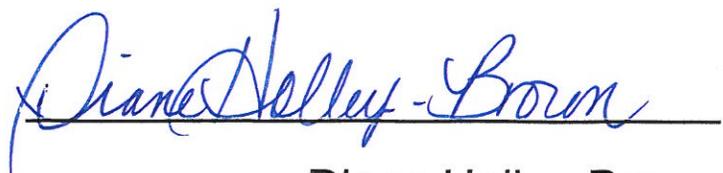# NOTICE

Due to a technical error in wvOASIS regarding the electronic response to the solicitation CRFQ 0511 BMS15*1 from Sivic Solutions Group, LLC, it has been confirmed that this response was received prior to the bid opening date and time (December 30, 2014 at 1:30pm). Supporting documentation is included with the vendor's bid.

Diane Holley-Brown
Assistant Purchasing Director

From:	Dan Miller <Dan.Miller@wvoasis.gov>
Sent:	Thursday, January 08, 2015 4:27 PM
To:	Sheets, Mike - Purch
Cc:	Rick Pickens; Kilpatrick, Robert P
Subject:	Solicitation CRFQ 0511 BMS1500000001 - Sivic Solutions Group, LLC
Attachments:	SR_0511_ESR12271400000001450.pdf

Regarding the solicitation for school-based health services, please be advised that a technical issue relating to the Vendor Self Service portal caused the electronic solicitation response from Sivic Solutions Group, LLC, (ESR12271400000001450) to **not** be displayed on the Evaluator document during the public bid reading. However, I can confirm that the response was received prior to the closing date and time. See attached for more information.

Dan Miller
wvOASIS Procurement & Logistics Team Lead
West Virginia Enterprise Resource Planning Board
312 MacCorkle Avenue SE
Charleston, WV 25314

General Information | Contact | Default Values | Discount | Document Information

Procurement Folder: 26405

Procurement Type: Central Master Agreement

Vendor ID: VS0000003308

Legal Name: SIVIC SOLUTIONS GROUP, LLC

Alias/DBA:

Total Bid: $4,068,480.00

Response Date: 12/27/2014

Response Time: 14:53

West Virginia Purchasing Division

2019 Washington Street, East
Charleston, WV 25305
Telephone: 304-558-2306
General Fax: 304-558-6026
Bid Fax: 304-558-3970

The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at **wvOASIS.gov**. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at **WVPurchasing.gov** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

wvOASIS

Jump to: PRCUID [Go] Home Personalize Accessibility App Help About

Welcome, Lu Anne Cottrill | Procurement | Budgeting | Accounts Receivable | Accounts Payable

View All 1 of 3 | ● The Vendor ID does not exist on the Vendor Table. (A761)

Solicitation Response(SR) | **Dept:** 0511 | **ID:** ESR12271400000001450 | **Ver.:** 1 | **Function:** New | **Phase:** Draft | ▼ | Modified by batch , 12/30/2014

Header

[List View]

| General Information | Contact | Default Values | Discount | Document Information |

Procurement Folder:	26405
Procurement Type:	Central Master Agreement
Vendor ID:	VS0000003308
Legal Name:	SIVIC SOLUTIONS GROUP, LLC
Alias/DBA:	
Total Bid:	$4,068,480.00
Response Date:	12/27/2014
Response Time:	14:53

SO Doc Code:	CRFQ
SO Dept:	0511
SO Doc ID:	BMS1500000001
Published Date:	12/18/14
Close Date:	12/30/14
Close Time:	13:30
Status:	Closed
Solicitation Description:	Addendum#4: SCHOOL BASED HEALTH SERVICES
Total of Header Attachments:	0
Total of All Attachments:	0

Proc Folder : 26405

Solicitation Description : Addendum#4: SCHOOL BASED HEALTH SERVICES

Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation No		Version
	2014-12-30 13:30:00	SR 0511 ESR12271400000001450		1

VENDOR

VS0000003308

SIVIC SOLUTIONS GROUP, LLC

FOR INFORMATION CONTACT THE BUYER

Robert Kilpatrick

(304) 558-0067
robert.p.kilpatrick@wv.gov

Signature X	FEIN #	DATE

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Base Year One - Mandatory Services				$0.00

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :	Mandatory Services: Section 4.1.1 through 4.1.8, all-inclusive annual cost

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Optional Year 2 - Mandatory Services				$0.00

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :	Mandatory Services for Optional/Renewal Year 2: Section 4.1.1 through 4.1.8, all-inclusive annual cost

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Optional Year 3 - Mandatory Services				$0.00

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :	Mandatory Services for Optional/Renewal Year 3: Section 4.1.1 through 4.1.8, all-inclusive annual cost

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Optional Year 4 - Mandatory Services				$0.00

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :	Mandatory Services for Optional/Renewal Year 4: Section 4.1.1 through 4.1.8, all-inclusive annual cost

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Additional Services Hourly Rate - Base Year One	5000.00000	HOUR	$92.00	

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description : Additional Services Hourly Rate for Base Year One: All inclusive hourly rate to perform Additional Services per Specifications Section 4.1.9 and per an approved Statement of Work (SOW).

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Additional Services Hourly Rate - Base Year Two	5000.00000	HOUR	$92.00	

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description : Additional Services Hourly Rate for Base Year Two: All inclusive hourly rate to perform Additional Services per Specifications Section 4.1.9 and per an approved Statement of Work (SOW).

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	Additional Services Hourly Rate - Base Year Three	5000.00000	HOUR	$92.00	

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description : Additional Services Hourly Rate for Base Year Three: All inclusive hourly rate to perform Additional Services per Specifications Section 4.1.9 and per an approved Statement of Work (SOW).

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	Additional Services Hourly Rate - Base Year Four	5000.00000	HOUR	$92.00	

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description : Additional Services Hourly Rate for Base Year Four: All inclusive hourly rate to perform Additional Services per Specifications Section 4.1.9 and per an approved Statement of Work (SOW).

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	Prior Year Settlement	11.00000	EA	$11,680.00	

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description : Prior Year Settlement - Lump Sum, All-inclusive Cost per Settlement Year, per Specification Section 4.1.10

SIVIC SOLUTIONS GROUP

West Virginia Department of
Health and Human Resources

School Based Health Services and Reimbursement Strategies for Medicaid Services

RFQ# BMS15014

CRFQ 0511 BMS1500000001

12/30/2014 13:30

December 26, 2014

Department of Administration
Attn: Robert Kilpatrick
2019 Washington St. E
Charleston, WV 25305

Re: Technical Proposal for RFQ BMS15014 – CRFQ 0511 BMS1500000001: School Based Health
        Services and Reimbursement Strategies for Medicaid Services

Dear Mr. Kilpatrick:

Sivic Solutions Group (SSG) is pleased to present our Technical Proposal to the West Virginia
Department of Health and Human Resources (DHHR), Bureau for Medicaid Services (BMS) to the
Request for Quotation, and look forward to providing the requested services to the State.

We consider Section 4 – Mandatory Requirements and Appendix A: Staff Resumes to be confidential and
thus exempt from inspection and copying by any other person other than the reviewers of this proposal
since disclosure of this information would put SSG at a competitive disadvantage.

Included in the Technical Proposal are the required forms in Appendix B: Required Forms.

I certify that I am authorized to make representations for and bind Sivic Solutions Group, LLC to all
statements, services and prices contained in our proposal. Sivic Solutions Group commits to providing
the services described in this proposal and will enter into a contract with DHHR/BMS for these services.

We look forward to providing the requested services to DHHR/BMS and the State of West Virginia.

Thank you.

Sincerely,

Siva Kakuturi, President
Sivic Solutions Group, LLC

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
SCHOOL BASED HEALTH SERVICES AND REIMBURSEMENT STRATEGIES
FOR MEDICAID SERVICES
RFQ BMS15014 – CRFQ 0511 BMS 1500000001

SSG
SIVIC SOLUTIONS GROUP

Section   **Page**

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
SCHOOL BASED HEALTH SERVICES AND REIMBURSEMENT STRATEGIES
FOR MEDICAID SERVICES
RFQ BMS15014 – CRFQ 0511 BMS 1500000001

SIVIC SOLUTIONS GROUP

1. OUR UNDERSTANDING OF PROJECT PURPOSE AND SCOPE

Sivic Solutions Group (SSG), a 16-year old New York based Limited Liability Company offering full service consulting, revenue management in schools and health and human services, systems, and operations support and services, will provide the West Virginia Department of Health and Human Resources (DHHR), Bureau for Medicaid Services (BMS), a highly experienced multi-disciplinary team to provide Random Moment Time Study (RMTS), Medicaid Administrative Claiming (MAC), and Cost Reconciliation/Cost Settlement services to the State's Medicaid School-based Health Services (SBHS) program.

Sivic Solutions Group (SSG) is pleased to present to the West Virginia Department of Health and Human Resources (DHHR), Bureau for Medicaid Services (BMS), a highly experienced multi-disciplinary team to provide Random Moment Time Study (RMTS), Medicaid Administrative Claiming (MAC), and Cost Reconciliation/Cost Settlement services to the State's Medicaid School-based Health Services (SBHS) program. Our experienced staff and exceptional systems capacities are ready and able to provide an improved claiming program which will operate much more efficiently and result in additional federal recoveries.

We understand that that DHHR/BMS wants a vendor to assist in administering the operational aspects of the WV Medicaid School- Based Health Services (SBHS) Program, as well as consulting services for the development of reimbursement strategies for Medicaid State Plan services and completion of prior year cost settlements.

SSG offers DHHR/BMS a firm that includes:
✓ A highly experienced team of staff with qualifications in Medicaid in Education in both direct services and administrative claiming
✓ Highly experienced Project Manager to manage the project schedules to implement the project on-time and within budget and provide support and communications with DHHR/BMS Management
✓ Local customer support and training provided by our Project Manager and Deputy Project Manager, who are highly knowledgeable about the SBHS program requirements
✓ Top Medicaid in Education and Cost Allocation consultants in the country including Greg Morris, Bruce Berger, Ann Herrick and Deb Lower to support DHHR/BMS in policy support
✓ A superior web based state of the art e-SivicMACS system that will be configured to the requirements of Time Study and Administrative Claiming
✓ e-SivicMACS system using Open technologies, which is proven to integrate with Statewide/LEA Accounting and Direct Service claiming systems
✓ Seasoned Project Manager (Ann Herrick) with extensive experience in managing RMS, MAC claiming and cost and reconciliation at Chicago Public Schools
✓ A Company that is built on the core vision of the best customer service

Provide Operational MAC Claiming and Cost Reconciliations and Cost Settlements

e-SivicMACS is built on the same robust sampling and claiming methodology currently in place in many states supporting Medicaid claiming.

We will implement a RMTS, MAC claiming, and cost settlement process consistent with state and federal regulations and procedures, by providing the following services.

- Collect, validate and create QA roster of time study participants
- Create four universal statewide rosters
- Distribute random moment emails and collect responses using the e-SivicMACS Webform
- Send email reminders to time study participants and their supervisors
- Conduct centralized coding by a QA Specialist and perform an internal review of the coding by a senior Specialist
- Tabulate and analyze time study results
- Collect cost reports for the quarterly MAC claim and annual cost settlement
- Develop and utilize Medicaid eligibility and IEP Medicaid ratios
- Develop MAC claims and annual cost settlements, send claim invoice and cost settlement forms to LEAs and collect Certification of Public Expenditure forms
- During claim development, analyze and compare claim amounts higher or lower than the norm
- Provide training and technical assistance to LEA Medicaid Coordinators and finance officers
- Provide a wide variety of standard reports that are real-time/on-line and with appropriate security access, can be run by DHHR/BMS and LEAs, along with providing ad hoc reporting and Excel downloads of all reports
- Provide trend analysis reports
- Provide regular status reports and telephone updates, and attend onsite meetings and applicable state conferences
- Assist in ongoing monitoring of program operation, including tri-annual monitoring of LEA compliance with federal and state requirements

As the foundation for the above processes, SSG will provide our web-accessible e-SivicMACS system to document LEA staff time spent conducting Medicaid direct medical and administrative services. It also encompasses administrative claiming and cost settlement functions in support of Medicaid claiming. Our e-SivicMACS system is built on the robust sampling and claiming methodology currently in place in many states supporting Medicaid and Title IV-E administrative claiming.

The system provides for an e-mail notification to each randomly selected participant in the sample that includes a link to a web site where the observation form is completed. The system offers these time reporting methods in combination with the central coding or RMTS respondent

Our system offers the District coordinators and finance personnel with the functionality to enter data using system screens or upload data using Excel files.

coding approaches, both of which support LEA staff with the least intrusive approach to fulfilling federal time reporting requirements.

The cost reporting component of the e-SivicMACS system provides the LEA finance officers with a tool that provides easy to use cost templates specific to the Medicaid administrative cost allocation plan and the ease of reporting necessary salaries, benefits and other operating expenditures applicable to Medicaid program activities. It provides for both Medicaid administrative claiming and the annual cost settlement to actual cost for direct services.

Exhibit 1-1: MAC Reimbursement Process, and *Exhibit 1-2: SBS Cost Settlement Process*, provide the process flows and the tasks performed during RMTS, MAC claiming and cost reconciliation and cost settlement processes.
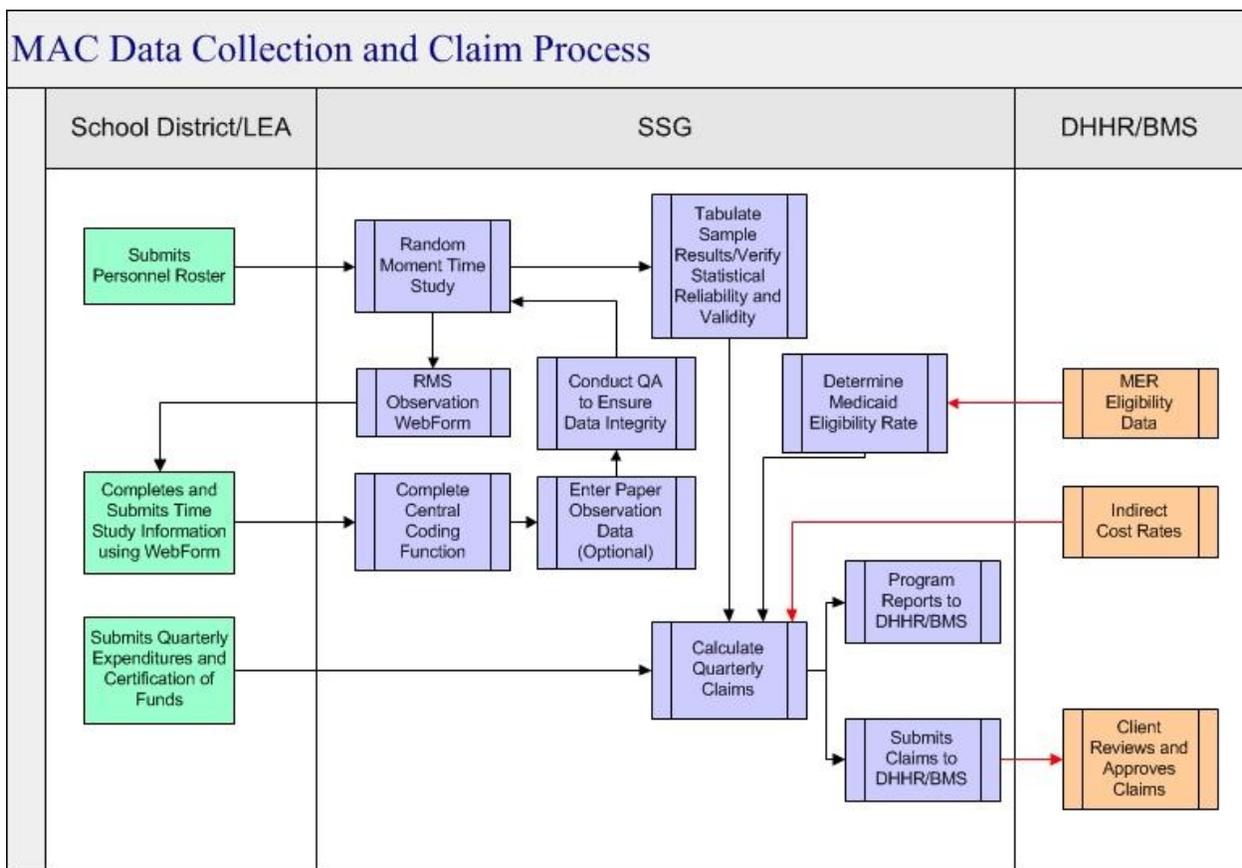

Exhibit 1-1: MAC Reimbursement Process, *provides the process flow and the tasks performed during the RMTS and claiming process.*

Much of the Cost Settlement Process relies on the MAC process elements, including the RMTS results and cost reports.
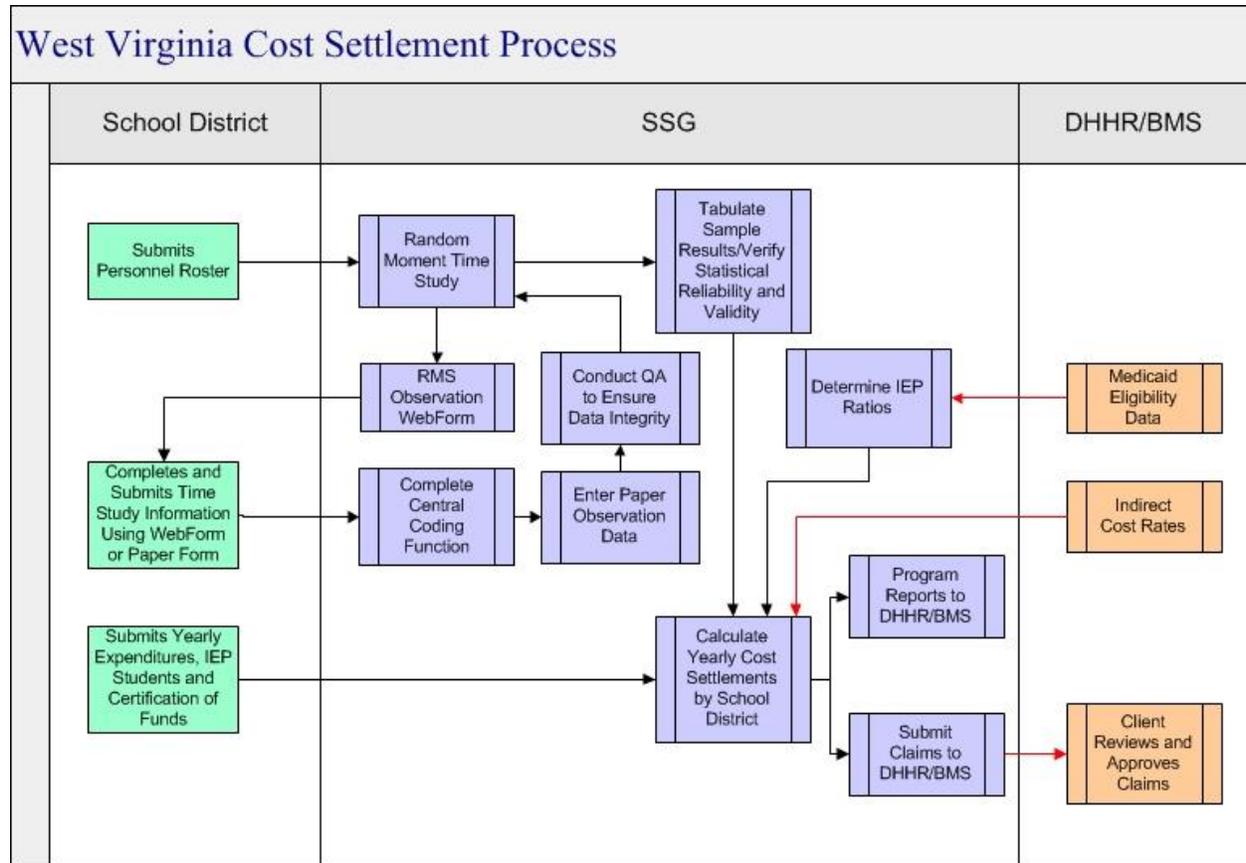
Exhibit 1-2: SBS Cost Settlement Process, *provides the process flow and the tasks performed during the RMTS and Cost Settlement process.*

> *SSG staff are very familiar with the design and administration of random moment time studies, MAC claiming and cost reconciliation to actual costs.*

SSG staff are very familiar with the design and administration of random moment time studies and MAC claiming, both in social service agencies and in schools where we have implemented and developed successful administrative claiming projects throughout the country. From this experience and through participating in numerous meetings with federal and state Medicaid officials and through independent analysis, we have developed a thorough understanding of federal statutes, regulations, and policy requirements, so the program is in full compliance.

Develop Prior Year Cost Settlements

SSG will develop final fee-for-service rates for fiscal years 2004 through 2013 after the Department has reached final resolution on the issue of including operating and indirect costs in the calculation of actual cost, as part of cost reconciliation. SSG, using the assistance of Mr. Rick Brennan who has direct experience on this issue, will review the format of the West Virginia Education Information System (WVEIS), a cost reporting, review

the completeness and accuracy of the reporting data into WVEIS, and develop 2004 thorough 2013 cost reconciliation, revised rates, and cost settlement amounts.

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
SCHOOL BASED HEALTH SERVICES AND REIMBURSEMENT STRATEGIES
FOR MEDICAID SERVICES
RFQ BMS15014 – CRFQ 0511 BMS1500000001

SIVIC SOLUTIONS GROUP

2. DEFINITIONS

We understand the definition of terms in Section 2 of the RFQ and in the General Terms and Conditions document. We particularly understand the scope of services summarized in Section 2.3 – Contract Services.

3. QUALIFICATIONS

Section Organization
1. School-based Administrative Claiming Experience
2. References
3. Medicaid Reimbursement Strategy Experience

Sivic Solutions Group (SSG), a 16-year old New York based Limited Liability Company offering full service consulting, revenue management in schools and health and human services, systems, and operations support and services, will provide the West Virginia Department of Health and Human Resources (DHHR), Bureau for Medicaid Services (BMS), a highly experienced multi-disciplinary team to provide Random Moment Time Study (RMTS), Medicaid Administrative Claiming (MAC), and Cost Reconciliation/Cost Settlement services to the State's Medicaid School-based Health Services (SBHS) program.

SSG has over 10 years of experience, with direct relevant experience in 35 projects, including in Ohio where SSG operates 350 times studies.

Sivic Solutions Group (SSG) is pleased to present to the West Virginia Department of Health and Human Resources (DHHR), Bureau for Medicaid Services (BMS), a highly experienced multi-disciplinary team to provide Random Moment Time Study (RMTS), Medicaid Administrative Claiming (MAC), and Cost Reconciliation/Cost Settlement services to the State's Medicaid School-based Health Services (SBHS) program. Our experienced staff and exceptional systems capacities are ready and able to provide an improved claiming program which will operate much more efficiently and result in additional federal recoveries.

SSG offers DHHR/BMS a firm that includes:
✓ A recent MAC and time study projects in Kentucky, Chicago Public Schools, Missouri, and 2 additional agencies in the District of Columbia
✓ Veteran staff who have in-depth knowledge of Medicaid Administrative Claiming
✓ HIPAA-compliant facility in Utica, New York with computing capacity and staffing experienced in time studies, cost reporting, and MAC claiming
✓ SSG staff who have implemented 12 school-based administrative claiming projects, and another 14 social service administrative claiming projects
✓ In addition, SSG staff who have provided stand-alone RMTSs in 8 other projects

This section provides Sivic Solutions Group's (SSG's) qualifications, client references, and project experience in providing schools Medicaid administrative claiming and cost settlement services. SSG staff are very familiar with these programs from implementing successful MAC projects throughout the country. From this experience and through participating in numerous meetings with federal and State Medicaid officials and through independent analysis, we have developed a thorough understanding of federal statutes, regulations, and policy requirements.

SSG has over 10 years of experience, with direct relevant experience in 35 projects, including in Ohio where SSG operates 350 times studies. We offer the State the best team, with exceptionally experienced staff in Medicaid claiming systems and support, along with training and service documentation audit services. The team and our e-SivicMACS system are the best of the breed solution as the Medicaid Administrative Claiming provider for West Virginia.

SSG Team is strengthened with the addition of Mr. Rick Brennan, who has extensive background and knowledge about the West Virginia Medicaid in Schools program. He brings a wealth of information and experience to the project, having 35 years of experience with West Virginia's Department of Health and Human Resources (DHHR), serving in the Bureaus of Medical Services and Administration and Finance. The team will utilize his experience with the West Virginia Education Information System (WVEIS) to develop prior year cost settlements and to provide an onsite presence during meetings, as needed.

Prior to presenting our proposed staff and the projects that qualify SSG for this project, a summary of our schools experience is presented.

Medicaid Administrative Claiming and Cost Settlement

SSG is currently providing RMTS and administrative claiming services in Illinois, Ohio, Missouri, District of Columbia (3 agencies), and Kentucky.

SSG has extensive experience in performing administrative claiming and cost reporting services for schools, entailing program design, implementation, including negotiation of federal approvals and staff training, ongoing quarterly claim calculation, annual cost settlement and quality assurance activities. The design uses a Random Moment Time Study (RMTS) and structured analysis, cost data collection and cost accounting processes, with our procedures and software tools having been reviewed and accepted by federal agencies.

SSG is currently providing RMTS and administrative claiming services in Illinois, Ohio, Missouri, District of Columbia (3 agencies), and Kentucky.

Medicaid Fee For Service Claiming

SSG is currently providing direct services billing for Kentucky, Florida, New Mexico, South Carolina, and New York school districts, along with Chicago Public Schools, the 4th largest district in the country.

SSG staff have provided school districts with Medicaid Direct Services assistance, including the collection and billing of direct services, both using manual forms and web based computer system, review of existing Medicaid benefit package and rates, training of school district staff and direct-service providers on record keeping and reporting necessary to support service billing, and providing post-Medicaid billing services. These staff members have assisted in collecting millions of dollars in new federal funds for schools.

SSG is currently providing direct services billing for Kentucky, Florida, New Mexico, South Carolina, and New York school districts, along with Chicago Public Schools, the 4th largest district in the country.

Schools Claiming Compliance

SSG staff are very experienced in performing quality control activities of Medicaid claiming to ensure accuracy of the process. These audits take a comprehensive approach to all aspects of responsibility and accountability the school districts have for operating the Medicaid program in compliance with State and federal laws and regulations. We have the expertise to carefully analyze Medicaid management processes, identify

areas of strength and weakness, provide detailed recommendations, and provide training to implement those recommendations.

Training and Customer Support

SSG has established training programs that we have used with great success across our various school-based Medicaid administrative and direct services claiming projects. Our training programs incorporate customization, including pre-training needs assessment, training plan development and implementation, training curriculum preparation and presentation, and post-training testing and evaluation.

SSG provides comprehensive training and ongoing customer support for all Medicaid claiming and cost recovery projects.

We have provided training and customer support for almost all of the administrative claiming and time study projects. State-specific training material on SSG websites, quality assurance monitoring through periodic reviews of claims documentation, and the training sessions are typical customer support services.

SSG has recently conducted statewide trainings for more than 200 school districts and 400 county agencies, which included thousands of providers and RMTS coordinators and participants. Our experience with Medicaid, school policy, and training thousands of school staff helps ensure that claiming meets all federal requirements.

SIVIC SOLUTIONS GROUP PROFILE

SSG is a 16-year old New York based Limited Liability Company offering full service consulting, systems, and operations support and services to public and private organizations throughout the United States. We are a leader in the development of policy and implementation of systems and business applications. Our team has extensive experience in developing and operating large school information and social services systems, operating Medicaid administrative and cost settlement projects, and assisting states in Medicaid and foster care financial management.

Company History and Philosophy

Unlike some firms, SSG has never been subject to a Medicaid disallowance by CMS or OIG. This unblemished record enables SSG to secure the trust and confidence of our state and school district clients and our federal partners.

SSG prides itself on high quality customer service, high quality work products, and strict adherence to laws and regulations. In contrast to some other firms, SSG staff have received robust training in compliance with federal claiming rules. Furthermore, unlike some firms, SSG has never been subject to a Medicaid disallowance by CMS or OIG. This unblemished record enables SSG to secure the trust and confidence of our state and school district clients and our federal partners.

SSG has experienced significant growth in the last six (6) years. This growth comes from our highly experienced staff, superior computer systems, emphasis on quality and most importantly exceptional customer service. We are totally committed to assisting our clients and growing the business in Medicaid claiming, revenue maximization, systems development and government operations services. We are well positioned

to capture a major share of the market with state-of-the art systems, highly experienced staff, and strong commitment to quality service to our clients.

The philosophy of our company is based on providing the best customer service using the best systems in the industry and building strong relationships with our clients. These, combined with the quality of our service, will win new work, which will lead to the growth of the company. Service, Systems, Growth (SSG) is our motto and our philosophy!

The remaining part of this section provides an organization chart of the services provided by SSG and the company's facilities.

Corporate Organization Chart

SSG has organized our staff around the following organization, although most of our staff are skilled in more than one Practice area.
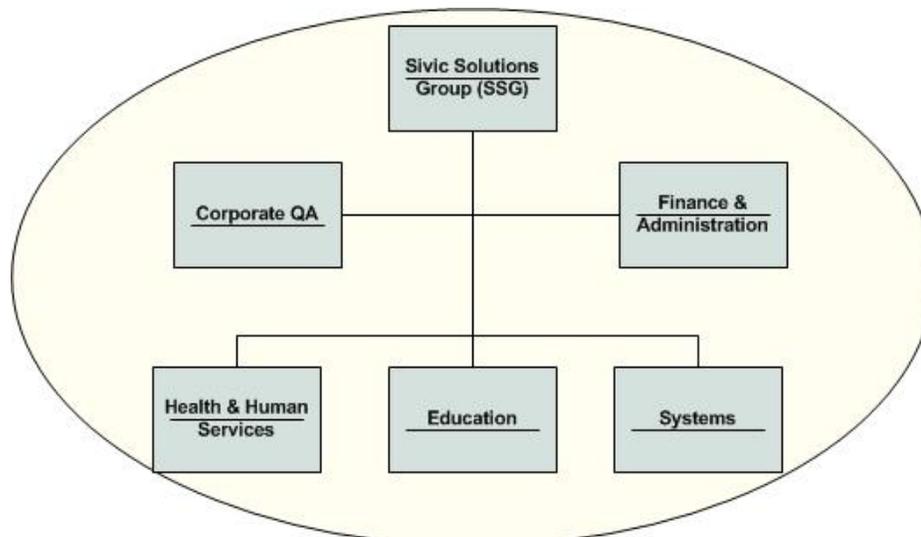
SSG has extensive experience in Education (K-12), Systems, and Health and Human Services practice areas, with Education and Systems being the primary Practice areas that will provide the services requested by the Department.

Education Market experience includes developing and managing systems and providing consulting services in the area of student information systems, special education systems, and Medicaid reimbursement claiming and documentation systems

Systems Market has been primarily in the healthcare and finance industries, with multiple web-based systems for case management, Medicaid, third party claims management and payments, county finance information systems and cost allocation systems. SSG has developed client/server and web-based products, designed and developed custom software for clients using full Software Development Life Cycle (SDLC), successfully managed the entire Information Technology functions for clients using outsourcing model, and developed web-based software using

Microsoft .NET Framework technologies and SQL Server database following the industry's best-practices and Service Oriented Architecture (SOA).

Health and Human Services Market in Health and Human Services includes federal Medicaid, Title IV-E, CHIP, SSI, and TANF claiming and regulatory compliance, cost allocation, rate setting, and financial and regulatory healthcare consulting.

Our Company Headquarters and Hosting Facilities

Our Utica Systems Development and Operations Center houses a team of highly trained and experienced application developers, experts in systems development and data processing operations for a wide variety of projects.

Our company headquarters located in Utica, New York provides systems development and processing of time studies, case management systems, and Medicaid and Title IV-E claims. The 5,500 sq. ft. 2-story facility houses a team of highly trained and experienced application developers, experts in systems development and data processing operations for web-based case management systems, schools and social services federal revenue recovery, third-party liability, and other revenue enhancement projects. The team currently performs all application development and data processing tasks, as well as related technical services for education and revenue maximization projects on behalf of state, county and school district clients.

We take pride in performing our client project functions in-house using our own HIPAA compliant facilities and resources including hosting of all our systems and not sub-contracting, like some of our competitors.

Our data center infrastructure provides high availability for all supported applications. Our data center has UPS battery backup to support a two hour power outage.   We also have natural gas operated generators to provide backup power for unlimited amount of time in case of major power failure. Regular maintenance and testing ensure that the backup power systems are available and adequate to support the load of mission critical equipment. Key environmental measures, including power load, cooling load, and UPS capacity are documented and analyzed on a regular basis to ensure that conditions are maintained at operational standards.

Other Offices

Other staff who will be working on the project have offices in Colorado, Florida, New Mexico, Illinois, and Maryland. SSG also has an office in Ohio, and have no staff or work performed outside of the United States of America.

3.1 SCHOOL-BASED ADMINISTRATIVE CLAIMING EXPERIENCE (RFQ SECTION 3.1)

SSG staff have assisted many states in Medicaid Administrative claiming and Cost Settlement services.

SSG staff have experience in performing administrative claiming and cost settlement processing for schools, including program design and implementation, negotiation of federal approval, staff training, quarterly claim calculation, and quality assurance activities. We use our Random Moment Time Study (RMTS) system, structured analysis and cost accounting processes, with procedures and software tools having been reviewed and accepted by federal agencies.

Our services include the collection and claiming of Medicaid administrative services, using our web-based RMTS module; review of existing Medicaid benefit package and rates; collection of salary and expense reports and training of school district staff. We also perform Medicaid billing services for a number of states and hundreds of school districts and localities and work across the broad spectrum of health care and social services industries, including Medicaid claiming, training, consulting, and cost-based rate setting.

The remaining part of this section presents information about the projects that the SSG has conducted, or are currently conducting, that qualify our Company to perform the tasks required by West Virginia.

These projects are separated into the following subsections.

3.1: School-based Administrative Claiming Experience
3.1.1   Detailed Description of Four (4) Large Schools Projects
3.1.2   Other Statewide School-based Administrative Claiming Projects
3.1.3   Social Service Administrative Claiming Projects
3.1.4   Other RMTS Projects

3.1.1 DETAILED DESCRIPTION OF FOUR (4) LARGE SCHOOLS PROJECTS

Included in *Exhibit 3.1.1-1: Four Large Relevant Schools Projects* are detailed descriptions of four large projects, demonstrating over 10 years of related experience.

3.1.1: Detailed Description of Four (4) Large Schools Projects	
Client Name	**District of Columbia Public / Public Charter Schools Time Study and Cost Settlement**
Services Provided	• Developed, implemented and currently administer a web-accessible RMS system to identify and document special education staff activities • Receive and maintaining rosters for all participating public and public charter schools • Provide central coding services of documented activities • Conduct independent random QA review of coded activities • Provide programmatic and operational support to supervisory staff • Provide system training to stakeholders and supervisory staff

3.1.1: Detailed Description of Four (4) Large Schools Projects	
	- Annually collect cost information for District of Columba Public and Public Charter Schools contracted staff involved with special education direct services delivery and support, as well as the direct services billing and revenues for the year - Calculate Medicaid allowable medical costs based on direct care costs, other costs, adjustments, applied indirect costs and direct medical percentage - Prepare a cost settlement report for District of Columbia Public Charter Schools submission to the Department of Health Care Finance (DHCF). Respond to questions from federal and District personnel on the development of the cost settlement, *as necessary*
Results of CMS and Other Audits	No federal or District audits have been conducted
Measurements of Successful Implementation of RFQ Requirements	SSG implemented a District random moment time study on an emergency basis over a three (3) week period, including configuring our e-SivicMACS systems and training all the District Coordinators, Supervisors and LEA Coordinators on the system. System-generated online, real-time reporting provides users and stakeholders with summary-level and detailed information on all aspects of the RMTS process. The Medicaid Coordinators use reports to monitor Districtwide compliance, analyze response rates and perform trend analysis across the District as well on a LEA-specific level. To ensure coding accuracy, central coding is provided as well as validation by a second coder who reviews for accuracy. Additionally, a 5% extract is generated each quarter and QA'd by the District Coordinator. Annually, cost settlements are developed for each charter school, applying the IEP ratio, and direct, indirect and operating costs to the statewide RMTS results.
Date Services Provided	2011 – Present
Client Name	**Missouri Schools Medicaid Administrative Claiming and Cost Settlement**
Services Provided	SSG was recently awarded a contract to provide cost settlement services for Missouri's newly approved State Plan Amendment which implements a direct services cost settlement program. Services include: - Annually collect cost information, IEP Medicaid ratios, and Transportation Medicaid ratios for all State school districts - Access RMTS results to allocate costs to direct services - Calculate Medicaid allowable Medicaid costs based on direct care costs, other costs, adjustments, indirect costs and Medicaid ratios - Prepare cost settlement reports for submission to the Medicaid Division for payment or credit against prospective direct service payments In a project begun in 2004, SSG provided schools time study and administrative claiming services, including implementing and administering a web-accessible RMTS system to identify and document special education and administrative staff activities, conducting independent QA review of coded activities, providing system training to participants and supervisory staff, and quarterly, producing quarterly Medicaid administrative claims.
Results of CMS and Other Audits	No federal or state audits have been conducted
Measurements of Successful Implementation of RFQ Requirements	Over the two projects, SSG has implemented schools RMTS, administrative claiming and with the new project, annual cost settlements. Training of LEA Coordinators, supervisors and finance officers on our e-SivicMACS provides the knowledge base for an effective claiming program. Reports provide users with information on RMTS, cost report uploading and cost settlement results to allow for editing and quality assurance and monitoring of project status. Annually, cost settlements are developed for each LEA, applying the IEP Medicaid ratio, the Transportation Medicaid ratio, and direct, indirect and operating costs to the statewide RMTS results.
Date Services Provided	2008, 2014 – Present
Client Name	**Kentucky Statewide Schools Time Studies and Medicaid Administrative Claiming**

3.1.1: Detailed Description of Four (4) Large Schools Projects	
Services Provided	SSG developed a statewide schools program for over 150 LEAs that is consistent with the state's SPA, provide central coding, track participation rates, produce quarterly results and develop the quarterly administrative claim. Services include: • Develop, implement and administer a web-accessible RMTS system to identify and document special education and administrative staff activities • Receive and maintain two (2) cost pool rosters • Provide central coding services of documented activities • Conduct independent QA review of coded activities • Provide system training to participants and supervisory staff • Quarterly, produce RMTS results and provide trend analysis reports on participation rates, activity code selection, roster updating, etc. • Quarterly, develop Medicaid administrative claim
Results of CMS and Other Audits	No federal or state audits have been conducted
Measurements of Successful Implementation of RFQ Requirements	SSG implemented a statewide RMTS and administrative claiming process for the Department of Education, training 150 SBAC District Coordinators and 150 Finance Contacts on the e-SivicMACS system, regularly providing refresher webinars training sessions, as needed, and conducting annual staff training to assure 100% compliance with submission of participant lists, calendars, work schedules, cost reporting and claim certification. Followup with schools districts during project startup assured 100% of school districts submitted rosters within the first month, and subsequent weekly RMS participant observation status reports have demonstrated that 97% of participants comply with the 5 calendar day response requirement. Financial reporting and claiming dashboards provide state agency and district system users immediate feedback on progress to completion within agency deadlines, and a quality assurance process on activity central coding with 10% random verification by the state agency sustains statistical validity of RMS results. Quarterly RMTS results, trend analysis reports and LEA and statewide Medicaid administrative claims are provided by SSG.
Date Services Provided	2014 – Present
Client Name	**Chicago Public Schools Time Study, Administrative Claiming, Rate Setting and Direct Services Billing**
Services Provided	• Implemented a RMTS to support Medicaid and Food Stamp (SNAP) administrative claiming for referral and eligibility assistance services provided by CPS administrative staff • Receive and maintain rosters • Provide central coding services of documented activities • Provide system training to participants and supervisory staff • Produce RMTS results and provide trend analysis reports on participation rates, activity code selection, roster updating, etc. • Develop administrative claim • Medicaid direct services claiming, including transportation • Annual direct services cost reconciliation and rate development • Analysis of private agency cost reports • Medicaid, TANF and SNAP eligibility matching • Compliance reviews
Results of CMS and Other Audits	No federal or state audits have been conducted

3.1.1: Detailed Description of Four (4) Large Schools Projects	
Measurements of Successful Implementation of RFQ Requirements	SSG implemented a random moment time study with centralized coding, administrative claiming for referral and eligibility assistance services, cost reconciliation and cost settlement with the associated rate setting, compliance reviews, and revenue enhancement services. In addition, SSG provides Medicaid claiming for all direct services and transportation services
Date Services Provided	2014 – Present

Exhibit 3.1.1-1: Four Large Relevant Schools Projects, *provides detailed descriptions of three statewide projects demonstrating over 10 years of related experience.*

SSG has experience in developing and operating claiming projects at the statewide level, which requires policy and analysis skills and knowledge not necessarily required in school district projects. In addition to the projects presented in the earlier exhibit, SSG has statewide implementation experience in several states, including an Ohio RMTS and state/county financial reporting system, and the District of Columbia Child and Family Services Agency, where we provide revenue management services in Medicaid and Title IV-E foster care, and operate cost allocation, time study and administrative claiming systems. The next exhibit provides details on these projects.

3.1.2 OTHER STATEWIDE SCHOOL-BASED ADMINISTRATIVE CLAIMING PROJECTS

SSG staff have assisted 9 states in school based Administrative Claiming and cost settlement services.

Exhibit 3.1.2-1: Other School Based Administrative Claiming Projects, presents eight (8) additional projects in which the SSG proposed staff have provided Schools Medicaid Administrative Claiming services, again demonstrating more than 10 years of related experience. The services we have provided include:

- Designing and administering random moment sampling time studies to identify the percentage of time staff spends on administrative activities
- Preparing a plan to allocate staff/overhead costs to a Medicaid administrative claim
- Writing a Medicaid Administrative Claiming Manual
- Obtaining CMS approval of the administrative claiming system
- Determining the specific staff and other cost activities that will be claimed as administrative costs
- Training staff across the state
- Calculating and filing quarterly administrative claims
- Calculating annual direct services cost settlements

Project	Services	Key Staff
Florida Schools MAC Claiming	▪ Administered a sampling program to identify the percentage of time staff spends on administrative activities ▪ Received staff participation and financial data required to properly allocate staff/overhead costs to a Medicaid administrative claim ▪ Updated and revised the School District Medicaid Administrative Claiming Manual to be more user friendly and address any areas of concern ▪ Determined the specific staff and other cost activities that will be claimed as administrative costs ▪ Trained the staff of school districts across the State ▪ Calculated and filed quarterly administrative claims ▪ Participated in quarterly reviews with state monitoring officials and auditors for each claim submitted ▪ Provided the services in 21 counties	▪ Siva Kakuturi ▪ Suresh Muppala ▪ Andrew Hotton ▪ Elmer Nietes ▪ Deb Lower
Kansas Schools MAC Claiming	▪ Designed and administered a sampling program to identify the percentage of time staff spends on administrative activities ▪ Prepared a plan to allocate staff/overhead costs to a Medicaid administrative claim ▪ Wrote a School District Medicaid Administrative Claiming Manual ▪ Obtained CMS approval of administrative claiming system ▪ Determined the specific staff and other cost activities that will be claimed as administrative costs ▪ Trained the staff of school districts across the State ▪ Calculated and filed quarterly administrative claims	▪ Dave Richards ▪ Siva Kakuturi ▪ Suresh Muppala
South Carolina Schools MAC Claiming	▪ Administered a sampling program to identify the percentage of time staff spends on administrative activities ▪ Received staff participation and financial data required to properly allocate staff/overhead costs to a Medicaid administrative claim ▪ Updated and revised the School District Medicaid Administrative Claiming Manual to be more user friendly and address any areas of concern ▪ Updated and revised the School District Medicaid Administrative Claiming Manual and resubmitted to CMS for approval ▪ Determined the specific staff and other cost activities that will be claimed as administrative costs ▪ Trained the staff of school districts across the State ▪ Calculated and filed quarterly administrative claims ▪ Participated in quarterly reviews with state monitoring officials and auditors for each claim submitted	▪ Siva Kakuturi ▪ Suresh Muppala ▪ Andrew Hotton ▪ Deb Lower

Project	Services	Key Staff
Additional Schools Medicaid Administrative Claiming Projects in AL, MI, NC, NJ, NV	Although there are differences from one State to another in the development of the time study roster, whether paper or email was used, and whether training was onsite, via Webinar, or through train-the trainer sessions, all of these schools projects included the following activities. ▪ Administered a sampling program to identify the percentage of time staff spends on administrative activities ▪ Received staff participation and financial data required to properly allocate staff/overhead costs to a Medicaid administrative claim ▪ Developed and/or updated the School District Medicaid Administrative Claiming Manual to be more user friendly and address any areas of concern ▪ Determined the specific staff and other cost activities that will be claimed as administrative costs ▪ Trained the staff of school districts across the State ▪ Calculated and filed quarterly administrative claims ▪ Participated in quarterly reviews with state monitoring officials and auditors for each claim submitted	▪ Siva Kakuturi ▪ Suresh Muppala ▪ Andrew Hotton ▪ Elmer Nietes

Exhibit 3.1.2-1: Other Schools Medicaid Administrative Claiming Projects, *presents the schools MAC projects that the SSG proposed staff have worked.*

3.1.3 SOCIAL SERVICES ADMINISTRATIVE CLAIMING PROJECTS

Exhibit 3.1.3-1: Social Services Administrative Claiming Project Experience, presents another 14 projects in which the SSG proposed staff have provided Time Study and Administrative Claiming services. The most recent statewide time study is the operation of our e-SivicMACS time study module for the State of Ohio and its 88 counties, involving 350 separate cost pools in a single implementation of our system. There is no other system in the world that can operate as many pools in a single implementation. These projects demonstrate our breadth of experience in implementing administrative claiming in health and human services agencies, which has a direct relationship to schools Medicaid administrative claiming since the same time study and cost allocation federal guidelines are used.

SSG staff have assisted 14 states in developing Administrative Claims.

Project	Services	Key Staff
District of Columbia Child Welfare Time Study and Administrative Claiming	SSG is working on a project to analyze the child welfare agency's Title IV-E and Medicaid claiming and cost allocation plan, to determine their compliance with federal regulations and enhance revenues by initiating new and revised RMS. The services related to this project include: • Development of a comprehensive restructuring of the Agency CAP • Development, implementation, and current operation of three (3) web enabled time studies, with capabilities for fund allocations • Trained over 400 staff on time study activity selection and system operations • Developed Administrative Claims for submission to the Federal government by collecting Cost Reports, and processing the Cost Allocation Plan using RMTS, FTE and other statistics • Revised allocation methods, including for Training, Office of Clinical Practice Medicaid TCM, and Clinic cost reporting • Developed cost allocation system to provide a framework for the CFSA quarterly	▪ Siva Kakuturi ▪ Suresh Muppala ▪ Deb Lower ▪ Anna Mosby ▪ Bruce Berger ▪ Dave Richards ▪ Andrew Hotton ▪ Neil Bruins

Project	Services	Key Staff
	cost allocation claim • Developed documentation on steps for using the system to complete the quarterly allocation • Trained fiscal staff on the system entry of expenditures, entry of allocation method statistics and how to modify the system as changes occur in CFSA's organizational structure	
Ohio County-based Cost Allocation Systems Development, Operation of RMS, and Development of Administrative Claim	Provided a web based financial management system for Ohio Department of Job and Family Services (ODJFS) and the County Agencies that offer entire finance management process including Budgeting, Cash Draws, Expenditure Reporting, Cost Allocation, IV-E Admin Claim, Federal Claim for other programs for Public Assistance, Workforce Services, Child Support and Children Services agencies. Also provided SSG RMS system for 88 counties and 350 different cost pools and time studies, covering all department programs; trained 350 county RMS coordinators and State system administrators on the operation of the system; and provide ongoing systems support and enhancements. Cost allocation systems development and administrative claiming services include: • System assists the State in awarding grants to County Agencies that they will then be able to draw advances upon those grants and report their monthly expenditures and receipts • Interfaces with OAKS PeopleSoft to exchange data and ensure that the integrity of data is maintained in both systems (CFIS Web and OAKS) • Imports Time Study statistics from the SSG e-SivicRMS system using web services • Interfaces with SACWIS system to download the eligibility counts for IV-E admin claim • Calculates the foster care IV-E penetration rate • Develops the Administrative Claim for the counties, which rolls up to the State level for submission to federal government • Cost allocation process utilizes CFIS mappings and business rules to allocate dollars to a shared cost pool based on FTEs, or allocated to one of the RMS cost pools which are then allocated to grants based on RMS statistics, or directly to a grant if it is a direct expenditure • Allocated net expenditures are tracked against grant awards and any draws that the County Agency have taken • Provides a series of reports, dashboards and analytical tools to help the State and the Counties effectively manage the process	• Siva Kakuturi • Anna Mosby • Suresh Muppala • Andrew Hotton • Nilesh Joshi • Elmer Nietes
Additional Social Services Administrative Claiming Projects in AL, AZ, CA, KS, MI, NC, NE, NJ, NM, OK, TN, WI	Although there are differences from one State to another in the development of the MAC time study roster training and whether training was onsite, via Webinar, or through train-the trainer sessions, all of these social service projects Medicaid Administrative claiming project for mental health, public health and substance abuse agencies included the following activities. ▪ Administered a sampling program to identify the percentage of time staff spends on administrative activities ▪ Received staff participation and financial data required to properly allocate staff/overhead costs to a Medicaid administrative claim ▪ Developed and/or updated the State's Medicaid Administrative Claiming Manual to be more user friendly and address any areas of concern ▪ Determined the specific staff and other cost activities that will be claimed as administrative costs ▪ Trained the staff across the State ▪ Calculated and filed quarterly administrative claims ▪ Participated in quarterly reviews with state monitoring officials and auditors for	▪ Siva Kakuturi ▪ Suresh Muppala ▪ Deb Lower ▪ Anna Mosby ▪ Bruce Berger ▪ Dave Richards ▪ Deb Lower ▪ Andrew Hotton ▪ Neil Bruins

Project	Services	Key Staff
	each claim submitted	

Exhibit 3.1.3-1: Social Services Medicaid Administrative Claiming Project Experience, *presents the social services MAC projects that the SSG proposed staff have worked.*

3.1.4 OTHER RMTS PROJECTS

In addition to the 26 schools and social services administrative claiming projects described in the previous three sections, all involving an RMTS, we highlight eight (8) additional projects in *Exhibit 3.1.4-1: Stand-alone Time Study Project Experience*.

Project	Services	Key Staff
DC Department of Human Services and Department of Health Care Finance	SSG was awarded a contract to conduct two (2) RMTS for the District of Columbia, DHS Economic Security Administration and the Department of Health Care Finance. Our web-accessible RMS system identifies and documents eligibility determination and central office Medicaid staff activities for purposes of claiming federal recoveries. Again working on short 6 week timeline as we have done for the State of Ohio and the DC Public Schools, SSG generated a time study sample using a statistical model to assure an approved sample confidence level precision level and send e-mail notifications to each RMTS participant in the random sample, with a link to an online form used to provide time study responses.	• Anna Mosby • Siva Kakuturi • Suresh Muppala • Deb Lower • Andrew Hotton • Erin Griffith
IL Department of Human Services	▪ Worked with initial development and federal negotiation of agency public assistance cost allocation plan (PACAP) ▪ Developed two RMTS to replace time and effort reporting by local office eligibility staff ▪ Conducted statewide training for pilot test and implementation ▪ Prepared cost allocation plan amendments ▪ Supported agency staff in DCA negotiations	• Deb Lower
LA Office of Public Safety & Corrections	Developed hosted RMTS for Parish Probation Officers, updated indirect cost plan, conducted training in parish office and webinar, monitored RMS results and oversaw the preparation of the annual agency central services indirect plan	• Deb Lower
PA Department of Public Welfare	Managed the RMTS administration for county and private agency providers and provided local office training sessions; Provided cost allocation assistance on child welfare training issues	• Deb Lower
IL Department of Children and Family Services	Managed the implementation of email and phone polling RMTS system for three applications – child welfare/state staff; private agency; residential care providers	• Deb Lower
KY Cabinet for Families and Children	Implemented RMS for the agency, which is now the Cabinet for Health and Family Services, and prepared a cost allocation plan amendment	• Deb Lower
MD Department of Human Resources	Implemented RMS for the agency, prepared cost allocation plan amendment	• Deb Lower
MI Department of Community Health	Implemented RMS for the agency, prepared and negotiated a cost allocation plan	• Deb Lower

Exhibit 3.1.4-1: Stand-alone Time Study Project Experience, *presents the RMS projects that the SSG proposed staff have worked.*

3.2 REFERENCES (RFQ SECTION 3.2)

We have provided six references to illustrate our depth and breadth of experience performing the services listed in the RFP.

In this section, SSG provides six references from projects that demonstrate our experience and ability to perform the requested services, as shown in *Exhibit 3.2-1: Client References*. These references are from people who worked beside us and who have tested our capabilities. They represent State agencies, school districts and school cooperatives, for which SSG staff have provided the same services or services similar in scope. We have included a schools direct services project (New Mexico) to illustrate our understanding of Medicaid in Schools direct services claiming. We also perform direct claiming services in Kentucky, South Carolina, Florida and New York.

We strongly encourage you to contact all of the references we have provided. Find out why our clients selected SSG to help them meet their challenges. These references are people who worked beside us and have tested our capabilities. We are confident you will find that our customers will attest to:

- The overall success of their project
- The quality and expertise of our personnel
- Our ability to manage and maintain projects on schedule
- Our candid communication and open interaction with client staff
- Their willingness and eagerness to work with us again

SSG works hard for each client we serve, including the numerous clients not referenced in this proposal. The references provided here are merely a representative sample of our vast clientele; we have many more that would vouch for our services and solutions.

3.2: Client References	
Client Name	**District of Columbia Public Schools Time Study and Cost Settlement**
Contact Person	*Ijeoma Oji, Medicaid Recovery Director*
Product(s) and/or Service(s) Used	▪ Developed, implemented and currently administer a web-accessible RMS system to identify and document special education staff activities ▪ Receive and maintaining rosters for all participating public and public charter schools ▪ Provide central coding services of documented activities ▪ Conduct independent random QA review of coded activities ▪ Provide programmatic and operational support to supervisory staff ▪ Provide system training to stakeholders and supervisory staff ▪ Annually collect cost information for the DCPS and DCPCS (Charter Schools) contracted staff involved with special education direct services delivery and support, as well as the direct services billing and revenues for the year ▪ Calculate Medicaid allowable medical costs based on direct care costs, other costs, adjustments, applied indirect costs and direct medical percentage ▪ Prepare a cost settlement report for DCPS submission to the Department of Health Care Finance. Respond to questions from federal and District personnel on the development of the cost settlement, *as necessary*

3.2: Client References	
Address	810 First Street, NE; Washington, D.C. 20002
Phone Number	(202) 724-2146
Email Address	ijeoma.oji@dc.gov
Date Service Provided	2011 – Present
SSG Team Staff and their Role	Siva Kakuturi, Project Director Anna Mosby, Project Manager Suresh Muppala, Information System Lead Andrew Hotton, Development Lead Erin Griffith, Help Desk
Client Name	**Chicago Public Schools Time Study, Administrative Claiming, Rate Setting and Direct Services Billing**
Contact Person	Bill Lash
Product(s) and/or Service(s) Used	• Implemented a RMTS to support Medicaid and Food Stamp (SNAP) administrative claiming for referral and eligibility assistance services provided by CPS administrative staff • Receive and maintain rosters • Provide central coding services of documented activities • Provide system training to participants and supervisory staff • Produce RMTS results and provide trend analysis reports on participation rates, activity code selection, roster updating, etc. • Develop administrative claim • Medicaid direct services claiming, including transportation • Annual direct services cost reconciliation and rate development • Analysis of private agency cost reports • Medicaid, TANF and SNAP eligibility matching • Compliance reviews
Address	42 W. Madison, Chicago IL 60601
Phone Number	(773) 553-2744
Email Address	blash@cps.edu
Date Service Provided	2014 – Present
SSG Team Staff and their Role	Siva Kakuturi, Project Director Anna Mosby, Project Manager Ann Herrick, Deputy Project Manager Deb Lower, RMTS and Admin Claim Suresh Muppala, Information System Lead Andrew Hotton, Implementation and Support Lead Neil Bruins, Implementation Sergey Bubnov, Network and Database Erin Griffith, Help Desk
Client Name	**District of Columbia, Child and Family Services Agency (CFSA) Cost Allocation, Time Studies and Administrative Claiming**
Contact Person	*John Simmons, Administrator, Business Services Administration*
Product(s) and/or Service(s) Used	SSG is working on a project to analyze the child welfare agency's Title IV-E and Medicaid claiming and cost allocation plan to determine their compliance with federal regulations and to enhance federal revenues. One component of the project is the development of a comprehensive cost allocation system. Related services to this project include:

3.2: Client References	
	• Development of a comprehensive restructuring of the Agency CAP • Development, implementation, and current operation of three (3) web enabled time studies, with capabilities for fund allocations • Trained over 400 staff on time study activity selection and system operations • Developed Administrative Claims for submission to the Federal government by collecting Cost Reports, and processing the Cost Allocation Plan using RMTS, FTE and other statistics • Revised allocation methods, including for Training, Office of Clinical Practice Medicaid TCM, and Clinic cost reporting • Developed cost allocation system to provide a framework for the CFSA quarterly cost allocation claim • Developed documentation on steps for using the system to complete the quarterly allocation • Trained fiscal staff on the system entry of expenditures, entry of allocation method statistics and how to modify the system as changes occur in CFSA's organizational structure
Address	200 I Street SE, District of Columbia, 20003
Phone Number	(202) 442-6165 (office) (202) 439-4623 (cell)
Email Address	John.Simmons@dc.gov
Date Service Provided	2010 – Present
SSG Team Staff, and their Role	Siva Kakuturi, Project Director Dave Richards, Project Manager Deb Lower, Cost Allocation Lead Anna Mosby, Consultant, RMS Trainer, Medicaid Specialist Bruce Berger, Medicaid Lead Suresh Muppala, IS Lead Andrew Hotton, Development Lead, RMS Lead Erin Griffith, Help Desk
Client Name	**Kentucky Statewide Schools Time Studies and Medicaid Administrative Claiming**
Contact Person	Becky Stoddard
Product(s) and/or Service(s) Used	SSG developed a statewide schools program that is consistent with the state's SPA, provide central coding, track participation rates, produce quarterly results and implement an annual cost reconciliation of the fee for service program. Services include: • Develop, implement and administer a web-accessible RMTS system to identify and document special education and administrative staff activities • Receive and maintain two (2) rosters • Provide central coding services of documented activities • Conduct independent random QA review of coded activities • Provide system training to participants and supervisory staff • Quarterly, produce RMTS results and provide trend analysis reports on participation rates, activity code selection, roster updating, etc. • Quarterly, develop Medicaid administrative claim • Conduct compliance reviews for both the RMTS and administrative claim and direct services documentation
Address	500 Mero Street, Frankfort, KY 40601
Phone Number	(502) 564-1979 extension 4323

3.2: Client References	
Email Address	becky.stoddard@education.ky.gov
Date Service Provided	2014 – Present
SSG Team Staff and their Role	Siva Kakuturi, Project Director Ann Herrick, Project Manager Anna Mosby, Training Lead Suresh Muppala, Information System Lead Andrew Hotton, Development Lead Erin Griffith, Help Desk
Client Name	**Ohio Office of Fiscal & Monitoring Services (ODJFS) Accounting Systems Development, Time Study Operation and Administrative Claim**
Contact Persons	*Herschel R. Elkins Jr., Bureau of County Finance & Technical Assistance*
Product(s) and/or Service(s) Used	SSG recently developed CFIS Web, a web-based, online, real-time financial system to replace the existing system, meeting the needs of both state and county users. The client is the Ohio Department of Job and Family Services (ODJFS) and the County Agencies that provide Public Assistance, Workforce Services, Child Support and Children Services. The system was designed, developed and successfully implemented on time, and within budget, in spite of an aggressive 10-month schedule and several client-requested revisions and enhancements. • System assists the State in awarding grants to County Agencies that they will then be able to draw advances upon those grants and report their monthly expenditures and receipts • Interfaces with OAKS PeopleSoft to exchange data and ensure that the integrity of data is maintained in both systems (CFIS Web and OAKS) • Imports Time Study statistics from the SSG e-SivicRMS system using web services • Interfaces with SACWIS system to download the eligibility counts for IV-E admin claim • Calculates the foster care IV-E penetration • Develops Administrative Claim for the counties, which rolls up to the State level for submission to federal government • Cost allocation process utilizes CFIS mappings and business rules to allocate dollars to a shared cost pool based on FTEs, or allocated to one of the RMS cost pools which are then allocated to grants based on RMS statistics, or directly to a grant if it is a direct expenditure • Allocated net expenditures are tracked against grant awards and any draws that the County Agency have taken • Provides a series of reports, dashboards and analytical tools to help the State and the Counties effectively manage the process Prior to development of CFIS, SSG implemented a time study for the State and the Ohio Counties. The services include: • Configured and implemented the SSG e-MACS time study system for 88 counties and 350 different cost pools and time studies, covering all Department programs • Trained 350 county RMTS coordinators and State system administrators on the operation of the system • Completed the configuration and training in 4 weeks • Receive and maintain rosters • Provide ongoing systems and Call Center support
Address	30 E. Broad Street, 37th floor, Columbus, OH 43215
Phone Number	(614) 728-2929
Email Address	Herschel.Elkins@jfs.ohio.gov
Date Service Provided	2011 – Present

3.2: Client References	
SSG Team Staff and their Role	Siva Kakuturi, Project Director Suresh Muppala, Project Manager Anna Mosby, Assistant Project Manager Andrew Hotton, Development Lead Elmer Nietes, Data Base Developer Nilesh Joshi, Web Developer
Client Name	**New Mexico Cooperative Educational Services (CES) School Direct Services Billing**
Contact Persons	*David Chavez, Executive Director*
Product(s) and/or Service(s) Used	▪ Implemented a school-based Medicaid fee-for-service claiming program through State's Medicaid Program serving LEAs/RECs/SFEAs through CES ▪ Designed and implemented a school district-wide project for seeking Medicaid cost recovery for services provided by eligible school district therapy, behavioral, and nursing providers to students with disabilities ▪ Designed, developed and implemented software to operate and monitor necessary Medicaid billing functions ▪ Established and implemented a quality assurance process to correct problems disallowances ▪ Provide as an additional service, a compliance review of a district's Medicaid documentation to ensure that they would pass a federal or state audit
Address	4216 Balloon Park Road, Albuquerque, NM 87109-5801
Phone Number	(505) 344-5470
Email Address	dchavez@ces.org
Date Service Provided	2004 – Present
SSG Team Staff and their Role	Siva Kakuturi, Project Director Amanda Mirabal, Project Manager Suresh Muppala, Systems Lead Andrew Hotton, Support Lead Elmer Nietes, Claim Operations

Exhibit 3.2-1: Client References. *These references are from people who worked beside us and who have tested our capabilities.*

3.3 MEDICAID REIMBURSEMENT STRATEGY EXPERIENCE (RFQ SECTION 3.3)

SSG understands that DHHR/BMS is interested in alternative Medicaid reimbursement strategies that would support appropriately claiming for pay-for-performance models.

There is no issue of claiming administrative incentive payments associated with a performance-based model since administrative claims are not tied to specific children but determined using a cost allocation process. The cost pool would include the incentive payments allocated to administrative activities through the RMTS, thus an allocated portion of the incentive payment would be claimed. We therefore assume that the issue being addressed in the RFQ is the claiming of incentive payments for direct services.

Since direct services costs must be tied to the actual delivery of service to a specific eligible child using Medicaid rates, per service encounter, incentive payments are included in the total cost in calculating the cost reconciliation.

SSG would use our expertise and experience in developing SPAs for schools and social services agencies.

A Medicaid State Plan Amendment would be necessary to implement such a change. Our Medicaid Advisor, Mr. Berger, has developed and gained CMS approval for numerous rate reimbursement SPAs and we are confident that his experience would result in successfully implementing such a change in West Virginia.

4. MANDATORY REQUIREMENTS

Sivic Solutions Group (SSG), a 16-year old New York based Limited Liability Company offering full service consulting, revenue management in schools and health and human services, systems, and operations support and services, will provide the West Virginia Department of Health and Human Resources (DHHR), Bureau for Medicaid Services (BMS), a highly experienced multi-disciplinary team to provide Random Moment Time Study (RMTS), Medicaid Administrative Claiming (MAC), and Cost Reconciliation/Cost Settlement services to the State's Medicaid School-based Health Services (SBHS) program.

Sivic Solutions Group (SSG) is pleased to present to the West Virginia Department of Health and Human Resources (DHHR), Bureau for Medicaid Services (BMS), a highly experienced multi-disciplinary team to provide Random Moment Time Study (RMTS), Medicaid Administrative Claiming (MAC), and Cost Reconciliation/Cost Settlement services to the State's Medicaid School-based Health Services (SBHS) program. Our experienced staff and exceptional systems capacities are ready and able to provide an improved claiming program which will operate much more efficiently and result in additional federal recoveries.

This section provides Sivic Solutions Group's (SSG's) approach in implementing a schools Medicaid administrative claiming program and cost settlement system, and describes our support services (including help desk, training, audit assistance), proposed staff qualifications, and our services to resolve prior year cost settlements.

SSG offers DHHR/BMS a firm that includes:
✓ A highly experienced team of staff with qualifications in Medicaid in Education in both direct services and administrative claiming
✓ Highly experienced Project Manager to manage the project schedules to implement the project on-time and within budget and provide support and communications with DHHR/BMS Management
✓ Local customer support and training provided by our Project Manager and Deputy Project Manager, who are highly knowledgeable about the SBHS program requirements
✓ Top Medicaid in Education and Cost Allocation consultants in the country including Greg Morris, Bruce Berger, Ann Herrick and Deb Lower to support DHHR/BMS in policy support
✓ A superior web based state of the art e-SivicMACS system that will be configured to the requirements of Time Study and Administrative Claiming
✓ e-SivicMACS system using Open technologies, which is proven to integrate with Statewide/LEA Accounting and Direct Service claiming systems
✓ Seasoned Project Manager (Ann Herrick) with extensive experience in managing RMS, MAC claiming and cost and reconciliation at Chicago Public Schools
✓ A Company that is built on the core vision of the best customer service

SSG staff are very familiar with Medicaid Administrative Claiming (MAC) and Cost Settlement programs by implementing and developing successful MAC projects throughout the country. From this experience and through participating in numerous meetings with federal and State

Medicaid officials and through independent analysis, we have developed a thorough understanding of federal statutes, regulations, and policy requirements.

SSG PROPRIETARY

4.1 RANDOM MOMENT TIME STUDY (RFQ SECTION 4.1.1)

This section responds to the following requirements for implementation and administration of a Random Moment Time Study

4.1: Random Moment Time Study
4.1.1 Process Consistent with State Plan and Sampling Methodology
4.1.2 Time Study Implementation Guide
4.1.3 Required CMS Approval of RMTS Procedures
4.1.4 Operation of RMTS
4.1.5 Sampling Methodology Consistent with CMS Guide
4.1.6 Establishment of Four Cost Pools
4.1.7 Statistical Validity of Sample Size
4.1.8 Random Moment Selection and Staff Notification
4.1.9 Oversampling to Ensure Sample Size
4.1.10 Addressing RMTS Non-Responses
4.1.11 Creation of Universal Sample Pools
4.1.12 Centralized Coding
4.1.13 Secondary Review of Centralized Coding
4.1.14 Roster Maintenance

4.1.1 PROCESS CONSISTENT WITH STATE PLAN AND SAMPLING METHODOLOGY

SSG will provide our web-based RMTS system (e-SivicMACS) to document LEA staff time spent conducting Medicaid administrative activities, develop the quarterly MAC claims, and conduct the annual cost reconciliations and cost settlements. Our e-SivicMACS system is flexible and configurable to meet the requirements of DHHR/BMS. It is HIPAA compliant and designed using the federal-preferred RMTS, administrative claiming and cost settlement methodology.

e-SivicMACS offers a total web-based RMTS solution for our clients, including data loading from external sources, random moment time study, validation and verification of time study results, MAC claim development and cost reconciliation/cost settlement of direct services cost. In addition, our system offers comprehensive reporting functionality to LEA and DHHR/BMS Management. *Exhibit 4.1.1-1: MAC Reimbursement Process,* provide the process flow and the tasks performed during the RMTS and the MAC claiming processes.
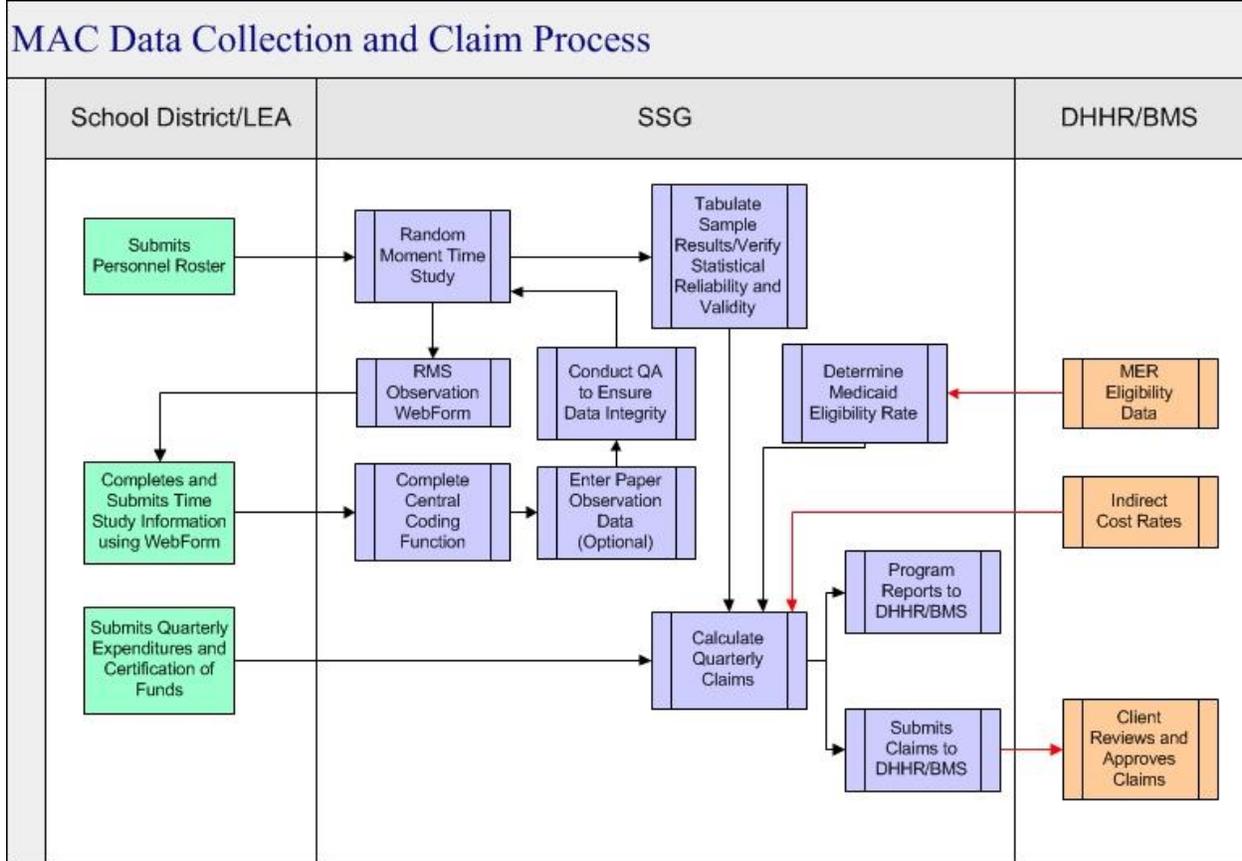
Exhibit 4.1.1-1: MAC Reimbursement Process, *provides the process flow and the tasks performed during the RMTS and claiming process.*

The response to this RMTS requirement provides an overview of the RMTS and MAC claiming processes and the capabilities of our e-SivicMACS system to support to these requirements. The cost reconciliation and cost settlement process is covered in Section 4.3.

Our system was built on the same robust sampling methodology currently in place in many states supporting Medicaid and Title IV-E administrative claiming. It provides an industry-leading web-based sampling and reporting methodology unmatched by our competitors. The system provides for an e-mail notification to each randomly selected participant in the sample that includes a link to a web site where the observation form is completed. It offers this time reporting method in combination with central coding to support DHHR/BMS staff with the least intrusive approach to fulfilling federal time reporting requirements.

The cost reporting component of the e-SivicMACS system provides the agency finance personnel with a tool that provides easy to use cost templates specific to the Medicaid administrative cost allocation plan to report salaries, benefits and other operating expenditures applicable to Medicaid program activities.

Our system offers the LEA Medicaid Coordinators and finance officers with the functionality to enter data using system screens or upload data using Excel files.

Base Data Structures

e-SivicMACS provides base structures to allow for configuration to the needs of DHHR/BMS. The base structures consist of master data, including LEAs, schools, jobs, programs, positions and activities. This data serves as the back-bone of the entire system.

Configurable RMTS Participant Questions

e-SivicMACS provides the capability to configure standard questions to be displayed on the screen to collect time reporting data from the participants and to create additional questions based on certain conditions. A pre-defined bank of master questions can be loaded into the system and configured for our clients. The questions can also be configured conditionally based on Activity code and/or Program-Position.

Entry of RMTS Participant Data

The system maintains the RMTS participant roster data using an on-line screen or using the uploaded data from an external source based on Excel data templates. The system will capture and document eligible personnel that will comprise the Medicaid "employee roster" for each quarter. SSG trainers will work with LEA Medicaid Coordinators to select eligible staff and enter a list of personnel into the web-based Medicaid claiming personnel template. As the eligible staff is entered and the sample is approved, the web-based system automatically begins creating the necessary cost data templates for use by the LEA's finance officer at quarters' end. Once the staff roster is completed, and the sample is generated, it becomes part of the RMTS sample pool and immediately begins providing real time information by staff, position, and LEA.

Indefinite # of Calendars and Work Schedules

The system has no limitation on the number of school calendars or staff work schedules to be created. The calendars can be assigned at the State and LEA levels. The lower level in that order (LEA), takes precedence over the higher levels. In other words, each LEA can have a different schedule.

A work schedule can be created for each participating staff. The work schedules are very flexible and can accommodate multiple break schedules in a given day. Work schedules are assigned to an individual participant.

Sample Generation

e-SivicMACS provides the capability to generate a sample for a specified period. The system provides a number of statistical analysis results to assist in the QA of the sample and to finally approve the sample. Once the sample is approved, the system writes the data to history tables and

maintains it for audit purposes. The e-mail notification functionality is automatically activated after the sample is approved.

Time Study Data Collection

The time study observation data is collected using e-mail link. The data and questions on the observation screen are dynamically created based on the system configuration for each State. The users with proper security authorization can easily configure this screen to meet the State's requirements. *Exhibit 4.1.1-2: Time Study Observation Computer Screen*, shows a screen-shot of the time study data collection screen to be completed on-line by the participants selected in the sample.

Exhibit 4.1.1-2: Time Study Data Collection Observation Screen, *shows a screen-shot of the time study data collection screen to be completed on-line by the participants selected in the sample*.

Centralized Coding of Activities

The selection of the appropriate activity codes will be done centrally by a SSG QA Specialist, and to assure accuracy, a review of the coding will be done by a SSG Senior QA Specialist. The code definition and code selection will be consistent with guidelines provided by DHHR/BMS.

Request Additional Information from LEA Staff

As the SSG QA Specialist attempts to identify the appropriate activity code for RMTS responses, a number of responses will have inadequate or contradictory information. In these cases, our QA Specialist will email the RMTS participant, request clarification and emphasize the importance of responding within five (5) working days. Our staff will invalidate the RMTS response if no response is received from the participant to our

request or the information that we did receive is inadequate to make a determination of the appropriate activity code.

Collect Expenditure Data

e-SivicMACS offers easy to use, fully automated cost reporting templates to be completed by LEA staff and the appropriate on-line screen system capabilities to capture data. After the quarterly time study process has concluded, our web-based system will notify LEA staff that the RMTS time study has ended.

MAC Claim Calculation

SSG has carefully designed our web-based e-SivicMACS system that is capable of automating the entire claiming process. The system provides the capability to enter claim parameters and calculate the LEA administrative claims. The system performs a number of data checks before the claim is calculated. The claim may be rerun any number of times before it is approved by the LEA. A dashboard is available to LEA staff to easily monitor the progress of the LEA claim development. The dashboard is displayed in *Exhibit 4.2.2-1: Financial Information Collection Dashboard*.

Another dashboard is available to DHHR/BMS to easily monitor the progress of the LEA claim development. The dashboard is displayed in *Exhibit 4.2.4-1: State Claim Dashboard*. After the statewide claim is approved by DHHR/BMS, the history tables are updated and retained with the RMTS samples, rosters and other documentation for federal or state audits.

Reporting

e-SivicMACS provides comprehensive reporting functionality at every stage of the time study and claiming process. The system provides for users to generate reports on-line real-time, along with generating ad-hoc reports through the use of report parameters and wizards. The report data may be viewed on the screen or in graphical format. The data can also be exported to Microsoft Excel for additional analysis and graphical generation functions, something that many of clients frequently use.

As a result of our web-based technology, reports can be produced for program, state and federal reviewers any time during or after the claiming quarter. These real-time reporting capabilities provide LEAs and State program administrators with detailed program statistics that measure the time study process throughout the quarter and claim information quarterly.

4.1.2 TIME STUDY IMPLEMENTATION GUIDE

At the beginning of the project, SSG will review all policy and procedures documents with a fresh set of eyes, including the Time Study Implementation Guide (the Guide) that has been submitted to the Centers for Medicare and Medicaid Services (CMS). This review is critical for

our understanding of how our e-SivicMACS system will need to be configured and to determine the internal procedures and training materials that need to be developed. We understand that the Guide has been approved by CMS, or is nearing approval, and that the State is not requesting assistance in any needed negotiation to obtain this approval.

Recommend Modifications to Internal Procedure Handbook/Manual and Development of Training Materials

SSG will recommend any modifications required to the internal procedures handbook/manual, with details explaining how to operate the program, if required and will develop the training materials required for the operation of our system with step-by-step instructions to assist the LEA Coordinators. We will ensure that the training materials are approved by DHHR/BMS Management before implementing and distributing to the LEA staff.

A comprehensive internal procedure handbook, in addition to the CMS-approved Guide, is important as a necessary instructional resource for LEA program and financial management staff. This internal handbook needs to cover all aspects of the functions required of LEA staff to successfully participate in Medicaid administrative claiming. It should describe "how" to operate the program rather than "what" comprises the program. We will recommend to the State any modifications required to the existing procedure handbook, based on our experience in other States.

The handbook developed by SSG for other states' programs includes the following sections, some of which will be from the CMS-approved Guide.

- Description of the MAC program – from the CMS-approved Guide
- General requirements for LEAs' participation in the MAC program, including a copy of the required inter-agency agreement and procedures for their execution – from the Guide
- RMTS
  - Screen prints and instructions on receipt and answering of the questions on the WebForm
  - Detailed requirements regarding the format and administration of the MAC time studies, including definition of activity codes – from the Guide
  - Examples of central coding of activity codes from sample answers to the five (5) WebForm questions
- Staff Pools
  - Selection of employees for the time study pool – from the Guide
  - Screen prints and instructions on preparation and submission of employee rosters
  - Random selection of employees for quarterly participation – from the Guide
- Submission of Financial and Eligibility Data

- Screen prints and instructions on preparation and submission of cost data
- Completion and submission of quarterly certifications of match forms – from the Guide
- Development and use of the Medicaid Eligibility Ratios (MER) – from the Guide
- Application of indirect cost rate – from the Guide
- Interagency Agreements between DHHR/BMS and the LEAs – from the Guide

- Description of the MAC quarterly claim preparation processes, including LEA QA of the claim invoice and completion of the expenditure certification form
- Cost Reconciliation and Cost Settlement
    - IEP ratio development and application
    - Development of direct services cost, based on the RMTS, cost data, and Medicaid IEP ratio
    - Verification of interim MMIS payments and development of the cost settlement
- Detailed methodology for ongoing monitoring of LEA program compliance with state and federal guidelines
- Training schedule and materials
- Procedures relating to customer service, including Help Desk procedures

The details of the project training, implementation and on-going reporting are presented in the upcoming sections of our proposal.

4.1.3 REQUIRED CMS APPROVAL OF RMTS PROCEDURES

As noted above, SSG understands that CMS approval of RMTS procedures is required prior to the implementation of the RMTS methodology.

4.1.4 OPERATION OF RMTS

SSG will conduct an RMTS process that develops results for allocation of the amount of time spent by LEA staff on Medicaid and non-Medicaid reimbursable activities. These results will be used in the development of the MAC claim and in the annual cost reconciliation and cost settlement process. The RMTS results will be provided to DHHR/BMS by the 15th of the month after the end of the quarter, assuming timely submission by the LEAs.

An overview of the proposed SSG time study processes was presented in *Section 4.1.1: Process Consistent with State Plan and Sampling*

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Methodology, with details of these processes covered in the other subsections of this RMTS section.

4.1.5 SAMPLING METHODOLOGY CONSISTENT WITH CMS GUIDE

SSG will submit a sampling methodology to DHHR/BMS that will satisfy all federal and state requirements, and is consistent with the State's RMTS Guide, the CMS SBHS Claiming Guide of May 2003, and OMB Circular A-87.

The LEA participating staff and the sample minutes for the four (4) sample pools will be randomly selected using our e-SivicMACS system to derive the list of time study sample observation moments. SSG has developed a statistical model specifically for the identification of appropriate sample sizes to assure a 95 percent sample confidence level and +/- 2 percent precision level.

Each quarter, SSG will review the completed time study forms to ensure the minimum number of responses received meets the required statistical validity. We will also review the responses from the summary results of time study responses and compare them with the minimum number of responses required to assure the statistical confidence level is met. The results of this comparison will be reported quarterly to DHHR/BMS.

In addition, SSG will be responsible for modifications in the sampling methodology to comply with any CMS or State changes.

4.1.6 ESTABLISHMENT OF FOUR COST POOLS

The four cost pools included in the DHHR/BMS plan discretely identify the collection of allowable Medicaid activity and associated costs for Direct Service Providers, Targeted Case Management Providers, Personal Care Providers and the Administrative Service Providers. Staff are assigned to a RMTS sample pool based on their qualifications and the role performed in support of School Based Health Services. RMTS results for each sample group are used to allocate the direct and indirect costs of the employees in the sample.

4.1.7 STATISTICAL VALIDITY OF SAMPLE SIZE

Random Moment Sampling is an allowable substitute for 100% time and effort reporting if it conforms to established principles. The sample size required to produce mandatory levels of precision and confidence is determined initially through application of the following equation:

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$$n = \frac{p(1-p)}{\left(\dfrac{SE}{z}\right)^2}$$

Where:

n = the sample size

p = maximum anticipated rate of occurrence of the activities being observed

SE = the desired sample precision (sampling error)

z = 4.96, for 95 percent confidence level

An oversampling factor of ten (10) to twenty percent of the calculated sample size is then added in order to compensate for worker transfers, non-compliance and terminations, and the expected occurrence of invalid responses.

The calculation of minimum sample size is based on the highest expected rate of occurrence of any single activity. As long as the maximum occurrence rate does not exceed fifty percent, it is not necessary to increase the sample size to maintain the mandated precision and confidence levels.

In most time studies, the federal Program Support Centers requires at least 2,000 valid observations each quarter, using the following formula,

$$n = \frac{.30(1 - .30)}{\left(\dfrac{.02}{1.96}\right)^2} = 2017$$

where the highest incidence of occurrence of any activity is thirty percent based on a high estimate of the amount of general administration time in the RMTS.

After analyzing the RMTS results and determining the fluctuation in the highest incidence of occurrence of any activity, SSG will analyze the sample size to determine the sample size can be reduced. Oversampling with such a large population will not be a burden on the LEAs as the sampling will be spread through all participating schools, while assuring the sufficient sample size to meet the required precision and confidence levels.

Each quarter, SSG will review the completed time study forms to ensure the minimum number of responses received meets the required statistical validity. The results of this comparison will be reported quarterly to DHHR/BMS.

Sample Confidence and Precision

SSG will utilize the e-SivicMACS system to create statistically valid samples from a universe of eligible participants. The sample will be consistent and comply with the sampling plan referenced in the RMTS Guide (95 percent sample confidence level and +/- 2 percent precision

level) and follow the OMB Circular A-87 guide. Our system is designed to be flexible and meet the requirements of multiple States and Clients across the country in following their approved sampling methodologies.

System Tools for Ensuring Statistical Validity of the Sample

Our system offers excellent tools, including graphical representation of the moments in the sample to ensure that the sample is truly random and is statistically valid and the correct methodology is followed and in compliance with the State and Federal guidelines.

Sample Homogeneity

Homogeneity of the sample is another key element to the determination of the validity of the samples. For this project, the assumption is that all workers in a sample pool are providing similar services. The test for homogeneity is to review the time study results to determine if any subset of the data is different. This review will also include gaining an understanding of the job descriptions of the sampled participant groups. The subsets could relate to position types or to characteristics of the job duties, or to both factors. Annually, the time sample results will be analyzed by position type, and by participant within position type. Dissimilarities will be reviewed to determine if changes are needed to the sampling methodology.

In summary, the random selection of the employees, the size of the sample, the specificity of the sample tool and the quality assurance review of the RMTS responses will provide the needed support that the sampling method represents the universe of the sample units.

4.1.8 RANDOM MOMENT SELECTION AND STAFF NOTIFICATION

After the sample pool participant data have been imported into or updated in e-SivicMACS, the names in each sample pool are matched with a list of the one minute moments of the work schedule of the selected participants. The system first identifies the days within a given calendar quarter and the range of hours within each day that sampling is to be conducted. The combination of the employee pool and the pool of minutes within the specified days and hours comprise the sample "universe" for the time study. The pool of minutes for the quarter is calculated by reducing the weekends, holidays and the participants not scheduled to work.

For each observation, the sampling system randomly selects a person from the universal sample pool and matches that person with a randomly selected minute from the sample universe of the eligible time study moments for the quarter. Each observation is sampled using the random moment selection process with replacement methodology.

Distribute Time Study Response e-Mails

The e-SivicMACS system will send an email to the sampled person at their designated moment, with a link to the WebForm to provide the time

study response. The response by the sampled person requires the answering of a series of questions on what the person was doing at the time of the selected moment.

For each moment, pre-notifications can be sent three (3) days, two (2) days and 24 hours prior to the selected moment, or on a schedule as defined by DHHR/BMS and DMS. The time sample observation e-mail with the internet Link will be received within 0 to 15 minutes prior to the sample moment. The system will not allow the participant to open the Link for entry of their response until the moment time.

A reminder notification can be sent 4, 8, 16, or 24 hours (or the State's choice) after the selected moment if the participant has not gone to the web site to complete the form, with follow-up. reminders sent thereafter if the participant has not responded. The system is flexible enough to control the timing and the number of these notices and reminder e-mails based on the State's RMTS Guide. The reminder notices can be escalated to the Participant Supervisors and higher levels as approved by the State guidelines. The system can lock the Link three (3) days after the moment time if the participant has still not responded to the observation.

Sending a copy of these reminder notifications to a worker's supervisor or another person designated for each RMTS participant is a key element to increasing and maintaining a very high level of worker participation and response rates in the RMTS. SSG will review participation rate reports and provide DHHR/BMS with a non-response report .

RMTS Participants Don't Require Separate Logins and Passwords

When the e-SivicMACS system sends an email to the sampled person, the RMTS participant clicks on the Link and goes immediately to the Webform by entering their Employee ID (or any unique ID assigned by their LEA), thus not requiring them to sign on to a separate RMTS website. Each random moment observation will be identified by the system with a unique system generated identifier.

Provide for Paper RMTS Forms as a Backup

We offer paper based RMTS forms as a backup solution to be used if the LEA or school building does not have Internet access, or during major LEA internet connectivity issues. The paper forms will be collected by the Medicaid Coordinator and sent to SSG office for data entry.

4.1.9 OVERSAMPLING TO ENSURE SAMPLE SIZE

An over sampling factor of ten (10) to twenty percent, per the RMTS Guide, will be added in order to compensate for worker transfers and terminations, worker non-compliance, and the expected occurrence of invalid responses.

Each quarter, SSG will review the completed time study forms to ensure the minimum number of responses received meets the required statistical

validity. We will also review the responses from the summary results of time study responses and compare them with the minimum number of responses required to assure the statistical confidence level is met. The results of this comparison will be reported quarterly to DHHR/BMS.

4.1.10 ADDRESSING RMTS NON-RESPONSES

SSG will make every effort to ensure that the State significantly exceeds the federal response rate threshold of 85 percent since the State and the LEA will otherwise lose federal revenue. SSG will monitor LEA-specific participation rates; notify LEAs and DHHR/BMS when the rate is trending downward toward 85 percent and analyze RMTS results to determine the potential reason and request information from the LEA.

Our e-SivicMACS system has the functionality of sending an email copy of the reminder notifications to the worker's supervisor. We highly recommend this approach as a key element in maintaining a higher level of worker participation in the RMTS. Another approach that some LEAs use is distributing an e-SivicMACS response rate report by RMTS participant or by school to highlight those individuals or schools which are dragging down the LEA participation rate.

4.1.11 CREATION OF UNIVERSAL SAMPLE POOLS

In the initial weeks of the project, SSG staff will confer with DHHR/BMS and LEA staff to verify that the staff in the current rosters are valid, using an analysis of title, fund, and function codes and ensuring that staff funded solely by federal or other offset funds are excluded.

After this initial analysis, the LEAs will maintain roster data using an on-line screen or using uploaded data from an external source based on Excel data templates. Another key feature of our system is that the LEA Medicaid Coordinators can begin making changes to the participant rosters that will be used for the following quarter anytime after the sample is approved for the current quarter.

Identify LEA Time-study Participants

This first substantive activity in the development of a MAC claim involves the selection of appropriate employees to participate in the time study. The combined LEA sample pools are used to randomly select the participants in the four time studies.

Our staff's extensive experience in administering administrative claiming programs has shown that processes used to identify staff pool lists vary substantially by LEA. We know from our experience in working with hundreds of LEAs that the skill level of LEA staff responsible for this most important function also varies. This makes it critical that the processes used by SSG are sound and that these processes are applied in a consistent manner.

For instance, our experience has shown that some LEAs utilize a process whereby staff are identified and pulled from a master LEA employee database by job code, with no subsequent review to determine if the actual job duties performed by these staff include activities that are claimable, as defined in the state's schools Medicaid policy. This can result in either not identifying all eligible staff or identification of staff inappropriate for the staff pool.

Indefinite Number of Calendars and Work Schedules

As noted earlier, the e-SivicMACS system has no limitation on the number of calendars or work schedules to be created. The calendars can be assigned at the State or LEA levels. The lower level in that order, (LEA), takes precedence over the higher levels. In other words, each LEA can have a different calendar and holiday schedule. A work schedule can be created for each unique schedule followed by the staff. The work schedules are very flexible and can accommodate multiple break schedules in a given day. Work schedules are assigned to an individual participant. The system does not have any limitation on the number of work schedules.

Certification of the Roster's Accuracy

LEAs should be asked to certify to the State that the staff included in the sample pools provide eligible administrative services and meet certain educational, and regulatory requirements as stipulated by DHHR/BMS. We will provide assistance to DHHR/BMS and LEA staff to assure compliance with requirements as set forth in the State's MAC claiming guide.

Sample Confidence and Precision

The sample will be consistent and comply with the sampling plan referenced in the RMTS Guide (95 percent sample confidence level and +/- 2 percent precision level) and follow the OMB Circular A-87 guide.

4.1.12 CENTRALIZED CODING

Accurate responses to e-mail time study requests are critical to the claiming process. Incorrect documentation of activities performed during the selected random moment can have the effect of invalidating the entire quarterly time study, and thus the MAC claim.

The selection of the appropriate activity codes will be done centrally by a SSG QA Specialist. The code definition and code selection will be consistent with guidelines provided by DHHR/BMS. We will also provide a central coding guide with a cross reference between typical responses and the activity to be selected by the central coder for approval by the DHHR/BMS Management. Our Central coders will use this document as a guide to perform the central coding and also to QA the sample responses. SSG will provide followup training to the SSG Coders to re-review activity code definition and examples, review problem areas

since the last training, and conduct a trend analysis review of activity code distribution.

We advise our clients to be very conservative in their guidance to us in selecting activity codes. The failure by other firms to exercise care in following federal rules has heightened the sensitivity of CMS. The best way to deal with these CMS programmatic and financial concerns is to make sure that all claims can be fully supported within the regulations set by the federal program.

4.1.13 SECONDARY REVIEW OF CENTRALIZED CODING

Accurate responses to the time study request are critical to the claiming process. Incorrect documentation of activities performed during the selected random moment or time period can have the effect of invalidating the entire quarterly time study. As noted earlier, the selection of the appropriate activity codes will be done centrally by a SSG QA Specialist, and to assure accuracy, an internal review of the coding will be done by another SSG QA Specialist on 100 percent of the responses.

Request Additional Information from LEA Staff

As the SSG QA Specialist attempts to identify the appropriate activity code for RMTS responses, a number of responses will have inadequate or contradictory information. In these cases, the QA Specialist will email the RMTS participant, request clarification and emphasize the importance of responding within five (5) working days. Our staff will invalidate the RMTS response if no response is received from the participant to our request or the information that we receive is inadequate to make a determination of the appropriate activity code.

Providing DHHR/BMS a Random Sample of Completed Centralized Coding

SSG will conduct a review of a five percent (5%) sample of the coded responses and provide these samples to DHHR/BMS to serve as a quality assurance of our coding. Any variations between DHHR/BMS and SSG will be discussed to determine if there needs to be changes to the instructions to provide more detail on the tasks that are associated with each activity or increased training.

4.1.14 ROSTER MAINTENANCE

Section 4.1.11: Creation of Universal Sample Pools, describes the role of LEA staff in the development of the RMTS roster, while our response to this requirement describes the SSG activities, in conjunction with the LEAs, to develop and maintain the universal sample rosters.

Significantly before the beginning of a quarter, SSG will remind the LEAs of the due date for staff sample pool submissions. We also post the

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schedule to the West Virginia SBHS web site for ready access, with the schedule discussed and agreed upon prior to publication.

SSG Review of Submitted Rosters

A critical function that SSG will provide is a review of the personnel rosters in order to ensure the staff pools contain only appropriate staff. Federal and State guidelines are generally very clear regarding the eligibility requirements for inclusion of staff in the staff pool. We will use these guidelines to review the staff in the personnel rosters to verify their eligibility.

First, SSG staff will conduct a random sample review of the rosters to verify eligibility to participate in the RMTS. We will focus on identifying duplicate staff and the eligibility of contracted staff by examining the rosters by job classification, function code, and funding source. We will routinely monitor the appropriateness of staff inclusion as we analyze the ongoing sample results to identify staff participants by job title that never participate in the time study or have low incidences of reporting administrative activities.

If inappropriate staff are identified, we will contact the LEA that submitted the roster. We will also monitor the appropriateness of staff inclusion throughout the quarter as we analyze the ongoing sample results to identify staff participants by job title that never participate in the time study or have a low incidence of reporting claimable activities.

SSG staff assigned to this project have many years of combined experience and responsibility for assuring that sample pools contain only personnel eligible to be included. This experience will be brought to bear on this project to ensure that the LEAs build personnel rosters in compliance with federal and State requirements, while including all the staff appropriate to maximize cost recovery. After validation has been completed, SSG will finalize the personnel rosters in the e-SivicMACS system. The finalized rosters will be used to create the sample.

4.2 ADMINISTRATIVE CLAIMING (RFQ SECTION 4.1.2)

This section responds to the following requirements for preparing and submitting Medicaid Administrative Claims on behalf of all participating LEAs.

4.2: Administrative Claiming
4.2.1   Web-based MAC System
4.2.2   Collection of Required LEA Expenditures
4.2.3   Collection of RMTS Rosters and Calendars
4.2.4   Collection of Additional LEA MAC-required Information
4.2.5   Adjustment of Prior Quarter Claims
4.2.6   Maintenance of Claim Backup Documentation
4.2.7   Collection of Required Data from Other Agencies
4.2.8   Preparation of Financial Information for the Claim
4.2.9   Responsibility for All Components of the MAC Claim

4.2.1 WEB-BASED MAC SYSTEM

SSG will utilize our web-based e-SivicMACS system to collect salary and other financial and program information from LEAs to develop LEA-specific Medicaid Administrative Claims (MACs). It is a total web-based solution, including data loading from external sources, random moment time study, validation and verification of time study results, MAC claim development and cost reconciliation/cost settlement of direct services cost.

e-SivicMACS will be hosted at our HIPAA/FERPA compliant Utica Software Development and Operations Center located in upstate New York. We will maintain the accessibility of the portal twenty-four (24) hours a day, seven (7) days a week. Additional description of the hosting environment is described in *Section 4.5.6: Data Systems*.

The system is built based on multi-tiered architecture using Microsoft .NET framework technology and SQL Server databases. The objects in the business logic layer are developed using C# (C-Sharp) language. The presentation layer is developed using IIS, ASP.NET and UI components of the .NET framework. The business logic layer is isolated from the data layer and can only access data through the data abstraction layer.

Any and all external interfaces to the application are supported through the web services layer using XML and SOAP technologies. Web services have access to data only through the business logic layer. In other words, external system and data interfaces will be forced to exchange data through the business logic layer, which will ensure the integrity of data within the system.

The architecture is based on TCP/IP for network protocol, HTTPS for transport protocols and SMTP for mail protocol.

Exhibit 4.2.1-1: SSG Systems Technical Architecture, provides the detail of the product architecture.
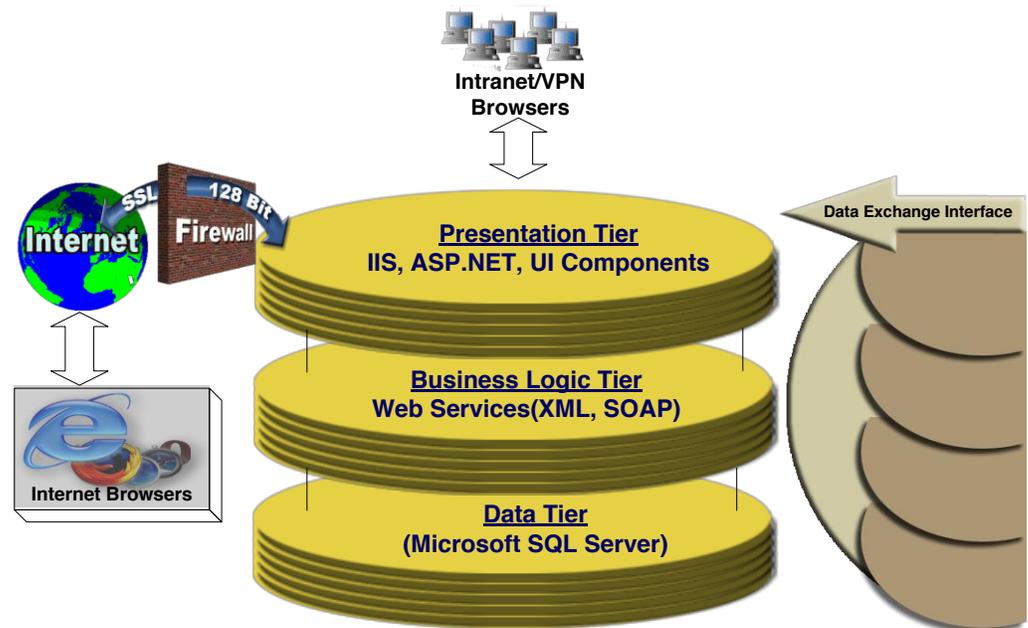
Exhibit 4.2.1-1: e-SivicMACS System Technical Architecture, *shows technical architecture and multiple logical tiers and external system interfaces capabilities of our systems*

4.2.2 COLLECTION OF REQUIRED LEA EXPENDITURES

An effective Medicaid Administrative Claiming (MAC) program relies heavily on capabilities of RMTS and financial reporting processes. Cost information should be collected as soon after the each calendar quarter as feasible to allow for a timely filing of the claim. As soon as the LEAs are able to close their financial quarter, SSG will begin the process of collecting and validating the cost information, and importing or developing each LEA's Medicaid Eligibility Rate (MER). We will then develop the claim and obtain DHHR/BMS approval of the statewide claim.

Exhibit 4.2.2-1: Financial Information Collection Dashboard, shows the screen print of the LEA dashboard wizard that provides a step-by-step walkthrough of financial information collection, verification and finalization process. All screens presented in this proposal are test screens and happen to have New Mexico in our "demo"" state.
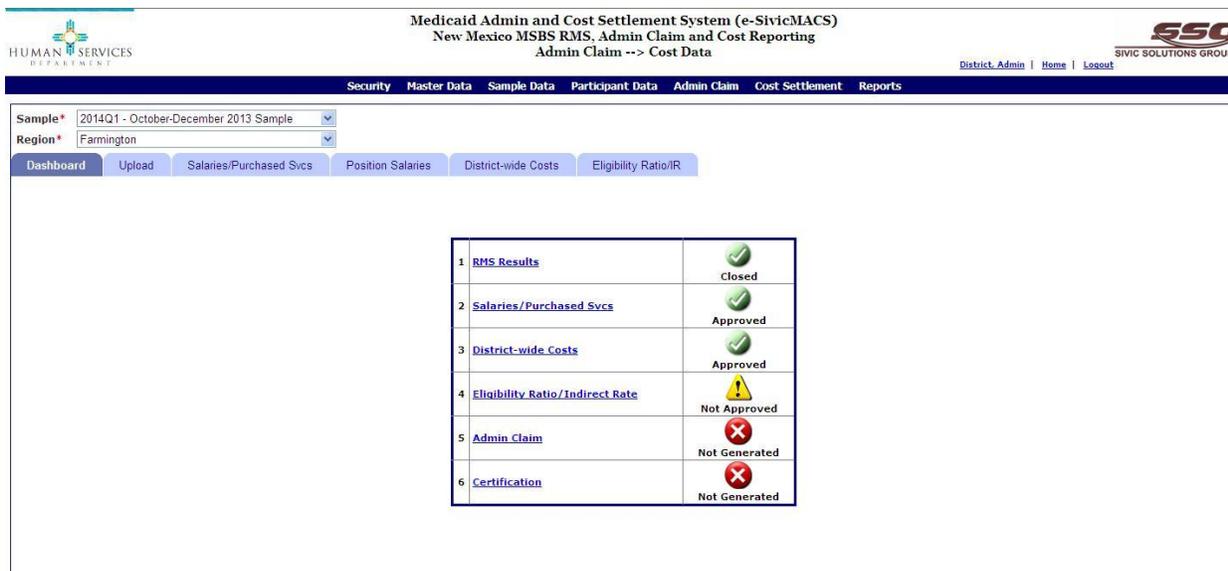
Exhibit 4.2.2-1: Financial Information Collection Dashboard. *This graphic presents the screen print of the LEA dashboard wizard that provides a step-by-step walkthrough of the financial information collection, verification and finalization process.*

Collect and Review Cost Data Submissions

Near the end of each claiming quarter, SSG will send an email to each LEA reminding them that cost data is due in accordance with the previously published calendar of due dates.

Our system has the functionality to collect and review all of the following cost related information.

- Direct Costs (salaries, benefits, contracted costs, federal claimed costs)
- LEA-wide Costs (allowable allocated costs)
- Indirect Cost Rate (ICR)
- Medicaid Eligibility Rate (MER) – discussed in *Section 4.2.4: Collection of Additional MAC-required Information*

Exhibit 4.2.2-2: Financial Information Collection and Verification Screen, shows the screen print of the direct expenditure collection, verification and finalization process. All screens presented in this proposal are test screens and happen to have New Mexico as the "Demo" state.

Medicaid Admin and Cost Settlement System (e-SivicMACS)
New Mexico MSBS RMS, Admin Claim and Cost Reporting
Admin Claim --> Cost Data

District, Admin | Home | Logout

Security   Master Data   Sample Data   Participant Data   Admin Claim   Cost Settlement   Reports

Sample* 2014Q1 - October-December 2013 Sample
Region* Farmington

Dashboard | Upload | Salaries/Purchased Svcs | Position Salaries | District-wide Costs | Eligibility Ratio/IR

Search   Imported File: Participant_Costs_Oct-Dec2013.xls

Export

| Participant ID	Last Name	First Name	Position	Salary	Benefit	Total	Contracted Labor	Federal Funded	Allowable Expenditures	
EADCOC	Adcock	Eric	Occupational Therapy	71000.00	0.00	71000.00	0.00	46150.00	24850.00	!
MAKERM	Akerman	Mary	Early Stages: Speech ...	0.00	0.00	0.00	75000.00	0.00	75000.00	!
IALEXA	Alexander	Isabelle	Speech-Language Patho...	75000.00	1850.00	77350.00	0.00	49300.00	28050.00	!
AAMUZU	Amuzu	Anne	Audiology	80000.00	0.00	80000.00	0.00	0.00	80000.00	!
BANDER	Anderson	Barbara	Speech-Language Patho...	0.00	0.00	0.00	83000.00	0.00	83000.00	!
TASHE	Asheford	Theresa	Psychology	68200.00	1450.00	69650.00	0.00	0.00	69650.00	!
EATHAN	Athanasis	Emily	Speech-Language Patho...	79900.00	0.00	79900.00	0.00	0.00	79900.00	!
TATKIN	Atkinson	Tammy	Psychology	65300.00	0.00	65300.00	0.00	42445.00	22855.00	!
AAUGUS	Augustine	Arlene	Early Stages: Speech ...	83000.00	2200.50	85200.50	0.00	53950.00	31250.50	!
CAYLLO	Ayllon	Claire	Social Work					50000.00	50000.00	!
			Page Total:	**$522,900.00**	**$5,500.50**	**$528,400.50**	**$208,000.00**	**$191,845.00**	**$544,555.50**	
			Grand Total:	**$1,863,500.00**	**$17,301.00**	**$1,880,801.00**	**$425,200.00**	**$685,065.00**	**$1,620,936.00**	

1 2 3 4 5 ... >>

Edit   Verify   Approve   Save   Cancel

Exhibit 4.2.2-2: Financial Information Collection and Verification Screen. *This graphic presents the screen print of the direct expenditure collection, verification and finalization process for usage in the claim calculation.*

Direct Costs

LEA Medicaid Coordinators can download the financial data template populated with position and participant information from the Time Study.

The coordinators have two options to maintain direct cost data:

- Populate the downloaded financial data template with participant information and complete cost data, and upload back to our e-SivicMACS system
- Maintain the direct cost data on-line using the e-SivicMACS screen

The LEA Medicaid Coordinators can populate the Excel template with direct costs (salaries, benefits, contracted costs and federal claimed costs) and upload back to e-SivicMACS. The data can also be populated from the LEA payroll system into our Excel templates. Smaller LEAs may choose our easy to use e-SivicMACS cost reporting screens, allowing for editing to identify problems at the time of the entry. Reminder emails will be sent immediately before the deadline, with subsequent follow-up communications to ensure that all LEAs submit cost data to generate claims.

LEA-wide Costs

e-SivicMACS offers the functionality to capture LEA-wide costs using the same screen just presented (*Exhibit 4.2.2-2: Financial Information Collection and Verification Screen*), focusing on the allowable costs that can be allocated based on the direct costs of the participants. These costs cannot include the general and administrative costs that are used to calculate the Indirect Cost Rate (ICR).

Our system also offers the functionality to maintain the LEA-wide costs using the on-line screen or using the Excel template and upload functionality of the system.

Indirect Cost Rate

Indirect costs are included by applying each LEA's approved indirect cost rate provided by the West Virginia Department of Education. These indirect costs are added to total claimable costs and collected using the same screen just presented (*Exhibit 4.2.2-2: Financial Information Collection and Verification Screen*).

After completing the entry of these costs, the LEA finance officer will have the functionality to verify the data, as discussed below.

Verification that the Cost Pool is Consistent with the Sampling Universe

A review is necessary of the cost data to ensure the cost data's accuracy, completeness, and level of detail satisfies State and CMS cost reporting methodology. To ensure this consistency, we provide a cross–section analysis of expenditures, including the following:

- Our system will ensure that the salary and benefit data can be entered only for the participants in the cost pool that were sampled for the time study.
- The system displays error message for the records that have an increase or decrease of salary data that are outside a threshold percentage. The LEA finance officer will be required to provide explanation or correct the data entry errors.
- Finally, when the claim is generated, the system will display an error message if the claim is more or less than a threshold percentage set by DHHR/BMS. If the variation is real, the finance officer will be required to provide the explanation of the difference.
- Review for reasonableness the allocated costs identified as salaries and fringe benefits for personnel performing the clerical and administrative support functions.

These quality control measures will ensure the accuracy of the reported costs, improves the compliance of the claim and provides supporting documentation during audit.

4.2.3 COLLECTION OF RMTS ROSTERS AND CALENDARS

The e-SivicMACS system allows for easy-to-use methods of updating rosters, school calendars, RMTS participant work schedules and LEA demographic information. This information can be maintained using online screens, although most LEAs choose to use an Excel data template to make changes to the RMTS participant roster.

System Allows for an Indefinite Number of Calendars and Work Schedules

As noted earlier, the e-SivicMACS system has no limitation on the number of calendars or work schedules to be created. A work schedule can be created for each unique schedule followed by the staff. Work schedules are assigned to an individual participant, with no limitation on the number.

Additional details on roster maintenance are provided in *Section 4.1.11: Creation of Universal Sample Pools*, and *Section 4.1.14: Roster Maintenance*.

4.2.4 COLLECTION OF ADDITIONAL LEA MAC-REQUIRED INFORMATION

Our response to this requirement provides detailed description of the MAC claiming process.

The e-SivicMACS system collects all the information required for the development of the MAC claim, including the automatic transfer of data from the RMTS module of the system. The system allows LEA Management to monitor the completion of all steps required to complete the submission of the claim using the earlier presented LEA Dashboard (Exhibit 4.2.2-1).   SSG and DHHR/BMS Management can monitor LEA progress using the dashboard presented in *Exhibit 4.2.4-1: State Claim Dashboard*. All screens presented in this proposal are test screens and happen to have New Mexico as the "Demo" state.

Exhibit 4.2.4-1: State Claim Dashboard, *shows the screen print of the dashboard for DHHR/BMS managers that provides a snap shot of the claim submission progress for each LEA.*

As noted in the above dashboard includes the following financial and program information needed to develop the MAC claim.

- Statewide RMTS results obtained automatically from the system
- Salaries/Purchases Services
- District-wide Costs
- Medicaid Eligibility Ratio (MER) and Indirect Cost Rate (IR)

Completion of the MAC Claim

To finalize the LEA claims, the LEA-specific Medicaid eligibility rate (MER) is applied to those activity codes that must be discounted to appropriately apportion costs between the Medicaid eligible and non-Medicaid eligible student population (see above). Indirect costs are included in the claim by applying each LEA's approved indirect cost rate provided by the Department of Education to the total claimable expenses.

As a final step, the appropriate federal financial participation percentage is applied to total claimable costs to arrive at the total federal reimbursement earned for each LEA. The aggregate of all LEA claims is the State's MAC claim for the quarter.

Development of LEA Medicaid Eligibility Rates

A key feature of a MAC program is developing LEA-specific allowable Medicaid eligibility rates (MER) for the quarterly claims. This section discusses using the LEA-specific MER during the claim calculation process and describes SSG staff's extensive experience in developing these rates.

The MER is used to identify, using a cost allocation methodology, the percentage of eligible Medicaid administrative costs that benefit Medicaid eligible children in a LEA. If 40 percent of the children in a LEA are Medicaid eligible, then an assumption can be made that 40 percent of the eligible Medicaid administrative costs, as identified by salary and other related costs and the time study results, can be allocated to Medicaid.

The method and frequency of developing the MERs varies from State to State due to differences in availability of reliable data, and ultimately, what CMS approves. One of the most reliable methods of calculating a MER specific to a LEA is to match each LEA's student enrollment data with the State's Medicaid eligibility data, which is what SSG does for several states.

SSG will at the beginning of the project analyze the method that is used to develop the LEAs' MERs. We will verify that all children served are included and that the data is timely, since CMS and the federal Division of Cost Allocation (DCA) require, if at all possible, that the MER be calculated for the same quarter as the time study results and the cost data. We will also recommend any changes to ensure compliance with cost allocation and federal requirements while maximizing federal recoveries.

SSG Can Perform the Eligibility Match

If necessary, we are equipped and ready to perform the Medicaid eligibility match as an optional service. We have extensive experience

using our proprietary, complex matching algorithms and other types of processes that have enabled us to identify the greatest number of Medicaid eligible recipients for the MER calculation for other MAC projects. We currently perform this function for number of clients in New Mexico and Florida, and in a similar manner, we could do it for the West Virginia program.

Compare MAC Claims and RMTS Results to Prior Quarters

SSG will compare the current quarter cost data for the LEAs and the statewide RMTS results to prior quarters to identify any substantial variances in costs and distribution of RMTS results and whether a trend over time is taking place. Where significant variances exist, we will perform an analysis and inform DHHR/BMS and the LEA. Even though our system offers intelligent statistics, the system allows for the LEA Medicaid Coordinators to review the accuracy of the data and provide explanations if the results are above or below certain thresholds

The areas that we will track, besides the overall claim amount, include the following:

- Medicaid eligibility rate was applied appropriately
- Indirect costs were applied correctly and all other costs in the cost reports were included
- Comparison of the claim to overall LEA spending (annual assessment)
- Analysis of the time study results by activity code and job classification (annual assessment)
- Identification of categories of staff that may only rarely be performing claimable activities (annual assessment)

Create Summary MAC Claim Report

We will submit a quarterly MAC claim summary report broken down by LEA by the 15th of the month following the end of the quarter, with all LEAs that have submitted the necessary information for the Department's review and approval. After making any necessary revisions, SSG will submit the quarterly Medicaid administrative claim with the Department and maintain all necessary documentation for LEAs where we still have outstanding questions.

Generate Notification Letters and Pre-filled Certification of State Expenditures Forms to LEAs

After DHHR/BMS approval of the final MAC Summary Claim Report, e-SivicMACS will generate a letter to each LEA outlining the claim amount that will be paid for reimbursement of Medicaid administration costs.

The LEA must certify that the Certification of Public Expenditure (CPE) amount was spent from non-federal funds and not used as match for any other program, and that the MAC claim submitted contains actual costs. After the approval of the claim, LEA finance staff will print the claim and certification of funds forms and signed.

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The signed certification forms could be scanned and uploaded back to e-SivicMACS system which eliminates the paper handling process ensures the documentation is available on-line for DHHR/BMS and auditor review.

4.2.5 ADJUSTMENT OF PRIOR QUARTER CLAIMS

e-SivicMACS provides the capability for LEAs to submit adjustments to data prior to their finalization of the claim. After our staff review the LEA claims, we will generate an initial LEA claim and perform the required QA checks. If we identify any issues with the reported cost data, we will contact the LEA financial staff and request an upload of the data with corrected changes, which will result in an adjustment to the LEA claim. We will continue to work with LEAs until all the claims are QA checked and finalized.

Once the statewide claim is generated after DHHR/BMS approval, the system will lock all RMTS and cost data related to the claim. Additional adjustments after this point can be made only after approval from DHHR/BMS Management. Our system also provides the option for DHHR/BMS to enter comments to document the reasons for the adjustment, which will be helpful during federal and state audits.

4.2.6 MAINTENANCE OF CLAIM BACKUP DOCUMENTATION

SSG will prepare electronic files designed for the capture, storage, maintenance, and retrieval of all historical claims, and supporting documentation. This information will be retained for the required record retention period and be available to DHHR/BMS. At the beginning of the project, SSG will develop a plan for backup storage of this information and present the plan to the State for approval. SSG will also instruct the LEA Medicaid Coordinators to retain all program data for the required retention period.

4.2.7 COLLECTION OF REQUIRED DATA FROM OTHER AGENCIES

SSG will assist DHHR/BMS in the collection of special education student enrollment information from the West Virginia Department of Education to support the development of LEA Medicaid Eligibility Ratios. This assistance will include evaluating the compliance of the data and maintaining ongoing contacts with the data sources to obtain early warnings of format or content changes to the files. We will also assist DHHR/BMS in collecting any necessary information obtained from other state agencies.

4.2.8 PREPARATION OF FINANCIAL INFORMATION FOR THE CLAIM

As discussed in detail in *Section 4.2.2: Collection of Required LEA Expenditures*, SSG will ensure accurate and complete collection of all allowable expenditure information used for MAC claiming.

4.2.9 RESPONSIBILITY FOR ALL COMPONENTS OF THE MAC CLAIM

SSG meets all of the requirements to support MAC claiming, as requested in the Request for Quotation.

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4.3 DIRECT SERVICES CLAIMING – COST REPORTING REQUIREMENTS (RFQ SECTION 4.1.3)

This section responds to the following requirements for web based support for the completion and submission of Direct Services cost calculations and cost settlements.

4.3: Direct Service Claiming – Cost Reporting Requirements
4.3.1 Implementation of Web-based Cost Reporting System
4.3.2 Development of Interim and Final Cost Settlements
4.3.3 Quality Reviews of LEA Submissions
4.3.4 Certification of LEA Financial Submissions
4.3.5 Notification to DHHR/BMS of LEA Cost Settlement Payments and Recoupments
4.3.6 Development of Updated Interim Rates
4.3.7 Collection of Quarterly CPE Forms
4.3.8 Collection of Non-Restricted Indirect Cost Rate
4.3.9 Follow-up with LEAs on All Necessary Information
4.3.10 Monitoring of RMTS and MAC Program
4.3.11 Onsite and Desk Reviews of LEA RMTS, MAC Claims and Cost Reporting Documentation

4.3.1 IMPLEMENTATION OF WEB-BASED COST REPORTING SYSTEM

This section reviews the Web-based software (e-SivicMACS) that SSG will utilize and discusses the background and current CMS environment regarding Medicaid in Schools cost based methodologies.

e-SivicMACS is an Integrated RMTS, MAC and Cost Reconciliation System

SSG will utilize the same web-based e-SivicMACS system used for RMTS and MAC claiming to complete the annual interim and final cost reconciliation and cost settlement processes. After configuration, the system will be operational within ninety (90) days of contract award to allow for training prior to the beginning of the cost reconciliation process.

The system is built on multi-tiered architecture using Microsoft .NET framework technology and SQL Server databases. The architecture is based on TCP/IP for network protocol, HTTPS for transport protocols and SMTP for mail protocol. Additional description of the system and the hosting environment is included in *Section 4.2.1: Web-Based MAC System* and *Section 4.5.6: Data Systems*.

Background of Schools Cost-Based Reporting and Cost Settlement Methodology

In the last several decades, implementation of reimbursement rate methodologies for school-based direct-billed services has been fragmented, with inconsistencies between states. During this time, it seems that CMS learned what has and hasn't worked well and in the past decade have gravitated towards a more standardized approach when modifying reimbursement methodologies and rate designs.

The approach being consistently encouraged and approved by CMS is a cost-based payment methodology under a certified public expenditure (CPE) program, which is the methodology chosen by West Virginia. This methodology requires a provider-specific reconciliation between interim direct services/fee-for-service payments and the actual cost to provide the eligible services. The difference is either an additional payment owed to the provider, or a refund from the provider to the State. This reconciliation process is facilitated by provider cost reporting.

Most states, having implemented a Random Moment Time Study (RMTS) to identify reimbursable Medicaid administrative costs, use this data to categorize between the educational and medical activities of direct service school staff, which is then used as one of the allocation steps in their certified public expenditure (CPE) reimbursement formula. They then apply a health-related Medicaid eligibility rate based on Medicaid eligibility, IEP status and utilization. The final Medicaid allowable medical costs are derived from LEA costs, RMTS statistics and an IEP Medicaid ratio to determine a LEA-specific final cost settlement.

Of course, variations of this process are utilized, but via this RFQ, West Virginia has chosen to utilize the cost-based payment methodology.

4.3.2 DEVELOPMENT OF INTERIM AND FINAL COST SETTLEMENTS

The interim payments from the Medicaid School-Based Health Services (SBHS) program for direct services are the basis for the reconciliation with actual cost. SSG will receive a file from the State MMIS of these interim payments, and check the file against the records of a sample of LEAs to ensure the receipt of a valid file.

After our staff are satisfied of the reasonability of the interim payment file, these payments will be compared with the LEAs' actual cost, which is calculated by using the LEA cost data, the statewide "direct services" RMTS results, and the LEA IEP Medicaid ratio. The "direct services" time study results use the direct medical services response(s) on the statewide time study.

The direct services activity code percentage will be discounted by the percentage of students who received an IEP service who are Medicaid eligible (MER). In addition to the IEP Medicaid ratio, a Transportation

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Medicaid ratio may be used in developing the actual cost for transportation if this is a requirement in the SPA.

The cost settlement amount for each LEA is developed by comparing the interim payments to the actual cost using the process described above. The difference, with the application of the federal government portion of the actual cost, is the cost settlement amount.

Exhibit 4.3.2-1: Data Collection and Cost Settlement Preparation Process, illustrates this process of developing the LEA cost settlements.
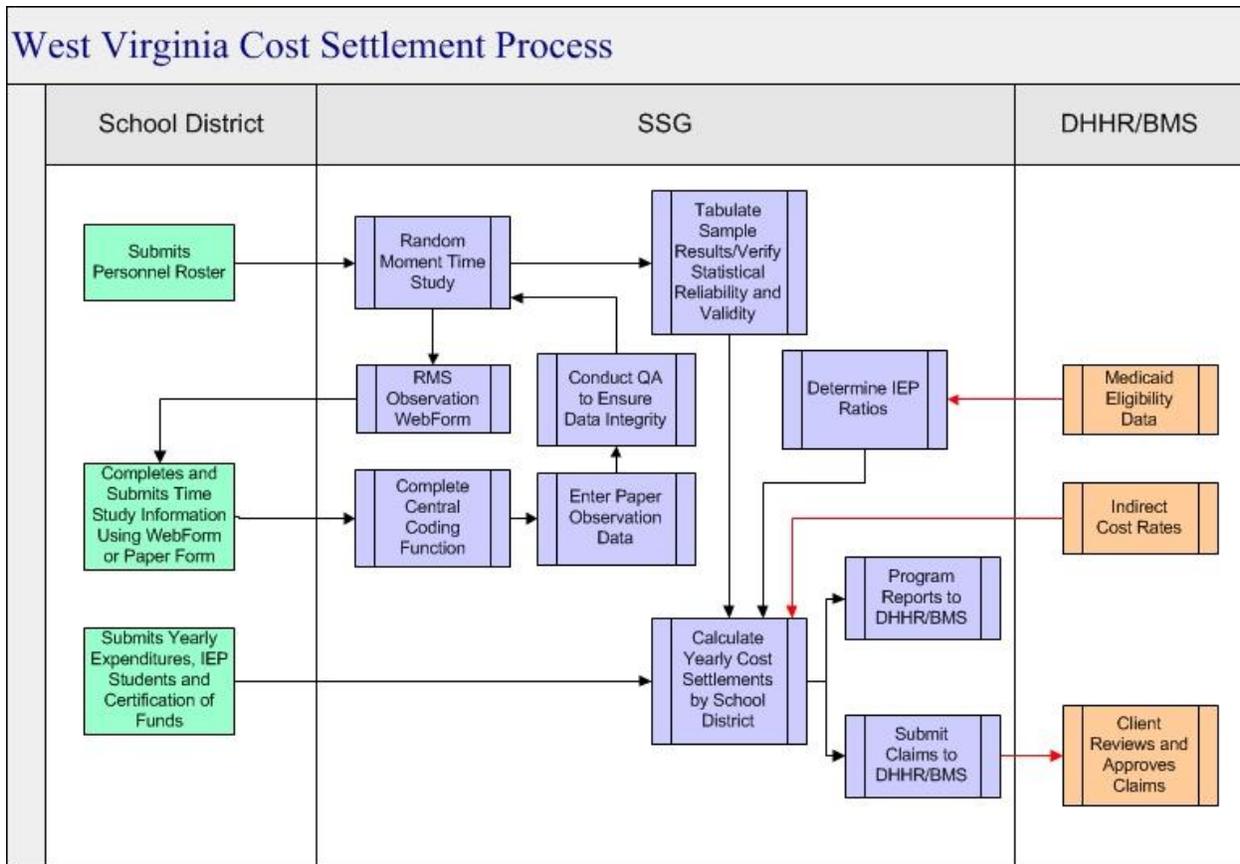
Exhibit 4.3.2-1: Data Collection and Cost Settlement Preparation Process. *This graphic presents the sources of and process for data collection required for calculation of yearly cost settlements.*

Overview of Direct Services Cost-Based Reimbursement Process

This section provides an overview of the Direct Services Reconciliation and Cost Settlement process, with additional detail provided in later sections. The five main elements of a Cost Settlement process are all cost allocation components. They are:

■ **Time Study Statistics** – from a Random Moment Time Study (RMTS)

■ **Cost Data** – includes direct and allocated LEA-wide costs related to staff on the RMTS roster, and indirect costs

- **IEP Medicaid Ratio** – the LEA-specific percentage of the IEP student population with related services who are Medicaid eligible.
- **Transportation Ratio (if West Virginia SPA includes)** – the LEA-specific Medicaid percentage IEP student using specialized transportation.
- **Medicaid Fee-For-Service Paid Claims** – the amount of the MMIS-paid claims for the LEA, based on service date, for the cost settlement period

These components are further explained in the following sections.

Time Study Statistics

The staff in a school and special education setting who are likely to perform Medicaid related direct services should be placed in a RMTS roster. A statistically valid sample of staff moments worked during the quarter is selected and RMTS observations completed by the roster staff. The activities on the observation form are consistent with the activities identified by the Centers for Medicare and Medicaid Services (CMS) and the State's MAC Guide.

The required documentation for this process is extensive (rosters, the random moments selected, and the time study results) and must be maintained and undergo a rigorous quality control process.

Cost Data

All costs, including direct and allocable LEA-wide costs related to staff on the RMTS rosters, and allowable indirect costs are included in the claim calculation. Direct costs are the salaries and benefits of staff included in the universal sample roster that support these staff, and the allowable indirect costs. The total of these costs are referred to as the cost pool.

The key component of the cost data is the accuracy of reporting allowable costs by the LEA, which must certify the reported expenditures and provide supporting documentation as they relate to the audited financial statements. We have developed extensive computerized edits and quality control methods based on our prior experience and using our e-SivicMACS system. Our detailed cost data reporting solution is presented in *Section 4.2.2: Collection of Required LEA Expenditures*.

IEP Medicaid Ratio and Indirect Rate

The IEP Medicaid Ratio by LEA, which is the percentage of Medicaid eligible students to the total IEP student population (with related services). This percentage is derived from matching the State Medicaid eligibility file with the LEA total IEP student population file. SSG has developed sophisticated matching algorithms and processes to perform this match, which would assist the State in maximizing the revenues for the LEAs. We understand that DHHR/BMS is currently performing Medicaid matching for the SBHS function, but we offer to perform this task on behalf of the State for an additional fee.

The State Department of Education determines and provides the Indirect Cost Rate used in calculating the claim.

Transportation Ratio (if West Virginia SPA Includes)

This ratio is the LEA-specific Medicaid percentage of IEP students using specialized transportation trips. The numerator is the count of actual allowable one-way transportation trips for Medicaid eligible IEP students and the denominator is the total number of allowable one-way transportation trips for IEP students.

Medicaid Fee-for-service Paid Claims

The fee-for-service payments made through the State for the period that the cost settlement claim is calculated. This data is available from the State MMIS.

Development of the Cost Reconciliation and Cost Settlement

The data from these five components, after undergoing a comprehensive quality control process, is used to calculate the cost settlement amount by LEA, which results in an additional Medicaid claim if the cost settlement is a positive amount or a credit against future SBHS payment if the amount is a negative. The documentation from this process includes all of the input data and the quality control results of a review of this data.

The initial interim cost settlements will be completed within 12 months after submission of the cost reports, while the final cost settlement will be completed within 24 months of the submission.

4.3.3 QUALITY REVIEWS OF LEA SUBMISSIONS

SSG will review cost data submissions by using e-SivicMACS edits and having SSG project staff perform quality assurance activities. These two approaches are discussed in the following subsections. Additional details are provided in *Section 4.3.10: Monitoring of RMTS and MAC Program*.

e-SivicMACS Online Editing of LEA Cost Data

Many of the validation edits that other states manually implement are automated in our e-SivicMACS system, thus allowing LEA staff to correct an error early in the process. These edits include:

- Ensuring that the salary and benefit data is only for the participants in the cost pool that were sampled for the time study
- Examining this quarter's increase or decrease in salary outside a threshold percentage
- Determining if the total claim is more or less than a threshold percentage compared to the prior claim.
- Using reasonability checks to ensure that the quarterly salary amount is not the person's annual salary

SSG Comparison of Cost Settlement to Prior Years

SSG will compare the LEA-specific cost settlement amount to the prior year cost settlement amount to determine the variance. If the variance merits further analysis, SSG will contact the LEA and determine if the cost information and other information used in the calculation are accurate. The reasons for significant variances will be determined and reported on the cost settlement summary report to DHHR/BMS.

4.3.4 CERTIFICATION OF LEA FINANCIAL SUBMISSIONS

The LEAs must certify that the costs reported into e-SivicMACS are actual and allowable, include both the federal and non-federal share, and do not contain staff costs for federally funded positions. LEAs must also certify that the Certification of Public Expenditure (CPE) amount was spent from non-federal funds and not used as match for any other program.

The signed certification form could be scanned and uploaded back into e-SivicMACS system which eliminates the paper handling process and ensures the documentation is available on-line for DHHR/BMS and auditor review.

4.3.5 NOTIFICATION TO DHHR/BMS OF LEA COST SETTLEMENT PAYMENTS AND RECOUPMENTS

At the completion of the reconciliations of interim payments to actual cost, SSG will submit the Cost Settlement Summary Claim report of the cost settlement amounts, broken down by LEA, for the Department's review and approval.

Provide Information for Payments to the LEAs

After DHHR/BMS approval of the final Cost Settlement Summary Claim report and as LEAs certify their cost settlements, SSG will provide DHHR/BMS with periodic reports listing the LEAs and the action to be taken - either additional reimbursement from DHHR/BMS or credits against future Direct Services payments.

Maintain Cost Settlement Documentation

Most of the required claim documentation and supporting detail will be stored in our e-SivicMACS system. SSG will utilize electronic folders for the storage, maintenance, and retrieval of other cost settlement data. All information will be retained for the required record retention period and made available when needed to DHHR/BMS Management and state and federal auditors.

4.3.6 DEVELOPMENT OF UPDATED INTERIM RATES

After all direct services costs for a LEA are finalized before December 31st after the year end date, the LEA total costs of all eligible School Based Health Services provider costs will be combined with the LEA indirect cost rate. These final costs will be divided by service hours for staff in the RMTS roster and contract staff dedicated to performing direct services to calculate updated interim rates. These rates will be combined in a table by LEA with comparison to the prior year's interim rates. After developing these updated interim rates, SSG will present the data by LEA to DHHR/BMS for approval and inclusion in the State MMIS system for payment of prospective SBMS direct services payments.

SSG has experience in 14 web based Medicaid Direct Services projects in schools and child welfare agencies, which in many cases involved the development of Medicaid rates by collecting provider costs and utilization, with the subsequent development of a rate per unit.

4.3.7 COLLECTION OF QUARTERLY CPE FORMS

After DHHR/BMS approval of the quarterly LEA-specific MAC claim amount, e-SivicMACS will generate a letter through our system to each LEA outlining the amount of the federal claim and the required federal match amount. A pre-filled Certification of Public Expenditure (CPE) form will also be provided through our system, which the LEA must sign, certifying that the match is available from non-federal funds.

The signed form could be scanned and uploaded back into e-SivicMACS system which eliminates the paper handling process ensures the documentation is available on-line for DHHR/BMS and auditor review. The signed forms will be submitted to DHHR/BMS by the 15th of the month after the end of the quarter.

4.3.8 COLLECTION OF NON-RESTRICTED INDIRECT COST RATE

The e-SivicMACS system screen that collects cost data and indirect cost rate and other required information for the MAC claim was earlier presented in *Exhibit 4.2.2-2: Financial Information Collection and Verification Screen.* We understand that the indirect cost rate is developed and provided by the West Virginia Department of Education. Our staff can upload the indirect cost rate data for each LEA to e-SivicMACS system, which will be checked for reasonability and consistency with prior submissions by SSG.

4.3.9 FOLLOW-UP WITH LEAS ON ALL NECESSARY INFORMATION

SSG will be responsible for the collection of any data and information necessary to complete the cost settlement consistent with the West Virginia State Plan, CMS guidance and applicable regulations.

4.3.10 MONITORING OF RMTS AND MAC PROGRAM

SSG will assist DHHR/BMS ensure compliance of the time study and MAC program through numerous quality assurance activities, both those implemented by SSG staff and those embedded as edits in the e-SivicMACS system. In addition, our Project Management Team will closely monitor the program for compliance and update DHHR/BMS on a timely basis and provide recommendations for action plans. *Exhibit 4.3.10: SSG Quality Assurance Activities*, provides our discussions presented in other sections of our proposal that address the requested QA activities.

Monitoring Categories	Section #	Text in SSG Proposal
Roster participants	4.1.11	In the initial weeks of the project, SSG staff will confer with DHHR/BMS and LEA staff to verify that the staff in the current rosters are valid using an analysis of title, fund, and function codes and ensuring that staff funded solely by federal or other offset funds are excluded.
	4.1.14	A critical function that SSG will provide is a review of the personnel rosters in order to ensure the staff pools contain only appropriate staff. Federal and State guidelines are generally very clear regarding the eligibility requirements for inclusion of staff in the staff pool. We will use these guidelines to review the staff in the personnel rosters to verify their eligibility.
		First, SSG staff will conduct a random sample review of the rosters to verify eligibility to participate in the RMTS. We will focus on identifying duplicate staff and the eligibility of contracted staff by examining the rosters by job classification, function code, and funding source. We will routinely monitor the appropriateness of staff inclusion as we analyze the ongoing sample results to identify staff participants by job title that never participate in the time study or have low incidences of reporting administrative activities.
RMTS sampling	4.1.5	SSG has developed a statistical model specifically for the identification of appropriate sample sizes to assure a 95 percent sample confidence level and +/- 2 percent precision level. The calculation of the minimum sample size is based on the highest expected rate of occurrence of any one activity.
	4.1.7	Our system offers excellent tools, including graphical representation of the moments in the sample to ensure that the sample is truly random and is statistically valid and the correct methodology is followed and in compliance with the State and Federal guidelines.
RMTS results	4.1.9	We will also review the responses from the summary results of time study responses and compare them with the minimum number of responses required to assure the statistical confidence level is met.
	4.1.10	SSG will make every effort to ensure that the State significantly exceeds the federal response rate threshold of 85 percent since the State and the LEA will otherwise lose federal revenue. SSG will monitor LEA-specific participation rates; notify LEAs and DHHR/BMS when the rate is trending downward toward 85 percent and analyze RMTS results to determine the potential reason and request information from the LEA.

Monitoring Categories	Section #	Text in SSG Proposal
	4.1.12	As the SSG QA Specialist attempts to identify the appropriate activity code for RMTS responses, a number of responses will have inadequate or contradictory information. In these cases, the QA Specialist will email the RMTS participant, request clarification and emphasize the importance of responding within five (5) working days.
	4.2.4	SSG will compare the current quarter cost data for the LEAs and the statewide RMTS results to prior quarters to identify any substantial variances in costs and distribution of RMTS results and whether a trend over time is taking place.
Central coding	4.1.13	As noted earlier, the selection of the appropriate activity codes will be done centrally by a SSG QA Specialist, and to assure accuracy, an internal review of the coding will be done by another SSG QA Specialist on 100 percent of the responses.
Audit 5% of coding	4.1.13	SSG will conduct a review of a five percent (5%) sample of the coded responses and provide this sample to DHHR/BMS to serve as quality assurance of our coding. Any variation between DHHR/BMS and SSG will be discussed to determine if there needs to be changes to the instructions to provide more detail on the tasks that are associated with each activity, or increased training.
Training requirements	4.5	Our Project Manager and Training Lead will work with DHHR/BMS to develop a formal training plan consistent with project needs.
Financial reporting	4.2.2	A review is necessary of the cost data to ensure the cost data's accuracy, completeness, and level of detail satisfies State and CMS cost reporting methodology. To ensure this consistency, we provide a cross–section analysis of expenditures, including the following: ■ Salary only for RMTS participants ■ Reasonability of salary increase/decrease ■ Reasonability of cost data increase/decrease ■ Reasonability of direct allocated costs for clerical and administrative
MAC claim (not included in RFQ requirements)	4.2.4	SSG will compare the current quarter cost data for the LEAs and the statewide RMTS results to prior quarters to identify any substantial variances in costs and distribution of RMTS results and whether a trend over time is taking place. We will track: ■ Appropriateness of application of MER, RMTS results and indirect costs ■ Comparison of claim amount to LEA spending

Exhibit 4.3.10: SSG Quality Assurance Activities, *describes the quality assurance activities implemented by SSG staff and those embedded as edits in the e-SivicMACS system.* .

Quality Control Worksheet

SSG project staff will review quality control worksheets that we have developed in other states which can be adapted for this project. An example from other Medicaid Administrative Claiming projects is presented below. It emphasizes each quality control step, but as important, it ensures that a 2nd level review is completed on significant deliverables. These 2nd level reviews are underlined in the following example.

> *Medicaid Administrative Claiming and Cost Settlement Checklist*
>
> *Pre-Quarter Activities*
>
> ☐ *Personnel Roster Templates sent to LEAs*

- ☐ *Personnel Rosters & Position Classification Forms received and tracked*
- ☐ *Personnel Rosters compared to Qualified Titles, duplicate checked, and compared to the prior quarter*
- ☐ *Scrubbed files converted into one file for each cost pool (Statewide Roster)*
- ☐ *Samples generated from Statewide Roster*
- ☐ *Statistical analysis of moment distribution*
- ☐ *2nd Level review completed before samples are sent*

During Quarter Activities

- ☐ *RMTS forms received and coded throughout the quarter, detailed QA of coding*
- ☐ *Rosters for next quarter can be updated anytime during the quarter*
- ☐ *Moments for staff who have left are invalidated, thus not affecting the LEA participation rate*
- ☐ *Financial Templates prepared and e-mail sent to the LEA business contact*
- ☐ *Financial Training provided (end of the quarter) and email sent reminding of cost submission deadline*
- ☐ *MER calculated twice a year*
- ☐ *MER compared to past quarters and if a large variance is found, file is reprocessed and eligibility rechecked.*
- ☐ *2nd Level review of MER calculation completed before end of quarter.*

Post-Quarter Activities

- ☐ *Financial tracking reports generated, which lists all LEAs who submitted Personnel Rosters - used to track financial submissions*
- ☐ *Financials received and tracked electronically and manually. Any LEA who is participating and doesn't send financials contacted.*
- ☐ *Compare staff on cost report to roster, make sure salaries are not annual salaries, check for duplicate staff, check reasonability of non-salary related direct costs, examine indirect cost, verify staff removed mid-quarter are not reported for entire quarter*

- ☐ *Track receipt of Certification of Match forms, contact if not received*
- ☐ *RMTS results calculated*
- ☐ *RMTS results compared to prior quarters*
- ☐ *Review trend of activity code percentages*
- ☐ *Annually, analyze differences between LEAs on activity code selection*
- ☐ *MAC Invoice Master file created*

  (Participant counts, MER, and most current ICR, and RMTS results are inputted)
- ☐ *Five quarter comparison sheet created*
- ☐ *2nd Level Review completed, then LEA file transformed to the claim file. (A Macro is used to unhide the hidden Claim calculation sheets)*
- ☐ *Claim sheets checked for accuracy*
- ☐ *After claim preparation, the participating LEA list is created*

  LEAs with a personnel roster are listed and we double check to ensure the financials were received or not and also if any financials were submitted for LEAs who did not participate in the RMTS). This list is given to the State with the claim.
- ☐ *2nd Level review process is completed and printed for the final review team along with the draft Summary Sheet*
- ☐ *Final claim review completed*
- ☐ *Review sheets printed and examined for error messages*
- ☐ *Any LEA errors or unreasonable data found is researched and the financial file corrected*
- ☐ *Yearly, compare LEA budget and staff size to roster size and cost report data*
- ☐ *2nd Level Review is completed. The Claim, Summary Sheet, and Claim Comparison are then updated*

Annual Cost Settlement Activities

- ☐ *Request annual cost reports, upon receipt, conduct reasonability checks based on size of LEA and comparison to previous years*
- ☐ *Obtain interim fee-for-service payments made to LEAs from State MMIS*

☐ *Consolidate quarterly RMTS results into an annual file*

☐ *Apply claimable RMTS results, Medicaid MER and cost report data to develop final Medicaid eligible cost*

☐ *Send proposed cost settlement to each LEA, request certification from the LEAs*

Assistance in Conducting Monitoring Reviews

SSG will assist DHHR/BMS with monitoring LEAs' compliance with maintenance of appropriate documentation as required by CMS. Details of this assistance are provided in the next section.

4.3.11 ONSITE AND DESK REVIEWS OF LEA RMTS, MAC CLAIMS AND COST REPORTING DOCUMENTATION

SSG will assist DHHR/BMS by monitoring for LEA documentation compliance. Our assistance will include the development of a West Virginia-specific tool that will guide the review. The reviews would be lead by the SSG team, who will provide results of the reviews, analysis of review results to identify systemic problems, and develop possible policy and procedural changes. Each LEA will be reviewed once every three (3) years, with some LEAs requiring a followup review between the regularly scheduled reviews.

The reviews will include the following items, although other review items could be identified and added during project design.

- Review of licensure and credentialing of SBHS staff
- Verification that new RMTS participants have reviewed the training material on the SSG West Virginia Website or was trained by a LEA Medicaid Coordinator
- Review of RMTS non-responses, with data reported from the e-SivicMACS system on which staff have consistently not responded
- Verification of indirect cost rate and submission of signed certification of match forms
- Process used to verify Certification of State Match
- Verification that the quarterly cost reports match with data in the LEA's financial system

These quality measurements are important to the program since the integrity of the financial data is at the core of compliance with federal regulations.

4.4 TRAINING (RFQ SECTION 4.1.4)

This section responds to the following requirements for training DHHR/BMS and LEA staff on all components of MAC claiming and Direct Service cost reconciliation and cost settlement.

4.4: Training
4.4.1 RMTS Startup and Annual Training
4.4.2 Administrative Claim Training
4.4.3 Direct Services Program and Cost Reporting Training
4.4.4 Rate Setting Training
4.4.5 Development of Training Plan

Training for LEA staff who update rosters, and submit cost data, annual cost information, IEP ratio, and transportation trip ratio (if applicable) information for the cost settlement is critical to ensuring that federal and state requirements are met, and that the program is operating efficiently and the maximum level of federal recoveries are attained. The LEA staff completing these activities are the LEA's Medicaid Coordinators who concentrates on administering the RMTS, and the LEA finance officer who submits cost data, develops certification of public expenditure forms and provides other claiming information.

SSG has established training programs with great success across our school-based Medicaid Direct Billing/Cost Settlement and Administrative Claiming projects.

SSG has established training programs with great success across our school-based Medicaid Direct Billing/Cost Settlement and Administrative Claiming projects. Our program incorporates customization to a high degree, including pre-training needs assessment, training plan development, and training curriculum preparation. SSG draws upon adult learning methods and training research in developing our Medicaid claiming-related and compliance training, and refines our training materials through field work and LEA feedback loops.

SSG will provide training to West Virginia LEA and DHHR/BMS staff on the RMTS process, cost reporting and reconciliation, development of CPE reports, cost settlement, and improving the program's compliance through auditing and program improvement efforts.

Our training will be conducted by our Training Lead, Anna Mosby, and assisted by Terryn Murphy and Joanne Joseph. Ms. Mosby also leads our help desk and customer services providing e-mail and telephone Help Desk assistance, and heads up our cost settlement project for the District of Columbia Public Schools.

Training Approach

SSG recommends face-to-face training as much as possible since face-to-face or very small group telephone-based training encourages questions and participation that cannot be accomplished through web teleconferencing. Regardless of how many "live" training sessions are held, there will always be staff that cannot attend face-to-face training or telephone training for one reason or another, hence webinars need to be

available. Web teleconferencing is a great alternative for "make up" sessions because the questions, comments, and discussion points raised at the face-to-face trainings can be incorporated into the web teleconferences.

4.4.1 RMTS STARTUP AND ANNUAL TRAINING

Onsite regional training of LEA Management, LEA Medicaid Coordinators and finance officers will cover an overview of the entire process.

Onsite regional training of LEA Management, LEA Medicaid Coordinators and finance officers will cover an overview of the entire process and detailed implementation of the RMTS. *Exhibit 4.4.1-1: Proposed RMTS Project Startup and Annual Training*, provides our proposed training opportunities for the Department, participating LEAs and RMTS participants.

Training Session	Frequency/ Method	Participants	Content
1. Project Leadership Training Session	At the beginning of the project	▪ State DHHR/BMS Coordinators ▪ LEA Medicaid Coordinators and Finance Officers from several LEAs ▪ SSG staff, lead by the Project Director, Project Manager and Training Lead	▪ Review the program, including the Medicaid requirements ▪ Review the RMTS, cost reporting, quarterly claiming and cost settlement processes ▪ Demonstrate customized e-SivicMACS system ▪ Review DHHR/BMS quality assurance program ▪ One session, 5 hours
2. Regional LEA Medicaid Coordinator/ Finance Officer Training	At the beginning of the project Includes Train-the-Trainer material for subsequent RMTS Participant Training	▪ LEA Medicaid Coordinators ▪ LEA Finance Officers ▪ SSG staff, lead by Training staff and MAC Claim and Cost Settlement Lead	▪ Review the program ▪ Review the RMTS process in detail ▪ Provide an overview of cost reporting, quarterly claiming and cost settlements ▪ Emphasize that new staff are to be trained by LEAs before receiving first RMTS email ▪ Review monitoring process ▪ SSG train-the-trainer material provided to LEA Medicaid Coordinators ▪ 56 LEAs, av. of 1.75 staff/LEA, 5 DHHR/BMS staff = 103 ▪ 4 regional onsite training sessions ▪ Webinar for staff unable to attend

Training Session	Frequency/ Method	Participants	Content
3. RMTS Participant Orientation to e-SivicMACS emails and Webform entry	At the beginning of the project	▪ RMTS participants ▪ Training conducted by LEA staff, alternatively by SSG via Webinars ▪ SSG training material provided ▪ Project Manager and Training Lead available via the SSG Help Desk	▪ Provide training on retrieving the RMTS email and responding to WebForm questions ▪ Review timelines for email response, and supervisor involvement ▪ Review importance of timely and accurate responses ▪ Provide Help Desk phone number and hours ▪ Inform staff that all types of computers can be used, including smart phones and tablets ▪ Webinar provided by SSG as a backup
4. Training for New RMTS Participants	Online Tutorial Training screens of e-SivicMACS	▪ e-SivicMACS tutorial screens and support from the SSG Help Desk	▪ Abbreviated content as from the Initial RMTS Participant training, and augmented by local LEA staff
5. Annual Training Session	Annually	▪ DHHR/BMS Coordinators ▪ LEA Medicaid Coordinators and financial officers ▪ SSG staff, lead by the Project Manager and Training Lead	▪ Present and discuss next year's training plan ▪ Report on current program participation and revenue ▪ Review audit results ▪ 2 webinars

Exhibit 4.4.1-1: Proposed RMTS Project Startup and Annual Training, *provides our proposed training opportunities for the Department, participating LEAs and RMTS participants, and includes an overview of the entire process and detailed implementation of the RMTS.*

4.4.2 ADMINISTRATIVE CLAIM TRAINING

Training of LEA Finance Officers on development of the quarterly claim will cover an overview of the MAC process.

Training of LEA Finance Officers on development of the quarterly claim will cover an overview of the MAC process and details on cost data uploads, claim development, CPE certification, and financial monitoring. The initial training will be onsite regional-based and scheduled just prior to the first quarter's claim, with subsequent quarterly sessions available via webinars. *Exhibit 4.4.2-1: Proposed MAC Training*, provides our proposed training opportunities for the Department and participating LEAs.

Training Session	Frequency/ Method	Participants	Content
1. Initial Administrative Claiming Financial Training	Onsite in 4 regional locations, several weeks prior to the start of the development of the initial MAC quarterly claim	▪ LEA Finance Officers ▪ SSG staff, lead by MAC & Cost Settlement Lead and Cost Data Reporting consultant	▪ Training of LEA financial staff on requirements of the quarterly cost reporting and claim ▪ Conducted approx. 3 months after the initial RMTS Startup training and prior to development of MAC claim ▪ Review the cost reporting and quarterly claiming processes ▪ Review use of MER and indirect

Training Session	Frequency/ Method	Participants	Content
			cost rate ▪ Hands on use of e-SivicMACS for cost data uploads, claim development, CPE certification, financial monitoring
2. Quarterly Administrative Claiming and Cost Settlement Financial Training Sessions	Two webinars per quarter (will include MAC, Cost Settlement, and Rate Setting topics)	▪ LEA Medicaid Coordinators ▪ LEA Finance Officers ▪ SSG staff, lead by MAC & Cost Settlement Lead and Cost Data Reporting consultant	▪ Refresher training of LEA financial staff on requirements of the quarterly cost reporting, claim development and annual cost reconciliation
3. Annual Training Session (covering all topics)	Annually	▪ DHHR/BMS Coordinators ▪ LEA Medicaid Coordinators and financial officers ▪ SSG staff, lead by the Project Manager and Training Lead	▪ Present and discuss next year's training plan ▪ Report on current program participation and revenue ▪ Review audit results ▪ 2 webinars

Exhibit 4.4.2-1: Proposed MAC Training, *includes an overview of the entire MAC process and details on cost data uploads, claim development, CPE certification, and financial monitoring.*

4.4.3 DIRECT SERVICES PROGRAM AND COST REPORTING TRAINING

Training of the LEA Finance Officers on development of the annual cost reconciliation and cost settlement processes will cover covered services, an overview of the process, and details on cost data uploads, IEP ratios, transportation ratios (if applicable), actual cost calculation, cost settlement development, CPE certification, MMIS payment and credits, and financial monitoring. The initial training will be onsite regional-based and scheduled just prior to the first cost settlement and include setting rates for prospective interim MMIS payments, followed thereafter with quarterly webinar sessions on MACS claiming, cost settlement and rate setting. *Exhibit 4.4.3-1: Proposed Direct Services Cost Reconciliation and Cost Settlement Training*, provides our proposed training opportunities for the Department and participating LEAs.

The initial training will be onsite regional-based and scheduled just prior to the first cost settlement.

Training Session	Frequency/ Method	Participants	Content
1. Initial Cost Reconciliation and Cost Settlement Training	Onsite in 2 regional locations, several weeks prior to the initial cost settlement	▪ LEA Finance Officers ▪ SSG staff, lead by MAC & Cost Settlement Lead and Cost Settlement consultant	▪ Training of LEA finance officers on requirements of the annual interim and final cost settlement process ▪ Review the cost reporting and quarterly claiming processes ▪ Review use of IEP ratio and if applicable, and a transportation ratio ▪ Hands on use of e-SivicMACS for cost data uploads, reconciliation, cost settlement, MMIS payments and credits, CPE certification, financial monitoring

Training Session	Frequency/ Method	Participants	Content
2. Annual Administrative Claiming and Cost Settlement Financial Training	Two webinars conducted during 1 of the regularly scheduled quarterly sessions (will include MAC, Cost Settlement, and Rate Setting topics)	▪ LEA Finance Officers ▪ SSG staff, lead by MAC & Cost Settlement Lead and Cost Settlement consultant	▪ Refresher training of LEA financial staff on requirements of the cost reporting, cost settlement and rate setting
3. Annual Training Session (covering all topics)	Annually	▪ DHHR/BMS Coordinators ▪ LEA Medicaid Coordinators and financial officers ▪ SSG staff, lead by the Project Manager and Training Lead	▪ Present and discuss next year's training plan ▪ Report on current program participation and revenue ▪ Review audit results ▪ 2 webinars

Exhibit 4.4.3-1: Proposed Cost Reconciliation and Cost Settlement Training, *includes an overview of the process and details on cost data uploads, IEP ratios, transportation ratios (if applicable), actual cost calculation, cost settlement development, CPE certification, MMIS payment and credits, and financial monitoring.*

4.4.4 RATE SETTING TRAINING

As noted in *Section 4.4.3: Direct Services Program and Cost Reporting Training*, rates will be adjusted as part of the cost settlement process. Training on the development of the rates will be incorporated into the cost reconciliation and cost settlement training.

4.4.5 DEVELOPMENT OF TRAINING PLAN

Our Project Manager and Training Lead will work with DHHR/BMS to develop a formal training plan consistent with project needs.

SSG will develop an initial Project Training Plan and maintain it throughout the project, with timelines maintained for training of DHHR/BMS and LEA personnel. Our Project Manager and Training Lead will work with DHHR/BMS to develop a formal training plan consistent with project needs.

SSG will commit the necessary resources to conduct multiple training sessions during project start-up and complete all scheduled training within 1 to 2 weeks. Our staff will conduct training sessions on our e-SivicMACS computer system as outlined above and post a user's manual on the SSG West Virginia website to assist staff with questions they may have. Ongoing assistance will be available via the Help Desk.

Exhibit 4.4.5-1: Content and Steps to Develop a Project Training Plan, provides the proposed contents and the process of developing a Training Plan.

What	How
Project Kickoff to Review Training Plan Template and Checklist; Identify Points of Contact and Responsible Parties	Meeting
Finalize Training Work Plan; Describe the Plan's Purpose, Scope and Approach	Document
Confirm Roles; Conduct Pre-Training Needs Assessment and Coordinate Training for Each User Group	Document
Develop Training Schedule; Confirm Training Locations, Room Size, Training Infrastructure (projector, Internet access, etc.)	Meeting, telephone and email
Finalize Curriculum (sign-off by DHHR Management Team	Meeting and email
Invite all Participants; Confirm Attendance	Email
Conduct Training Sessions	Webinar and onsite sessions
Post-Training Testing and Evaluation	Evaluation forms; evaluate and analyze feedback; incorporate recommendations into future training session, as appropriate
Additional Resources	Online Users Manual and Help Desk assistance via email or telephone

Exhibit 4.4.5-1: Content and Steps to Develop a Project Training Plan, *provides the contents and the process of developing a Training Plan.*

The SSG training plan will include the following key areas:

1. Establish a Formal Project Training Plan

SSG always develops a Training Plan that outlines the objectives, needs, methodology, strategy, and curriculum to be addressed in training.

SSG always develops a Training Plan that outlines the objectives, needs, methodology, strategy, and curriculum to be addressed in training each required audience. The plan presents the activities needed to support development of training materials, coordination of training schedules, reservation of personnel and facilities, planning for training needs, and other training-related tasks.

The SSG Project Manager and Training Lead will work in collaboration with DHHR/BMS and executive management team to finalize a formal training plan, including training scope, training approach, timelines, and an evaluation process.

2. Develop Training Curriculum

The SSG Training Lead will work in collaboration with DHHR and executive management team in the review and approval of all training materials.

3. Develop Training Schedule and Training Locations

SSG will work with DHHR/BMS and the LEAs to finalize a training schedule, identify and secure training locations, and identify and notify all training participants. The schedule should be as comprehensive as possible, with the understanding that it may be revised as necessary throughout the project lifecycle.

We believes users learn best when interacting with real data so we recommend establishing a separate data Training Environment to facilitate an instructional approach that affords individuals the opportunity to interact with the computer system in a manner that does not interfere with

the integrity of the data in the Production Environment. The Training Environment will be populated with data similar to the Production Environment.

SSG will commit the necessary resources needed from DHHR/BMS to conduct the training. Those resources include:

- Classroom training facilities
- PC workstations or online terminals for hands-on use by trainees
- Internet access with bandwidth to support 100 to 150 users simultaneously accessing our training system
- Projector for each training room

4. Notify Participants

SSG will follow DHHR/BMS's suggestions on how to sign up the trainees. This can be accomplished in several ways, via email, the DHHR Intranet, or through direct supervisors.

5. Conduct Training

SSG will commit the necessary resources to complete training of scheduled. We propose initial face-to-face training at DHHR/BMS-identified training facilities equipped with the technology required for hands-on instruction. We will conduct multiple training sessions and anticipate all scheduled training can be completed within 1 to 2 weeks, assuming sufficient training facilities are available and is contingent on the size and capacity of each location.

6. Post Training Testing and Evaluation

Metrics will be used to capture and evaluate feedback from all participants. This feedback will be reviewed by our Project Team leadership and QA Officer. Recommendations will be incorporated into future training sessions.

Sample Evaluation Form

Following is a sample of one of several evaluation forms used to obtain user training feedback.

Random Moment Sampling (RMS) Training Evaluation Form

Date: _____   Time: _____

Please provide feedback on today's session.

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1.	The training met my expectations.	O	O	O	O	O
2.	I will be able to apply the knowledge learned.	O	O	O	O	O
3.	The training objectives were met.	O	O	O	O	O
4.	The content was organized and easy to follow.	O	O	O	O	O
5.	The materials distributed were pertinent and useful.	O	O	O	O	O
6.	The trainer was knowledgeable.	O	O	O	O	O
7.	The quality of instruction was good.	O	O	O	O	O
8.	The trainer met the training objectives.	O	O	O	O	O
9.	Class participation and interaction were encouraged.	O	O	O	O	O
10.	Adequate time was provided for questions and discussion.	O	O	O	O	O

How do you rate the training overall?

Excellent	Good	Average	Poor	Very poor
O	O	O	O	O

What aspects of the training could be improved?

Please provide any additional comments:

THANK YOU FOR YOUR PARTICIPATION!

4.5 OTHER ADMINISTRATIVE FUNCTIONS (RFQ SECTION 4.1.5)

This section responds to the following support requirements for implementation and administration of the MAC claiming and cost settlements.

4.5: Other Administrative Functions
4.5.1   Help Desk with Toll Free Telephone
4.5.2   Help Desk with Off Hours Automated Answering
4.5.3   Help Desk Capabilities for People with Disabilities
4.5.4   Project Web Site
4.5.5   Project Web Site Training Materials
4.5.6   Data Systems
4.5.7   Assistance in Developing New Reimbursement Methodology SPA
4.5.8   Project Implementation Plan
4.5.9   Provide all Required Services
4.5.10 Provider Appeals and State/Federal Audits
4.5.11 Turn-Over Plan

4.5.1 HELP DESK WITH TOLL FREE TELEPHONE

SSG proudly stands behind its products and service and will strive to provide excellent assistance to DHHR/BMS and the LEA users and managers. Our internal processes and procedures ensure system defects are at a minimum and system customer support is our highest priority. Our customers and users provide great feedback to continuously enhance our system functionality, which reduces support phone calls.

Our systems are extremely stable, which is proven by the fact that we receive almost no support calls related to system issues.

Our systems have been in production for over ten years, having had numerous upgrades. They are extremely stable, which is proven by the fact that we receive almost no support calls related to system issues. Coupled with stable systems is establishing a customer-focused culture that provides staff training in key areas required to deliver exceptional service, ongoing reinforcement and emphasis on development of technical, functional skills and interpersonal skills.

The Training/Help Desk/Support Team will coordinate with all other SSG project team members and be the connection to DHHR/BMS project staff, LEA Coordinators and RMTS respondents. Help Desk team members encourage the establishment of one-to-one relationships with LEA Coordinators to ensure the most effective technical assistance service.

The SSG Training/Help Desk/Support team will be responsible for receipt of all toll-free telephone, email and Project website inquiries, with support provided from 8 AM to 5 PM Eastern time. When the Training/Help Desk/Customer Support team is not available in off hours, calls will be routed to the Project Manager. Any minor incidents and system down issues during the support hours will be responded to as a high priority

issue and addressed immediately. Other issues will be addressed within one business day.

Help Desk Level of Support

SSG will coordinate with DHHR/BMS to establish a technical assistance services that will be provided by our Training/Help Desk/Support team to all DHHR/BMS and LEA customers. When an e-SivicMACS user calls for technical assistance, the response process utilizes a 3 step process:

- Level 1 Customer Support Team member will attempt to answer all questions, which include help with simple problems or general "how-to" questions.

- If the question is more complex, the user is passed on to the level 2 Team member. Level 2 questions may deal with advanced features, questions on system functionality, or research of possible product bugs or failures.

- If the level 2 Team member cannot help, the call will be escalated to level 3 and the Project Manager will be consulted by the Training/Help Desk/Support Team member. Some research and investigation at this level might be required, which can take time; if so, the caller will be notified and given an estimated resolution time.

We know that a timely response is extremely important, especially to staff that are documenting services.

We know that a timely response is extremely important, especially to staff that are documenting services. Many of the responses from Level 1 staff will be immediate, with expectations that all responses will be provided within 1 business day. Generally, these staff have limited amounts of time during their days to complete paperwork and our goal is to be there when they need us. We monitor the Help Desk activities and, as appropriate, update the FAQ section on our website.

The staff initially involved in the response to emails, telephone calls and website inquiries are described below.

Erin Griffith, Help Desk (Level 1)

Ms. Griffith, Help Desk Coordinator at SSG, will be the first contact person for the telephone and email calls for assistance from DHHR/BMS and LEA staff. Ms. Griffith has been involved in help desk support, systems testing, and office administrative functions, with prior experience in medical billing.

Andrew Hotton, Operations Support (Level 2)

Mr. Andrew Hotton, Software Engineer and schools specialist for SSG, will provide support when knowledge of our computer system is required and the help desk has not encountered the question in the past. Mr. Hotton has 12 years of experience in application development and information system development specializing in Medicaid school-based claiming for

West Virginia, New Mexico, Florida, the District of Columbia, Kentucky and Chicago Public Schools.

Anna Mosby, Training/Help Desk/Customer Support (Level 3)

Ms. Mosby is the lead for Training/Help Desk and Customer Support Team. She will determine which SSG staff member needs to be involved with Level 3 Help Desk issues. She will also provide the monthly analysis of the type of technical assistance requests which will go to DHHR/BMS staff for consideration in future training materials. Ms. Mosby has extensive experience with the District of Columbia Public Schools RMTS and Cost Settlement.

Ann Herrick and Terryn Murphy, Project Manager and Deputy Project Manager (Level 3)

The Project Manager or the Deputy Project Manager is always available, via cell phone or email, to address and resolve any escalated issues that cannot be handled by Help Desk/Customer Support staff. Both Ms. Herrick and Ms. Murphy have extensive experience with Chicago Public Schools RMTS and statewide implementation of MAC claiming in Kentucky.

4.5.2 HELP DESK WITH OFF HOURS AUTOMATED ANSWERING

As noted above, the SSG Training/Help Desk/Support team will be available from 8 AM to 5 PM Eastern time. The Help Desk staff utilize a toll free telephone line with an automated answering machine for off-hours use. Help Desk staff immediately answer the questions that they are completely confident of answering, and if unsure, they route the call to a Information Systems/Technical Assistance team member. Calls that are not answered by the Help Desk staff after a fixed number of rings are routed to a Claim Operations team member. An answer to the person's question will be provided within 1 business day.

4.5.3 HELP DESK CAPABILITIES FOR PEOPLE WITH DISABILITIES

SSG will have the ability to communicate with individuals with disabilities, including individuals with hearing impairment and other communication barriers.

SSG will have the ability to communicate with individuals with disabilities, including individuals with hearing impairment and other communication barriers. Since the individuals that will be calling into the SSG Help Desk will be school personnel, SSG did not include language interpretation services, although we will work with DHHR/BMS Management and hire translation specialists, if required.

4.5.4 PROJECT WEB SITE

SSG will establish a project web site that provides current information for DHHR/BMS Management and LEAs, and allows easy updating and version control of essential documentation. We will establish such a web site that is compliant and accessible under the Americans with Disabilities

Act. We will ensure that all materials are approved by DHHR/BMS before posting on the web site.

4.5.5 PROJECT WEB SITE TRAINING MATERIALS

SSG will establish a project web site that will be the central repository for LEAs with program related documentation and include at a minimum the materials described below in *Exhibit 4.5.5-1: Project Web Site Content*.

MAC and Cost Settlement Claiming Information	• Collection of RMTS rosters and cost information • Historical administrative claims by LEA • Cost settlement data and claims • Project statistical reports
Training Material	• Training materials handed out in training sessions • How to retrieve the history of administrative claims and other standard reports • How to make adjustments to historical claims • Annual schedule of training
SBHS Policy and Procedure Information	• State and Federal Medicaid Administrative Claiming rules, policies, and regulations, along with relevant announcements, legislative or regulatory actions, and policy interpretations • LEA Medicaid Coordinator handbooks • CMS Medicaid Administrative Claiming Guide • How to choose staff for the RMTS roster • How to complete the required financial information to develop the claim • How to provide the information necessary for calculation of the Medicaid eligibility rates for students with disabilities • SSG Call Center procedures • Project forms • Data collection templates • Participation agreements • Frequently Asked Questions (FAQ) • Calendar of important program related dates

Exhibit 4.5.5-1: Project Web Site Content, *will be the central repository for LEAs with program related documentation.*

4.5.6 DATA SYSTEMS

SSG will host our web-based e-SivicMACS system for the West Virginia schools at our HIPAA/FERPA compliant Utica Software Development and Operations Center.

SSG will host our web-based e-SivicMACS system for the West Virginia schools at our HIPAA/FERPA compliant Utica Software Development and Operations Center located in upstate New York. We will maintain the accessibility of the portal twenty-four (24) hours a day, seven (7) days a week, except for scheduled maintenance and required repairs, and except for any loss or interruption of the ASP Services due to causes beyond our control. The system will provide access to and receipt of all information necessary for the RMTS, Medicaid Administrative Claiming and Direct Service Cost Reporting processes.

All SSG systems are multi-tiered using Microsoft .NET framework technology and SQL Server databases. The objects in the business logic layer are developed using C# (C-Sharp) language. The presentation layer is developed using IIS, ASP.NET and UI components of the .NET framework. The business logic layer is isolated from the data layer and can only access data through the data abstraction layer. Any and all external interfaces to the application are supported through the web services layer using XML and SOAP technologies.

Web services have access to data only through the business logic layer. In other words, external system and data interfaces will be forced to exchange data through the business logic layer, which will ensure the integrity of data within the system.

The architecture is based on TCP/IP for network protocol, HTTP and HTTPS for transport protocols and SMTP for mail protocol. *Exhibit 4.5.6-1: System Technical Architecture,* provides the detail of the product architecture.
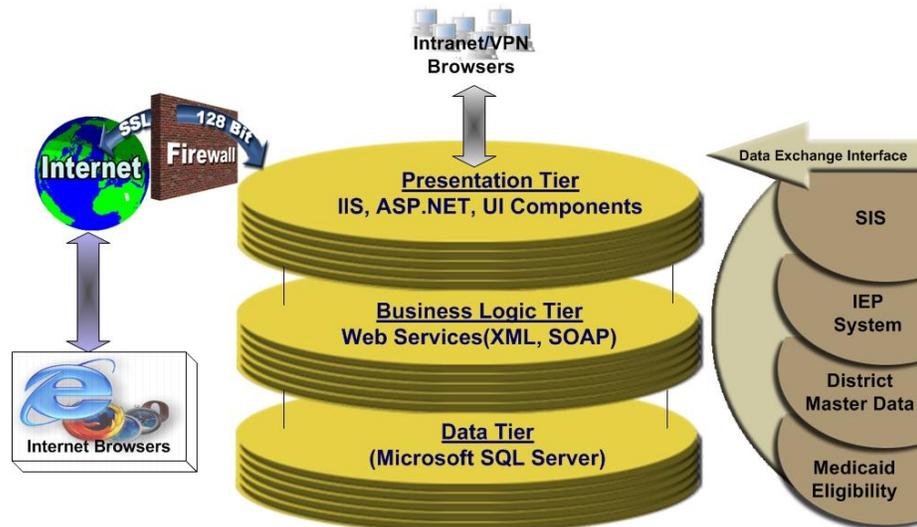
Exhibit 4.5.6-1: System Technical Architecture, *shows technical architecture and multiple logical tiers and external system interfaces capabilities of our systems.*

Our systems are designed and developed to follow HIPAA and FERPA guidelines for security. We have extensive processes in place for physical security of our offices and computers. We also have backup, recovery and disaster recovery plans implemented to ensure reliability and availability of our systems. Our hosting data center has redundancies and backup equipment including a natural gas operated Generator system to provide high availability of hosted systems for our clients.

The following sub-sections describe SSG security and disaster recovery processes.

4.5.6: Data Systems
4.5.6.1 Data Backup
4.5.6.2 Disaster Recovery

4.5.6: Data Systems
4.5.6.3   Systems Protected From Fire And Electrical Outages
4.5.6.4   Hardware Replacement
4.5.6.5. Security

4.5.6.1 DATA BACKUP

Tape backups are executed on a daily, weekly, and monthly schedule, with each version being retained in the active tape/disk library for a pre-determined time period. Backup schedules are established on a weekly basis, created the first day of each week. Daily differential backups are performed Monday through Thursday. Weekly full backups are performed at the end of each week. Monthly backups are performed on the last working day of each month. Media rotation is set so that at least three weeks of backup data is available at all times.

We retain current versions of daily tape backups at off-site facilities until a weekly backup has been executed and delivered to the off-site location. Weekly backup tapes remain at the off-site facility until a monthly backup has been created and delivered to off-site storage. Monthly tapes are maintained for a one-year period. The backup tapes are sent to an off-site storage facility in secured vehicles. Access to the off-site facility and retrieval of tapes from the off-site facility is limited to those individuals granted authorization by the data center management.

4.5.6.2 DISASTER RECOVERY

SSG has extensive procedures and policies to protect client data and recovery of data and systems in case of a disaster.

SSG has extensive procedures and policies to protect client data and recovery of data and systems in case of a disaster. The detailed business continuity and disaster recovery plan will be presented to DHHR/BMS, as requested. For purposes of this Disaster Recovery Plan, SSG classifies business interruptions and disasters as follows:

Incidental (Minor Damage)

Monitoring and maintenance can resume in a short time with no special recall of personnel. Anticipated downtime is less than one business day. Damage can be to hardware, software, mechanical equipment, electrical equipment, or the facility.

Disastrous (Major Damage)

Regular operations can resume within two (2) to four (4) business days. Selected team(s) will be called to direct restoration of normal operations at the current site. Major damage can be to hardware or facility.

Catastrophic

Regular operations cannot resume after five (5) business days and may extend into many weeks. Selected team(s) will be called to direct restoration of normal operations. Extensive damage has occurred and may include loss of facility, loss of computer room and all equipment. SSG

will make plans for an alternative location to be operational in less than 30 days.

As soon as an emergency situation arises, onsite personnel shall contact the appropriate emergency authorities and then take the necessary steps to minimize injury to people and property damage in the vicinity.

4.5.6.3 SYSTEMS PROTECTED FROM FIRE AND ELECTRICAL OUTAGES

Our systems are hosted in the Utica, New York Software Development Center. Stringent security standards are in place within the data center, including perimeter security; fire detection and suppression systems; uninterruptible power supplies, and restricted access. Firewalls are deployed on the data center network to ensure the security of all transactions. Support and monitoring of both hardware and software is provided 24x7 to provide continuity of operation.

A natural gas powered generator for uninterruptible power supply is available if electric power is lost to the Center.

A natural gas powered generator for uninterruptible power supply is available if electric power is lost to the Center, providing continuous service until electric power is restored. The center's facilities also filter out power problems such as sags, spikes, or brown outs, ensuring clean power to all hardware and back-up battery power that allow a clean shutdown should a power outage occur.

4.5.6.4 HARDWARE REPLACEMENT

SSG maintains hot spares of both desktop and laptop computers at our data center. Additional equipment is readily available through our strategic equipment vendors with selected vendors to ensure rapid replacement of equipment. Our vendors understand the criticality of our projects and are ready to assist us in any recovery efforts. Configurations are documented monthly or as they change to ensure that current documentation is maintained. Hot-swappable mission-critical communication equipment is provided with 24-hour service and maintenance contracts.

4.5.6.5 SECURITY

Complying with the need for student and family confidentiality is essential when student information is placed in any data base. SSG is very familiar with the provisions of both the Federal Educational Rights to Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA). This legislation contains provisions that deal with the privacy, security, and transmission of medical and educational information. In addition, requirements for data security, confidentiality and privacy are mandated in Medicaid regulations, state-specific statutes and program-specific regulations and policies.

SSG understands the impact of HIPAA, FERPA and other data security and privacy provisions on data management and processing activities. We have dealt with the impact of these regulations on dozens of our projects, involving information systems, data processing operations and

development projects. Our Software Development and Operations Center has in place standard operating procedures and processes as well as measures associated with the technical infrastructure that enable us to meet our clients' requirements for secure data management, confidentiality and the protection of individually identifiable health and educational information.

SSG manages numerous applications in our development center that process sensitive and confidential records for health and human services clients. Our comprehensive security approach safeguards mission-critical and confidential data from alteration, loss, theft, destruction, and breach of confidentiality. Our security protocols meet federal and state guidelines for security, confidentiality, and auditing, including HIPAA. We are committed to maintaining a safe and secure data processing environment for our clients.

We address problem management through preventative maintenance and a systematic approach to responding and resolving incidents or issues. While our processes are focused on problem prevention, our staff records detailed documentation of reported problems and actions taken to revolve the problem or issue. We address incidents promptly by deploying workarounds to ensure rapid recovery of affected services, but the end goal of our problem management approach is to identify and correct the root cause of a problem, thereby minimizing the likelihood of recurrence.

Our experience with health and human services projects provide a long list of clients for whom we have complied with federal and state laws, rules, and regulations.

Our experience with health and human services projects provide a long list of clients for whom we have complied with federal and state laws, rules, and regulations as well as contractual requirements. SSG is experienced in delivering applications that meet Personal Health Information (PHI) and HIPAA compliance requirements. We are confident that this experience and expertise will meet the LEAs' expectations for safeguarding consumer information.

Our systems, including e-SivicMACS, are specifically designed to ensure that access to student information is rigorously protected, while making it simple for the State to customize specific security settings so that staff can see the information they need. These systems are HIPAA security compliant including the usage of SSL security certificates from DigiCert with 256-bit encryption and automated time-out and disconnection of sessions that are left open for more than a preset amount of time (15 minutes is our recommended setting).

We also have extensive processes in place for physical security of our offices and computers, and the backup, recovery and disaster recovery plans to ensure reliability and availability of our systems. These procedures include using Winzip version 9.0 or higher with 128 bit encryption for all file transfers to and from our FTP servers, and firewalls to protect the network perimeter of our data center. Our internal network is also securely designed with multiple DMZs separated by firewalls to isolate traffic.

User Authentication and Authorization

The security module used by all of our systems is very robust and flexible and can protect sensitive information to the level of objects and data elements. The access to client-sensitive privacy information is limited to authorized Roles/Users. The user authorization is performed at multiple levels to protect data access from internet hacking.

The authorization to the web site is performed based on the role within the application.

The security module uses a .NET framework, which is in production for all of our .NET HIPAA compliant products, including e-SivicMACS for this project. The authorization to the web site is performed based on the role within the application. The roles are defined in the application, and transactions will be assigned to these roles. To ensure that a compromised password is not misused on a long-term basis, passwords must be changed every 90 days or at more frequent intervals, depending on specific requirements of DHHR/BMS.

4.5.7 ASSISTANCE IN DEVELOPING NEW REIMBURSEMENT METHODOLOGY SPAS

As we understand the requirement, DHHR/BMS has already receiving federal approval of the SPA that was submitted to CMS, but is requesting assistance in the development of alternative Medicaid reimbursement strategies that would support appropriately claiming for pay-for-performance models; thus requiring the development of a State Plan Amendment (SPA).

After finalization of the revised methodology, SSG will use our expertise and experience in developing the State Plan Amendment (SPA).

After finalization of the methodology, SSG will use our expertise and experience in developing the State Plan Amendment (SPA). We will also assist with the initial and subsequent communication with CMS, including responses to CMS requests for additional information.

SSG Team's Cost-based Rate Reimbursement and SPA Development Experience

SSG staff have provided rate reimbursement methodology and SPA development and approval services for more than 30 states related to publicly financed programs for the following services:

- School-based health care services
- Home and community-based services, including personal care services
- Mental health care services
- Developmentally disabled services
- Child welfare residential treatment services
- Case management and targeted case management services

We have designed, modified and evaluated rate methodologies, provided state plan amendment support, worked on program implementation and auditing/review techniques, and provided post-implementation monitoring services.

Leveraging our Relationships with Other States

SSG has extensive resources and the leading policy experts on our staff, including Mr. Greg Morris, and our Medicaid Advisor, Mr. Berger, who has developed and gained CMS approval for numerous rate reimbursement SPAs. We are confident that this experience will result in successfully implementing changes in the West Virginia State Plan. We will use our relationships and the contacts with other State policy experts and the National conferences to offer DHHR/BMS information related to CMS audit findings, and CMS preferred methods based on CMS Region. SSG is a member and a sponsor of NAME and other conferences and our staff are actively involved in the committees supporting school-based claiming. One such recent example was the key involvement of Mr. Morris and Ms. Herrick in getting the Parental Consent Regulation clarified and passed.

4.5.8 PROJECT IMPLEMENTATION PLAN

Our initial project work plan will allow the SSG Project Team to start the project with much of the detail planning already done. The detailed project tasks are outlined in *Exhibit 4.5.8-1: Initial Project Work Plan*. The schedule assumes a January 2, 2015 contract award date and the need to begin the time studies on April 1, 2014. We are very confident of maintaining this schedule based on our record of implementing a statewide RMTS in the State of Ohio and the District of Columbia Public Schools in three (3) weeks, including training of the RMTS Coordinators and participants.

Contractor Task	How Task Completed	Proposed Schedule
1. Project Initiation		
Revise preliminary Project Work Plan	▪ Update Project Work Plan	1/2/2015
Meet with DHHR/BMS Project Manager to review preliminary Project Work Plan and discuss issues not identified in the RFQ	▪ Project Director and Project Manager will have several teleconference meetings with the DHHR/BMS Project Manager and other Department staff	1/6

Contractor Task	How Task Completed	Proposed Schedule
Obtain copies of initial documents requiring SSG analysis ▪ Current Operations and Procedures Manual ▪ Other MAC and Cost Settlement manuals and handbooks ▪ Recently approved SPA and the correspondence with CMS on the SPA ▪ Department organization chart and description of programs ▪ Claiming statistics for the last 2 years, by LEA ▪ Latest training, technical assistance, and monitoring review reports ▪ Federal correspondence and federal approval documents ▪ Format of Department of Education financial data needed for the cost settlement	▪ Project Manager will e-mail list of requested documents to the DHHR/BMS Project Manager	1/6
Identify stakeholders and participants to attend kick-off meeting	▪ Discuss with DHHR/BMS Project Manager	1/6
Project kickoff meeting and follow-up meetings	▪ Kickoff meeting and follow-up with DHHR/BMS meetings and several LEA representatives ▪ Project Director, Project Manager and other key SSG personnel will attend ▪ Discuss upcoming Functional Requirements Confirmation sessions ▪ Conduct individual follow-up interviews	1/13 -1/14 (required within 10 business days)
Establish project reporting in a Communication Plan	▪ Develop draft Communication Plan and discuss with the DHHR/BMS Project Manager	1/16
2. Design and Testing		
Conduct Functional Requirements Confirmation session for MAC	Analyze current time study and Medicaid administrative claiming processes and finalize any changes, with recommendations from Department Management ▪ Decide on RMTS data collection configuration (content and timing) of the emails ▪ Decide on cost report collection (content of uploads and online screens) ▪ Discuss current method of MER development ▪ Analyze LEA accounting and financial systems and the current cost reporting format; finalize any changes, with recommendations from Department Management	1/21 -1/22

Contractor Task	How Task Completed	Proposed Schedule
Conduct Functional Requirements Confirmation session for Cost Settlement	Note: this session could be merged with MAC Functional Requirements Confirmation session • Decide on cost report collection (content of uploads and online screens) • Discuss current method of IEP ratio development • Determine how transportation costs are determined • Discuss the scheduling of the Prior Year Settlement Implementation – see #6 below • Analyze current interim payment and cost reporting format; finalize any changes, including the inclusion of operating and indirect costs	1/23
Develop Functional Requirements document	• Report will include the topics included above and all other aspects of the program that were confirmed during the functional requirement sessions	1/30
Propose implementation plans and time lines that clearly delineates the roles and responsibilities of SSG, the Department and the LEAs	• Include this detail in project work plan	1/30
Develop report describing QA measures	• Describe e-SivicMACS edits that prevent errors • Describe reasonability checks, trend analysis and other methods • Refer to *Section 4.3.10 and 4.3.11,* for details on program monitoring and LEA reviews	1/30
Provide required deliverables within 30 days of contract award	• Operations and Procedures Manual • DHHR/BMS-approved training plan • Operational SSG Help Desk • Approved SSG project staffing plan	1/30
Signoff on Functional Requirement document	• Since the report directly comes from functional requirement sessions, there should not be any surprises	2/6
Configure the e-SivicMACS system for RMTS, MAC claiming and development of cost settlements	• Load work schedules, test rosters of RMTS participants, activity codes, allocation matrix • Test RMTS sample generator and WebForm processing • Establish sign-ins for LEA Medicaid Coordinators and LEA finance officers • Configure e-SivicMACS financial reporting formats • Finalize reports, including LEA notification letters, summary MAC and cost settlement reports	2/6 – 2/17
Test system	• Test the entire application "end-to-end", including the reports	2/18 – 2/27
Provide required deliverables within 60 days of contract award	• Operational e-SivicMACS website, with posting of system training materials • Operational website capability to post training materials for all aspects of the program	2/27
Load LEA rosters into e-SivicMACS	• Transitioned roster data should be used as the starting point, and validated by the LEAs	3/2 – 3/13

Contractor Task	How Task Completed	Proposed Schedule
Production test the system	▪ Thoroughly test with production data	3/3 – 3/13
Present Project Leadership with RMTS, claiming, and cost settlement processes	▪ DHHR/BMS project team and LEA representatives ▪ Review entire process, one 5 hour session ▪ Demonstrate revised e-SivicMACS system ▪ Refer to *Section 4.4: Training*, for details	3/5 (cost reporting system required within 90 days of contract award)
3. Implementation of MAC Claiming (RMTS, Cost Reporting, and Claim Development)		
Set up toll-free help desk for handling Department and LEA requests for assistance	▪ Project staff will train Help Desk staff ▪ When SSG Help Desk staff can't answer the question, the Project Manager or system staff will provide assistance ▪ Refer to *Section 4.5.1: Help Desk Services*, for details	3/15
Train Medicaid Coordinators and LEA finance officers in four regional sites on e-SivicMACS time study and Administrative Claiming	▪ Review entire system; discuss roles ▪ Training on e-SivicMACS roster updates and cost reporting, new RMTS participant training material, costs included in cost pool including indirect costs, MER application, submission of quarterly claim and Certification of Public Expenditure (CPE) forms ▪ Overview training on cost settlement process, IEP and transportation ratio application ▪ 2 Webinars provided for staff unable to attend regional sessions ▪ Refer to *Section 4.4: Training*, for details	3/16 – 3/20
Provide assistance to LEA Medicaid Coordinators in their training of RMTS participants on the slightly revised email formats	▪ With centralized coding, SSG expects that the email notification and Webform content will be almost the same as the current process, thus the RMTS participants will require little training ▪ SSG will develop material that the LEA Medicaid Coordinators can send to RMTS participants, informing them of the slight differences ▪ Post RMTS instructions and sample screens on SSG West Virginia Website ▪ Refer to *Section 4.4.1: Training*, for details	3/23 – 3/31
Provide required deliverables within 90 days of contract award	▪ Create on the website the training module for new RMTS participants to use ▪ Development of a web-based cost reporting system for cost reconciliation and cost settlement	3/31
Ready for RMTS and MAC claiming	▪ System ready, sample moments created, emails sent. Activities to develop the claim are outlined in #6 – Ongoing Activities.	4/1
Onsite training in 4 locations at end of 1st quarter for MAC claiming	▪ Training on quarterly claiming activities ▪ Refer to *Section 4.4.2: Training*, for details	6/16 – 6/24
4. Implementation of SFY 2014 Cost Settlement Process (assumes SFY2013 and prior years are part of #5 – Prior Cost Settlement Implementation)		
Train on cost settlement process	▪ Training of LEA finance officers on requirements of the annual interim and final cost settlement process ▪ Refer to *Section 4.4.3: Training*, for details	8/10 – 8/19

SSG PROPRIETARY

Contractor Task	How Task Completed	Proposed Schedule
Load LEA cost reports, IEP ratios, and annual interim MMIS payments	▪ Assume that schools close the books by at least 12/31	9/1 - 12/31
LEAs able to have e-SivicMACS generate cost settlements	▪ System ready for SFY2014. Activities to develop cost settlement are outlined in #6 – Ongoing Activities.	10/1
5. Prior Year Settlement Implementation		
Analyze related communications between the federal government and the State	▪ Determine if commitments of detailed implementation steps were included, ▪ Review guidance from the federal agencies	2/3/15 – 2/24/15
Review the format of the West Virginia Education Information System (WVEIS), a cost reporting and tracking system	▪ Determine the level of detail, and if the detail data is accurately calculated in the summary	2/3 – 2/24
Determine cost reporting for 2 state operations and 8 RESAs	▪ Collect formats and sample files	2/3 – 2/24
Review the completeness of LEA data in WVEIS, particularly in the early years	▪ Determine if all LEAs reported operating costs and indirect costs into WVEIS, and report on the gaps	2/3 – 2/24
For 4 or 5 pilot LEAs, review detail cost data, including the consistency of indirect and operating costs over multiple years	▪ Canvas the LEA to identify volunteer LEAs that acknowledge that the WVEIS data is incomplete or potentially inaccurate ▪ Utilize this pilot to determine if cross-year analysis reveals inconsistencies ▪ If there are inconsistencies, determine the best approach for resolving them ▪ Determine if the work plan should group 3 or 4 years of cost settlement together to identify inconsistencies	3/10
Develop a Prior Year Cost Settlement Plan	▪ Will include schedule, assumptions, constraints, options, risks ▪ DHHR/BMS will review the Plan, followed by a detailed discussion and Plan revisions	3/17
Develop SFY2004 revised rates and final cost settlement and submit to DHHR	▪ Analyze the LEAs that gained and lost revenue due to the SFY 2004 cost settlement ▪ Make adjustments to the Plan	3/24
Complete cost settlements for the remaining years (SFY 2005 – SFY 2014)	▪ Complete one year at a time, with analysis is done over a 4 to 5 month period	4/1 – 8/30
6. Ongoing Activities		
Quarterly Medicaid administrative claiming	▪ Collect and QA rosters ▪ Generate quarterly sample ▪ Throughout the quarter, send email requests for WebForm completion; centrally code activity codes ▪ Throughout the quarter, monitor LEA-specific participation rates; notify LEAs and DHHR/BMS ▪ Collect and QA quarterly cost reports ▪ Collect LEA indirect cost rates ▪ Collect information related to LEA Medical	Quarterly

Contractor Task	How Task Completed	Proposed Schedule
	Eligibility Rates (MER) ▪ Develop RMTS results, apply to funding source, and prepare administrative claim ▪ LEAs will use e-SivicMACS to develop the MAC claim ▪ Create LEA summary claim report; obtain DHHR/BMS approval ▪ Send notification letters and pre-filled CPE forms to LEAs ▪ Collect certification of State expenditure forms ▪ Provide current quarter and trend analysis ▪ Refer to *Sections 4.4.1 and 4.4.2* for details	15th of month following quarter end 15th of month following quarter end (although some LEAs may find this to be difficult)
Cost settlement	▪ Collect and QA annual cost reports ▪ Obtain and utilize State MMIS claim data in development of cost settlement ▪ Collect information related to LEA IEP rate and specialized transportation Medical eligibility rate (if applicable) ▪ Calculate cost settlements, QA results ▪ Create LEA summary cost settlement report, obtain DHHR/BMS approval ▪ Send notification letters and pre-filled Certification of Public Expenditure (CPE) forms to LEAs ▪ Collect CPE forms ▪ Provide current quarter and trend analysis ▪ Refer to *Section 4.4.3*, for details	Annually December 31st of the same year Interim settlement within 6 to 12 months of cost report submission and final settlement within 24 months
Quarterly MAC cost reporting and claiming training sessions	▪ Review any changes to requirements for the quarterly claim ▪ 2 Webinar sessions	Quarterly
Annual system-wide refresher training sessions	▪ Updates on e-SivicMACS capabilities and updates on Medicaid policies and procedures ▪ Report on monitoring review results, participation results, and present next year's training schedule and monitoring review schedule ▪ 2 Webinar sessions,	Annually
As needed technical training, and any revisions or clarifications of Medicaid requirements	▪ Webinar or phone assistance	As needed
QA reports and logs of training activities and outstanding issues	▪ Data collected on an ongoing basis ▪ Refer to *Section 4.6.4.1: Requested Management Monitoring Reports*, for details	Monthly and Quarterly

Exhibit 4.5.8-1: Initial Project Work Plan, *includes the anticipated detailed project tasks, which will allow SSG to start the project with much of the detail planning already done.*

4.5.9 PROVIDE ALL REQUIRED SERVICES

SSG will provide all services within the scope of the contracts resulting from this procurement per the RFQ, the approved Medicaid State Plan and all CMS requirements.

4.5.10 PROVIDER APPEALS AND STATE/FEDERAL AUDITS

Our system provides an audit trail which the auditors may require which logs the date of all entries and who made the change to the data.

SSG will provide assistance during any State of Federal audits. Our first involvement will be to provide data from our e-SivicMACS system and assist the State in explaining to the auditors the details of the program so they can intelligently review the data. It has been our experience that these reports are what the auditors need to conduct their audit. Our system also provides an audit trail which the auditors may require which logs the date of all entries and who made the change to the data.

We will then assist in the review of LEA records consistent with the State and Federal requirements, and assist in the development of written responses to the findings and subject matter expertise during any appeal. Where deficiencies are noted in the audit, we will work with and assist the LEAs and the State in correcting the problems.

4.5.11 TURN-OVER PLAN

SSG understands that the State needs to plan for the possibility of transitioning to another vendor sometime in the future.

Although we believe that DHHR/BMS will conclude that SSG is the best long term provider for Medicaid MAC and Cost Settlement services, we understand that the State needs to plan for the possibility of transitioning to another vendor sometime in the future. From our experience in initiating services when transitions were necessary, we have learned some key factors to a transparent transition. These factors are when the successful vendor:

- Has demonstrated successes and significant experience in transitioning clients to "new" vendors and their automated billing systems
- Understands the needs and expectations of the client
- Is highly experienced in the scope of work under consideration
- Provides the technology that meets client requirements
- Provides an experienced project management team to support implementation and operations
- Applies the necessary personnel and capital resources to assure that the needs and expectations of the client are met

SSG will apply these factors and our experince to develop a Turn-Over Plan within six (6) months of the expiration of the contract.

4.6 REPORTS (RFQ SECTION 4.1.6)

This section responds to the following requirements for generation of reports necessary to support SBHS claiming activities.

4.6 Reports
4.6.1 LEA Administrative Claim Reports
4.6.2 DHHR/BMP Administrative Claim Report
4.6.3 Annual Cost Settlement Reports
4.6.4 Additional Reports
4.6.5 DHHR/BMS/Vendor Meetings

4.6.1 LEA ADMINISTRATIVE CLAIM REPORTS

SSG staff have extensive experience working with clients across the country assisting with schools Medicaid administrative claim. *Exhibit 4.6.1-1: Sample Admin Claim Invoice Summary*, provides a sample claim summary report that can be generated online, real-time by LEA staff. We will work with DHHR/BMS Management to make any required changes to meet the requirements of the State. We also store and provide access to detailed data that supports the claim.

The detailed calculations of the claim are as follows. These calculations are transparent in our claim report presented below and are clearly presented to the LEA and DHHR/BMS Management.

- Total allowable Direct Costs (A) = (Salaries+Benefits+Contracted Costs-Other Federally Funded Costs)
- Other allocated costs (B) = Allowable LEA-wide costs allocated based on the Direct costs
- Total allowable costs (C) = (A+B)
- RMTS percentage of allowable activities (D) = RMTS%
- Medicaid Eligibility Rate (E) = MER%
- Claimable percentage (F) = D*E
- Total Medicaid claimable costs (G) = C*F
- Indirect Cost Rate (H) = ICR%
- Total Medicaid claimable indirect costs (I) = G*H
- Total Medicaid claimable costs (K) = (G+I)

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
SCHOOL BASED HEALTH SERVICES AND REIMBURSEMENT STRATEGIES
FOR MEDICAID SERVICES
RFQ BMS15014 – CRFQ 0511 BMS1500000001

SSG
SIVIC SOLUTIONS GROUP

Medicaid Administrative Claim Invoice

Farmington Municipal Schools

Oct - Dec 2013 Quarter

Base Expenditures

Cost pool	Salaries (A)	Other Costs (B)	Total (C = A + B)
2014Q1-Cost pool 1	99,760.00	31,424.40	131,184.40
2014Q1-Cost pool 2	135,095.00	42,554.93	177,649.93

Claim Calculation

RMS% (D)	MER% (E)	Claimable % (F = D * E)	Total Claimable (G = C * F)	Indirect Rate % (H)	Indirect Claim (I = G * H)	Total Claim (K = G + I)	FFP % (L)	Final Claim (M = K * L)
2014Q1-Cost pool 1								
0.4755	42.00	0.1997	261.99	5.25	13.75	275.74	50	137.87
5.3967	42.00	2.2666	2,973.44	5.25	156.11	3,129.55	75	2,347.16
*6.4078	N/A	6.4078	8,406.03	5.25	441.32	8,847.35	50	4,423.68
							Total:	6,908.71
2014Q1-Cost pool 2								
7.7762	45.00	3.4993	6,216.49	6.20	385.42	6,601.91	50	3,300.95
9.7762	45.00	4.3993	7,815.34	6.20	484.55	8,299.89	75	6,224.91
*10.5543	N/A	10.5543	18,749.71	6.20	1,162.48	19,912.19	50	9,956.09
							Total:	19,481.95
							Grand Total:	26,390.66

Signature of Fiscal Officer or District Representative: _____   Date: _____

Exhibit 4.6.1-1: Sample Admin Claim Invoice Summary, *provides a sample Medicaid Administrative claim report.*

4.6.2 DHHR/BMP ADMINISTRATIVE CLAIM REPORT

SSG will submit a quarterly MAC claim summary report broken down by LEA by the 15th of the month following the end of the quarter for the Department's review and approval. After making any necessary revisions, SSG will submit the quarterly Medicaid administrative claim data with the Department and maintain all necessary documentation.

Our staff will closely monitor the completion of the steps by each LEA required to complete the submission of claim. Our system offers a dashboard to easily monitor the progress of the claim and submission of all the required documentation by each LEA. The SSG Project Manager will work closely with DHHR/BMS staff and communicate any potential issues or risks in completion and submission of the claim on a timely basis.

Exhibit 4.6.2-1: State Claim Dashboard, shows the screen print of the dashboard that provides a snap shot of the claim submission progress, by LEA. All screens presented in this proposal are mockup test screens and happen to have New Mexico as the "Demo" state.

Exhibit 4.6.2-1: State Claim Dashboard, *shows the screen print of the dashboard for DHHR/BMS managers that provides a snap shot of the claim submission progress for each LEA.*

Generate Notification Letters

After DHHR/BMS approval of the final MAC Summary Claim Report, e-SivicMACS will generate a letter to each LEA outlining the claim amount that will be paid for reimbursement of Medicaid administration costs.

The LEA must certify that the Certification of Public Expenditure (CPE) amount was spent from non-federal funds and not used as match for any other program, and that the MAC claim submitted contains actual costs.

4.6.3 ANNUAL COST SETTLEMENT REPORTS

The interim payments paid from the State MMIS are the basis for the reconciliation with actual cost. After we are satisfied of the reasonability of the interim payment file, the totals are compared with the LEA's actual cost, which is calculated by using their cost data, the statewide "direct services" RMTS results, and their IEP Medicaid ratio. The cost settlement amount for each LEA is calculated by subtracting the interim payments from the actual cost as earlier described, with the difference being the cost settlement amount.

Create Cost Settlement Summary Report

At the completion of the reconciliations of interim payments to actual cost, SSG will submit a summary report of the cost settlement amounts.

At the completion of the reconciliations of interim payments to actual cost, SSG will submit a summary report of the cost settlement amounts, broken down by LEA, for the Department's review and approval.

Generate Notification Letters

After DHHR/BMS approval of the final Cost Settlement Summary Claim Report, e-SivicMACS will generate a notification letter and a pre-populated certification form to each LEA, confirming the calculated cost settlement amount and the basis for the calculation.

After the LEA certifies the cost settlement, the LEA will either receive additional reimbursement from DHHR/BMS or have to pay the State for an overpayment, which could be credited against future Direct Services payments.

4.6.4 ADDITIONAL REPORTS

This section responds to the following requirements for generation of reports necessary to support SBHS claiming activities.

4.6.4: Additional Reports
4.6.4.1 Requested Management Reports
4.6.4.2 Graphical Analysis Report Example
4.6.4.3 Ad Hoc Reports
4.6.4.4 Standard Reports

4.6.4.1 Requested Management Monitoring Reports

Our responsiveness to Department concerns and the need for information as the project proceeds are critical to the project's success. Our approach in addressing the need for DHHR/BMS oversight is the development and maintenance of a Project Communication Plan, which will include the requested management monitoring reports presented below in *Exhibit 4.6.4.1-1: Management Monitoring Reports.*

Report	Frequency	Intended Use
1. Quality Assurance and Improvement Measures for Help Desk Assistance	Quarterly	• # of help desk telephone calls and emails • Issues identified (see #4 below)
2. Quality Assurance and Improvement Measures for Monitoring Activities	Quarterly	• # of monitoring visits, by whether onsite or by email/online access • # of reviews requiring a followup review • Issues identified (see #4 below)

Report	Frequency	Intended Use
3. Log of Training Activities	Quarterly	• Name of LEAs trained and technical assistance provided • # of staff trained • If the training is mandatory, LEAs that did not attend • Questions asked and SSG responses (see #4 below) • Issues identified (see #4 below)
4. Log of Outstanding Issues	Monthly rather than Quarterly	• Proposed resolution and plan of action
5. Ad Hoc Reporting	As needed	• See Section 4.6.4.3 below
6. Standard Reports	As needed	• See Section 4.6.4.4 below

Exhibit 4.6.4.1-1: Management Monitoring Reports, provides information for DHHR/BMS oversight of the project.

4.6.4.2 Graphical Analysis Report Example

Our system offers the system standard reports in graphical formats, like pie-charts and bar-graphs. One of the sample graphical reports from our system is presented below.
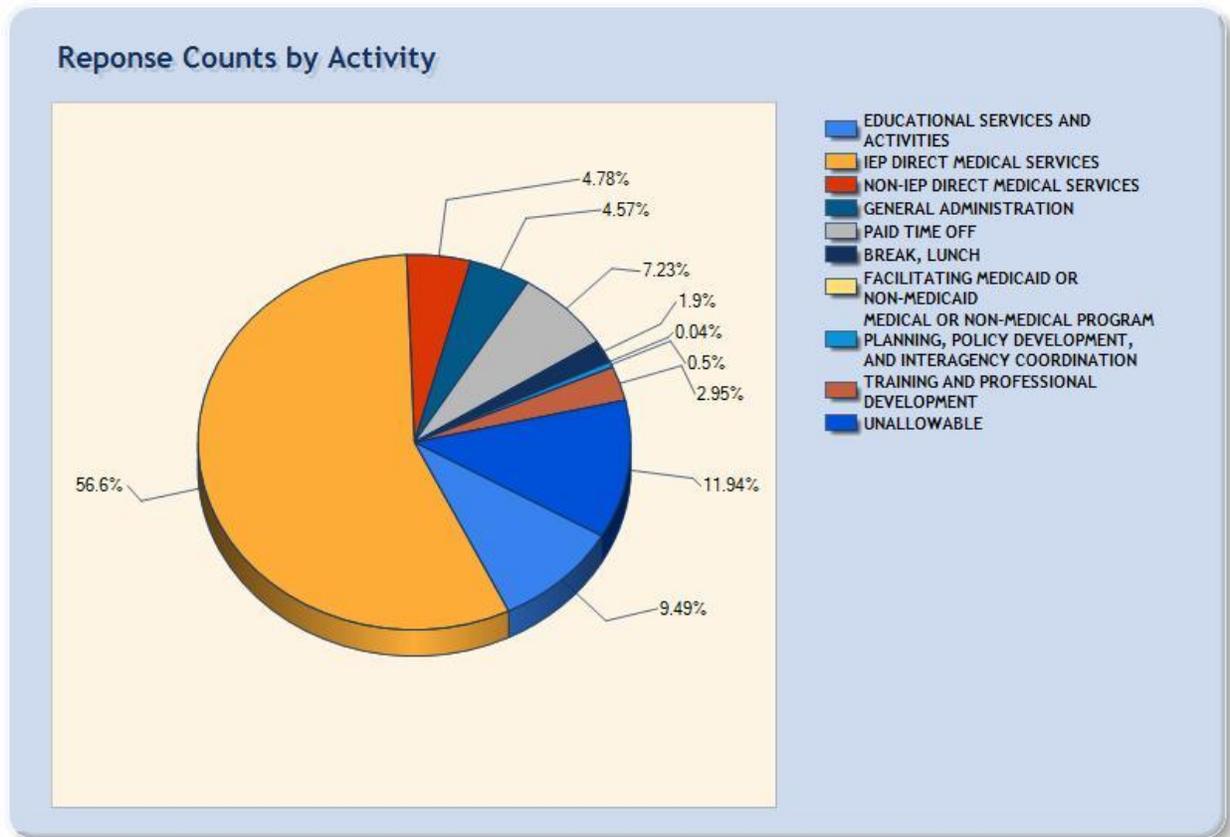
4.6.4.3 Ad Hoc Reporting

Our system is capable of generating graphical reports on-line real-time. The system users will be able to generate ad-hoc reports through the use of report parameters and wizards. The report data may be viewed on the screen or in a graphical format. The data can also be exported to Microsoft Excel for additional analysis and graphical generation functions, something that many of clients frequently use.

4.6.4.4 Standard Reports

Exhibit 4.6.4.4-1: Standard Reports, provides our standard reports, typically printed quarterly and used to develop and analyze the quarterly Medicaid administrative claim.

Report	Description	Intended Use
1. RMTS Roster	Statewide Roster displaying the staff scheduled for participation in the quarterly RMTS process	Submitted in the claim
2. LEA RMTS Participants Count Trend Analysis	Participant Count Comparisons by LEA over the last five quarters	Not part of claim; used to determine of the rosters being submitted are reasonable
3. RMTS Detail Observation Results	RMTS Observation Detail Results – list of all random moments for the quarter, with the resulting activity codes	Submitted in the claim; used as documentation and by auditors to select their sample
4. RMTS Observation Statewide Summary Results	RMTS Observation List Summary Results – total count of RMTS moments by activity code for the quarter	Submitted in the claim; documentation of one of the key elements of the claim
5. Medicaid Eligibility Rate Detail Report	Medicaid Eligibility Rate (MER) and IEP Ratio detail reports – listing by LEA	Submitted in the claim; documentation of one of the key elements of the claim
6. Financial Submission Tracking	LEA tracking of their submission of their financial file; includes notes specific to their financial data	Not in the claim; used by SSG staff to track the development of the claim, specific by LEA
7. LEA Financial Files	LEA input financial file, all relevant information to calculate the claim, and the actual quarterly claim amount	Submitted in the claim; documentation of one of the key elements of the claim
8. LEA Claim Trend Analysis	Presents claim comparison trend analysis, by component, for each LEA to allow for review for reasonableness and trends	Not in claim; used by SSG to detect trends in the claim to identify under-claiming or errors in the claim
9. LEA Claim Listing	Claim summary for all participating LEAs, with calculation broken down by major component; compares claim to statewide average, normalized by size of district	Submitted in the claim; used to document all components of the claim
10. Claim Activity Tracking Dashboard	Contains all quarterly claim activities, including data collection, claim calculations, and quality assurance measures	Not in claim; used by SSG and DHHR/BMS staff to monitor the overall claiming process

Exhibit 4.6.4.4-1: Standard Reports, *provides a listing of the standard reports used to develop and analyze the quarterly Medicaid administrative claims.*

Samples of the standard reports available in our system are presented below. Exhibits 4.6.4.4-2 to 4.6.4.4-7 present the standard reports from

our system with test data created by our Test Team. All the reports have New Mexico as the "Demo" state.

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
SCHOOL BASED HEALTH SERVICES AND REIMBURSEMENT STRATEGIES
FOR MEDICAID SERVICES
RFQ BMS15014 – CRFQ 0511 BMS1500000001

SIVIC SOLUTIONS GROUP

NM - MSBS Program - Random Moment
Sample Control List in Date/Time Sequence

Sample :	NM MSBS - Q408 - October - December 2008
Region :	103 - District-103
Moment Date :	All

Observation ID	Status	Observation Moment	Val	Employee Name	Position	Region	Location
35551	A	10/03/2008 11:59:00 AM	Yes	Megan Padilla	Licensed Nurses or School Health Staff	District-103	School-103102
34859	A	10/09/2008 01:06:00 PM	No	Joshua Patterson	Administrators for Special Education	District-103	School-103000
35625	A	10/14/2008 01:34:00 PM	No	Patty Clark	Psychologists/Psychiatrists	District-103	School-103106
34858	A	10/15/2008 08:08:00 AM	No	Janice Hewitt	Counselors	District-103	School-103103
35940	A	10/20/2008 09:57:00 AM	No	Shannon Kelly	Prinicipal	District-103	School-103101
35240	A	10/21/2008 10:52:00 AM	No	Kirsten Reaves	Assistant Principal	District-103	School-103108
35746	A	10/21/2008 01:53:00 PM	No	Tiffany Rivers	Assistant Principal	District-103	School-103110
35615	A	10/29/2008 11:56:00 AM	No	Michelle Jones	Transportation Director/Coordinator	District-103	School-103000
34885	A	11/04/2008 03:37:00 PM	No	Eric Maddock	Occupational Therapists and Assistants	District-103	School-103104
35499	A	11/07/2008 08:19:00 AM	No	Kathleen Miller	Self-Contained Resource Teacher	District-103	School-103112

Exhibit 4.6.4.4-2: Control List, *shows the sample control list with participants that were selected for the sample*

NM - MSBS Program - Random Moment Sampling
No Response

Sample :	NM MSBS - Q408 - October - December 2008
Region :	102 - District-102
Location :	102000 - School-102000
Moment Date :	All

Observation ID	Observation Moment	Participant Name	Participant ID	Location Description	Phone Number	Email	Status
Region : 102 - District-102							
20080912000035554	10/10/2008 10:18AM	THAN, KHER	MC43885	School-102000		kthan@demo.com	Initial
20080912000035473	11/14/2008 10:51AM	THAN, KHER	MC43885	School-102000		kthan@demo.com	Initial
Observation Count : 2							

Exhibit 4.6.4.4-3: No Response Report, *shows the sample no response report.*

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
SCHOOL BASED HEALTH SERVICES AND REIMBURSEMENT STRATEGIES
FOR MEDICAID SERVICES
RFQ BMS15014 – CRFQ 0511 BMS1500000001

SSG
SIVIC SOLUTIONS GROUP

NM - MSBS Program - Random Moment Sampling
Observation Status Summary By Region

Sample : NM MSBS - Q408 - October - December 2008
Region : All

Region Code	Region Description	Total Obs	Accepted	No Response	Invalid	Incomplete	Not Occurred
100	District-100	8	3	0	5	0	0
102	District-102	4	1	2	0	1	0
103	District-103	14	13	0	0	1	0
104	District-104	3	3	0	0	0	0
105	District-105	27	16	0	9	2	0
107	District-107	12	10	0	2	0	0
108	District-108	1	1	0	0	0	0
109	District-109	8	4	0	4	0	0
111	District-111	1	1	0	0	0	0
112	District-112	7	6	0	1	0	0

Exhibit 4.6.4.4-4: Observation Status Summary by LEA Report, *shows the observation summary by LEA report.*

NM - MSBS Program - Random Moment Sampling
Observation Status Summary By Region and Location

Sample : NM MSBS - Q408 - October - December 2008
Region : 103 - District-103
Location : All

Location Code	Location Description	Total Obs	Accepted	No Response	Invalid	Incomplete	Not Occurred
Region : 103 - District-103							
103000	School-103000	10	2	6	1	1	0
103001	School-103001	30	19	6	1	4	0
103002	School-103002	45	23	5	17	10	0
103003	School-103003	8	4	1	1	2	0
103004	School-103003	12	6	3	1	1	1
103006	School-103006	9	8	0	0	1	0
103008	School-103008	32	10	5	3	7	7
103009	School-103009	6	2	1	1	2	0
103010	School-103010	11	0	4	5	2	0
103012	School-103012	14	6	5	1	2	0
103015	School-103015	34	30	3	1	0	0
	Region Subtotal:	**211**	**110**	**39**	**32**	**32**	**8**

Exhibit 4.6.4.4-5: Observation Status Summary by LEA and School Report, *shows the observation summary by LEA and school.*

NM - MSBS Program - Random Moment Sampling
Activity Summary

Sample NM MSBS - Q408 - October - December 2008
Region : 103 - District-103

Activity Code	Activity Description	Accepted Obs Count	Percent
03	School Related and Educational Activities	4	30.769231%
04	Direct Medical Services	3	23.076923%
08a	Non-Medical/Non-Medicaid Related Training	1	7.692308%
10	General Administration	5	38.461538%
	Report Total:	**13**	**100.000000%**

Exhibit 4.6.4.4-6: Activity Summary Report, *shows RMTS results by activity.*

NM - MSBS Program - Random Moment Sampling
Sample Summary

Sample : NM MSBS - Q408 - October - December 2008

Allocable:	847.0000
Redistributed:	121.0000
Non-Allocable:	0.0000
No Response:	114.0000
Invalid:	101.0000
Not Occurred:	0.0000
Total Observation Count:	1,200.0000

Exhibit 4.6.4.4-7: Sample Summary Report, *shows RMTS sample summary.*

4.6.5 DHHR/BMS/Vendor Meetings

Another important ingredient to successful management of a project is the development and maintenance of effective communications between all parties. Ongoing status reporting and regular meetings are critical to the success of any project; therefore, a formal means for sharing project information must be established and maintained throughout the life of the project. SSG understands DHHR/BMS' expectation to be kept well informed of project status, issues and performance. We agree that meeting monthly during the first year is needed, along with weekly meetings during system configuration, training and implementation. We have also scheduled in our draft Work Plan the onsite kick off meeting within the first ten (10) business days of the award of the contract.

SSG understands DHHR/BMS' expectation to be kept well informed of project status, issues and performance.

Status Report Format

If chosen for this project, our commitment is to keep DHHR/BMS apprised of our activities and performance progress through written monthly progress reports. The monthly status reports are a formal mechanism for communicating with DHHR/BMS Management and provide a discussion of our progress and include information on work completed, difficulties, or problems, recommended solutions; resolutions achieved and unresolved issues remaining. This information keeps the Department fully aware of problems that may require intervention or resolution as well as the successes of the project.

As noted above, SSG suggests monthly face-to-face meetings, with weekly email or telephone conversations with the State Project Manager. At these meetings, the following should be communicated:

- Summary of concerns, issues, and recommendations that arose during the month

- Description of our performance in achieving project outcomes and meeting key objectives
- Status of implementation of the approved work plan
- Issues affecting deliverable timeframes
- Any recommended changes to the work plan
- Status of the deliverable development
- Progress against deliverables
- Deliverables requiring review and approval

Project Communication Plan

Our approach in addressing communication needs is the development and maintenance of a Communication Plan,

As discussed earlier, our responsiveness to Department concerns and the need for information as the project proceeds are critical to the project's success. Our approach in addressing communication needs is the development and maintenance of a Communication Plan, which includes items such as agreement on status meetings, status reports, ad hoc reports, problem/risk reports, and any additional reports requested by the Department. SSG and the State Management Team will discuss and define reporting formats during the project kick-off meeting. Once finalized, the reporting formats will become the standard for use during the course of the project.

Exhibit 4.6.5-1: Sample Communication Plan shows the format of a sample Communication Plan. It is important to note that the information in the plan represents our initial assessment since we expect that the SSG team, in conjunction with Department staff, will develop and flesh out the specific Communication Plan.

What	When	How	Responsible	State Participants
Project Kickoff to Finalize Scope and Schedule	Project Initiation	Meeting	Project Director, Project Manager	State Team, LEA representatives
Work Plan	Ongoing	Document	Project Manager, SSG Team Leads	State Team, LEA representatives
Status Report	Monthly	Document	Project Manager, SSG Team Leads	State Team, LEA representatives
Project Meetings	Initially weekly, monthly during 1st year		Project Director, Project Manager, DHHR/BMS	State Team, LEA representatives
Requested Management Reports	As outlined in section 4.6.4.1		Project Manager, SSG Team Staff	State Team
Major Deliverables	As completed	Document	Project Director, Project Manager, SSG Team Staff	State Team, LEA representatives

Exhibit 4.6.5-1: Sample Communication Plan. *Our Communication Plan takes many factors into account and can be developed specifically to guide the communications between SSG and DHHR/BMS.*

4.7 KEY STAFF REQUIREMENTS (RFQ SECTION 4.1.7)

SSG is currently providing schools RMTS and administrative claiming services in Illinois, Ohio, Missouri, District of Columbia, and Kentucky.

Sivic Solutions Group (SSG) is pleased to present to the West Virginia Department of Health and Human Resources (DHHR), Bureau for Medical Services (BMS) our proposed staff to implement and operate the WV Medicaid School Based Health Services (SBHS) Program. SSG has over 10 years of relevant experience in over two (2) dozen relevant social services and schools projects, not counting dozens of additional RMTS projects, including in Ohio where SSG operates 350 county times studies. We are currently providing schools RMTS and administrative claiming services in Illinois, Missouri, District of Columbia and Kentucky, where we have recently implemented a statewide schools RMTS and MAC system for the Kentucky Department of Education. In Kentucky, we successfully implemented an enhanced time study and MAC claiming system by implementing our e-SivicMACS system, with a seamless transition from another vendor (Public Consulting Group). SSG is also proud to have recently been awarded a contract to implement the program for Missouri's first statewide schools Medicaid administrative claiming and direct services cost settlement program.

Our experienced staff and exceptional systems capacities are ready and able to provide an improved program that will operate much more efficiently. By selecting SSG, the West Virginia DHHR/BMS can be assured of a well-qualified vendor to administer the School Based Health Service program and to assist DHHR/BMS in developing reimbursement strategies for Medicaid State Plan Services.

Prior to presenting our proposed staff, we provide several key factors to our success.

SSG has Federal and State Policy and Procedure Experience

Senior SSG staff (Siva Kakuturi, Ann Herrick, Dave Richards, Greg Morris, Bruce Berger, Chris Patton, Rick Brennan) have extensive cost allocation, RMTS and federal claiming policy experience in schools, child welfare, mental health, cash assistance and Medicaid eligibility, developmental disability, and drug and alcohol settings. Our experience includes involvement in more than 35 states in finance and implementation consulting services, including cost allocation, time study implementation, rate reimbursement design and implementation, cost settlement design and implementation, provider training, compliance reviews, development of cost reports, stakeholder collaboration, streamlining of barriers to program entry, systems development and maintenance, program component design, and fiscal agent testing and claiming.

SSG PROPRIETARY

We Will Take Care to Minimize the Work Effort for State, LEA and Provider Staff

We are prepared to do whatever is necessary to successfully implement the time study, Medicaid administrative claiming and cost settlement services, with a minimal amount of State and LEA staff time. We welcome the participation of DHHR and BMS Management and staff, and we will reach out to keep everyone informed during every step in the project.

We will assign enough of our staff to complete all required work, including collecting the data needed to claim for services or to implement program efficiencies, developing and implementing new processes and procedures, and preparing and submitting all claims. We understand that State staff members have many competing demands on their time, and we will ensure that we are the least intrusive and disruptive to their daily operations as possible. At the same time, we understand how important it will be to develop a cooperative, collaborative working relationship with the State and school districts.

We Will Work with Stakeholder Groups

As our proposal demonstrates, SSG possesses the qualifications and the experience to ensure the success of the project. Our staff members have a clear understanding of the goals and strategies involved in obtaining focused stakeholder input and cooperation, and completing and submitting all deliverables and reports on time.

SSG looks forward to establishing a successful partnership between all stakeholders, including DHHR and BMS Management, WV counties and participating LEAs. During implementation, our partners are also the special education and other LEA staff who participate in the SBHS program.

SSG also has extensive experience in working with federal officials, both from the Centers for Medicare and Medicaid Services (CMS) and the Division of Cost Allocation (DCA). If requested by the West Virginia Department of Education and allowed by the federal officials, we will assist in any way that is helpful.

SSG Team Includes Rick Brennan, Former DHHR Official

SSG is very fortunate to have Mr. Rick Brennan as part of our team. He brings a wealth of information and experience to the project, having 35 years of experience with West Virginia's Department of Health and Human Resources (DHHR), serving in the Bureaus of Medical Services and Administration and Finance. His experience with the West Virginia Education Information System (WVEIS) and his role as technical expert on support of the DAB decision to uphold West Virginia's correctness of claims filing for DHHR will be invaluable in his primary role of developing prior year cost settlements to include operating and indirect

costs into the calculation of actual cost. He will also be onsite for meetings held as teleconferences to ensure maximum effectiveness.

This section is presented in the six subsections requested in the RFQ.

4.7: Key Staff Requirements
4.7.1 Project Manager
4.7.2 Project Staff
4.7.3 Organization Chart
4.7.4 Resumes
4.7.5 DHHR/BMS Right of Refusal of Proposed Key Staff
4.7.6 Proposed Changes of Key Staff

4.7.1 PROJECT MANAGER

The SSG Project Managers serve as the primary points of contact with DHHR/BMS.

SSG will employ a full-time Project Manager, Ann Herrick, to manage the SBHS program. Ms. Herrick has 35 years of experience in management of financial and data systems for public and private sector service industries, including education, health care and finance. Her professional experience includes management of Chicago Public Schools (CPS) Medicaid in Schools claiming to optimize revenue and avoid negative audit findings, with revenue growing from $10 million to $50 million in five years. Ms. Herrick currently manages our current statewide schools RMTS implementation in the State of Kentucky and has trained District of Columbia staff on RMTS implementation.

For this project, we also have established a Deputy Project Manager, Terryn Murphy, to allow Ms. Herrick to dedicate herself to the management of the project tasks and fully satisfying DHHR/BMS requirements. Ms. Murphy has over 10 years experience of diverse industry experience in management of financial and data systems for public and private sector service industries, including education, health care, finance and e-commerce.

The Deputy Project Manager will assist Ms. Herrick with status reports and development of prototype materials, as well as assisting in the review and analysis of data and in staff interviews. Other responsibilities will include monitoring deliverables and producing and analyzing progression reports to be shared and reviewed regularly with DHHR/BMS designated staff.

These two staff will serve as DHHR/BMS liaison contacts. Both have excellent oral and written communication skills as well as outstanding experience in project organization and time management.

Role of our Project Manager and Project Director

An essential component of establishing and maintaining an effective partnership between a client and a vendor is the management processes of the contractor, since the value of the contractor's services is primarily reliant on project staff and the quality of the deliverables. The

contractor's Project Manager and Project Director are keys to this partnership.

SSG recognizes that work flow must be governed by the application of reliable, time–tested management principles and tools used by our assigned Project Manager. On a day-to-day basis, the Project Manager, Ann Herrick, will be responsible for ensuring that SSG delivers outstanding service to DHHR/BMS and ensures compliance with the terms and conditions of the contract. She will have control of all project resources and both the authority and the responsibility for the following:

- SSG personnel assigned to the project
- All expenditures detailed within the approved project budget and changes to the work plan that are within the contractual scope of the work plan
- Meeting project schedules and client expectations
- Ensuring that project work products are of the highest quality
- Ensuring client satisfaction

The SSG Project Director is responsible for oversight of all aspects of the project, including quality control.

Even though the Project Manager is responsible for the project, the person accountable for the project and to whom the SSG Project Manager reports is the Project Director, Siva Kakuturi, President of SSG. The Project Director provides oversight for all contracted activities and has ultimate responsibility for the project. It is the Project Director's responsibility to ensure that corporate standards for quality and customer satisfaction are achieved and to ensure that necessary resources are available to the project team. The Project Director's responsibilities include client relations and problem resolution and supervision of all project staff. He also has the authority to make decisions, revise processes and procedures, and assign additional resources as needed to maximize the efficiency and effectiveness of services required and provided under the contract. All major deliverables will be reviewed and approved by the Project Director.

4.7.2 PROJECT STAFF

Exhibit 4.7.2-1: Project Organizational Chart shows our proposed staff structure. Key staff are designated with an asterisk, with resumes in *Appendix A: Staff Resumes*.

SSG PROPRIETARY
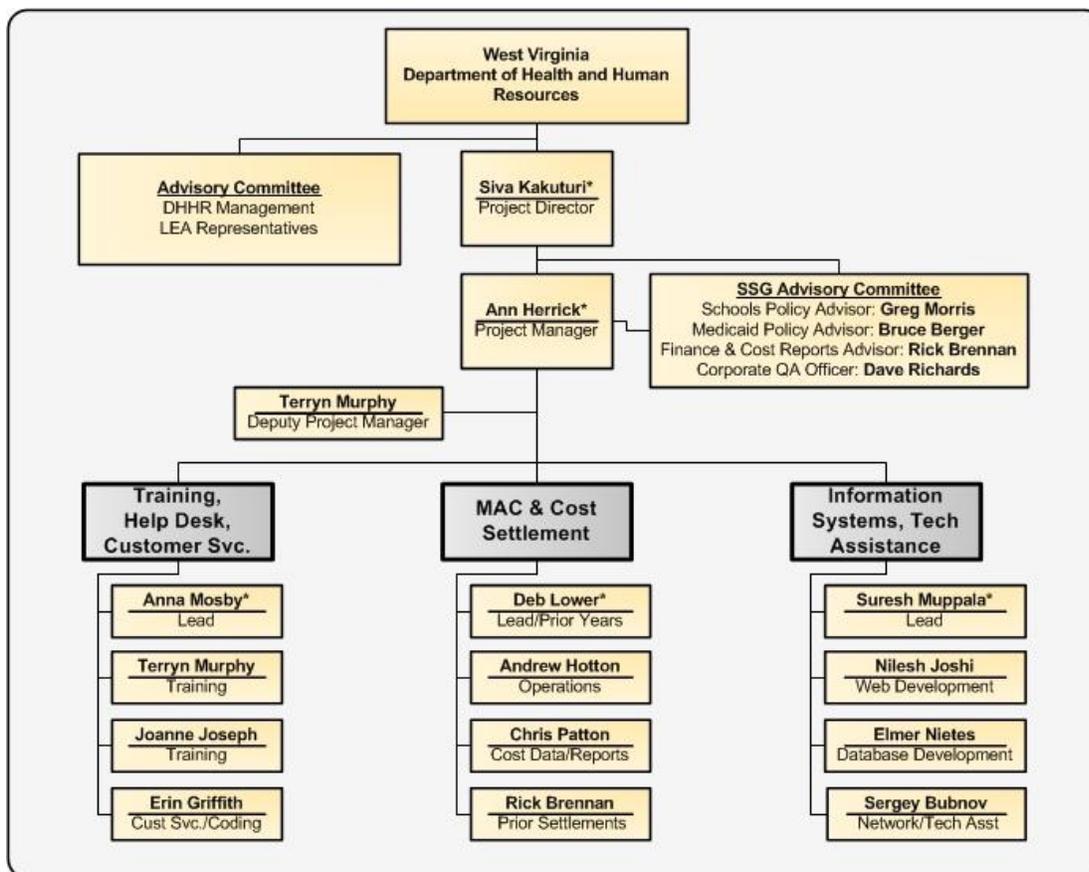
Exhibit 4.7.2-1: Project Organization Chart *presents our proposed team for the DHHR/BMS project.*

* Project Key Personnel

OUR THREE TIERED STAFFING

We have separated the discussion of our proposed staff into three (3) tiers, consisting of the following:

- Project Management Team
- Team Leads
- Team Members

Project Management Team

Our proposed project management staff include the Project Director, Project Manager, Deputy Project Manager, and Project Advisors. The Project Advisors will work closely with the Project Director, Project Manager and project staff on a variety of task activities and provide ongoing leadership for the operation of the project. They will provide their perspective on proposed solutions and recommend the most effective way to address challenges as they arise. Advisors have knowledge, mastery, and expertise in their designated areas, along with experience in other aspects of this project so that all staff can work cooperatively on the tasks included in the scope of work. *Exhibit 4.7.2-2: Relevant Experience*

of the Project Management Team, provides a summary of the project management team's qualifications.

Name of Person	Proposed Role/ Title/ Function	Relevant Experience
Siva Kakuturi	Project Director	• More than 20 years of project management, software development and implementation experience • Led the implementation of all Medicaid administrative and FFS claiming projects • Project Director for the recent RMTS and Medicaid administrative claiming project for Kentucky schools and the Chicago Public Schools implementation • Experience in design and development of custom application software, implementation of automated information systems for health and human service agencies as well as schools, comprehensive project management, planning, budgeting, and forecasting, systems integration and implementation support, and technical infrastructure and network design • Oversees SSG's team for all projects
Ann Herrick	Project Manager	• 35 years experience in management of financial and data systems for public and private sector service industries • Project Manager for the recent Kentucky schools RMTS and Medicaid administrative claiming implementation • Management of Chicago Public Schools (CPS) Medicaid in Schools claiming to optimize revenue and avoid negative audit findings, with revenue growing from $10 million to $50 million in five years • Designed and managed data systems, software design, hardware purchases, computer connectivity, training, and help desk support • Provided national leadership for development, implementation and training of innovative management systems at national conferences
Terryn Murphy	Deputy Project Manager	• Over 10 years experience of diverse industry experience in management of financial and data systems for Chicago Public Schools and major consulting firms • Manager with Chicago Public Schools with responsibility for providing interpretation of CMS guidance, oversight of Medicaid and SNAP claiming, including making improvements in the RMTS for administrative claiming • Extensive experience with Medicaid reimbursement for school services with annual recovery of over $72 million • Developed program manuals and provided training for public, non-public and charter related service providers on electronic reporting systems, Medicaid regulations, state qualifications and data interpretation • Experience in web site development, HTML, and JavaScript to complete web portals and project development from design phase, developing requirements analysis, implementation, launch and integration between multiple teams for a successful roll-out • Private consulting experience with BearingPoint and Arthur Anderson
Greg Morris, Esq.	Schools Policy Advisor	• An attorney who has focused the last 18 years on special education and Medicaid in schools • Over 10 years experience of diverse industry experience in management of financial and data systems for Chicago Public Schools and major consulting firms • Executive Director of LEAnet, a national network of local education agencies dedicated to preserving and enhancing the delivery of school based health services to all children • Organized and co-managed a national coalition of more than 60 groups to fight unfair regulations that would have crippled Medicaid reimbursement to schools • Analyzed the cross-over between Medicaid and Free and Reduced Lunch, and the use of Intergovernmental Transfers, targeted case management, and random moment time studies

Name of Person	Proposed Role/ Title/ Function	Relevant Experience
Bruce Berger	Medicaid Policy Advisor	• 30 year senior consultant with private consulting and state government, with experience in human service administration, financial management, funding alternatives, rate setting, service integration, and human services business process modeling and redesign • Medicaid consultant in over 30 states in the last 15 years, initially while serving as a Medicaid consultant to the Robert Wood Johnson Foundation and the National Council of State Legislatures • Former Assistant Director of the Colorado Division of Mental Health where he developed a financial auditing and cost reporting system for community mental health centers and other human service providers, developed a mental health managed care program, created a performance contracting system for the community mental health system, developed the Medicaid "clinic option" for Colorado mental health increasing revenues, and wrote and received approval for a 2176 Medicaid waiver in mental health
Rick Brennan	Finance and Cost Reports Advisor	• 35 years of experience with the State of West Virginia's, Department of Health and Human Resources (Bureau of Medical Services/Administration and Finance; primary areas of expertise was rate analysis and design, and strategic planning and coordination • Direct experience with the West Virginia Education Information System (WVEIS), a cost reporting and tracking system • Very knowledgeable of CMS' disallowance of including operating and indirect costs in the calculation of the final fee-for-service rates • Led the School Based Services initiative for WV, including the analysis of initial rates, assuring conformance to CMS requirements, and being the technical expert on the DAB Decision to uphold West Virginia's correctness of claims • Medicaid Deputy Director and CFO for the North Carolina DHHS, guiding the timely submission of 98 State Plan Amendments; converting the Medicaid budget from a $497 million deficit to a $46 million surplus; guiding Medicaid in the establishment of a new claims processing and new eligibility systems; and serving on the Medicaid Redesign committee
Dave Richards	Corporate QA Officer	• More than 35 years of experience in health and human services, with 20 years in Federal reimbursement and financial management • Worked on 10 revenue maximization projects in WI, CT, PA, GA, KS, AR, OK, ME, MI, and IL, which included schools billing initiatives in KS and ME, Medicaid claiming projects in MD, WI, KS, AR, and TN, Title IV-E projects in WI, PA, GA, KS, AR, OK, MI, and IL, and residential rate projects in IL, KS, WI and MD • Former Deputy Director of Administration for the Illinois Department of Children and Family Services, and former Information Services Director

Exhibit 4.7.2-2: Relevant Experience of the Project Management Team, provides summary qualifications.

Team Leads

The second tier of staff consists of additional Key Personnel within each of the three functional project teams. *Exhibit 4.7.2-3: Team Lead Qualifications*, depicts the qualifications of our proposed project management team. Detailed resumes are included in *Appendix A: Staff Resumes*.

Person	Project Role	Qualifications/Credentials
Anna Mosby	Training, Help Desk, Customer Service Team Lead	• Over 25 years experience in project management, government and management consulting, finance, Medicaid claiming, business process, project management and developing and conducting user training • Project Manager for District of Columbia public and charter schools time study and cost settlement project • Provided initial statewide RMTS training for the Kentucky schools project • Deputy Project Manager for development, implementation and training for Ohio's statewide integrated financial system • Provided training in Ohio for the 88 counties on the 350 cost pool SSG random moment time study system, and provides ongoing training for the two District of Columbia child welfare time studies • Extensive experience in Medicaid documentation requirements, the use of residential time studies, and compliance in Maryland's Medicaid Rehabilitative Option claiming project
Deb Lower, Ph.D.	MAC & Cost Settlement Team Lead	• Coordinated Medicaid and IV-E administrative claims submissions and RMTS operations for 25+ clients • Directly responsible for completion of over 200 cost allocation plans for state and local governments • Provides guidance and oversight of RMTS centralized coding for SSG schools projects • Led the training of Kentucky schools staff on the SSG e-SivicMACS time study system • Implemented improvements in school MAC programs, including exclusion of inappropriate direct costs, inclusion of RMS non-responses into the claim, and increasing the sample pool of RMS participants
Suresh Muppala	Information Systems and Tech Assistance Team Lead	• 20 years of systems development experience • Led application development for all major SSG projects, including the e-SivicMACS RMTS and administrative claiming system • Software architecture and data design expertise • Worked on the Burrows SAP and IT outsourcing, web-enabled time study and case management projects, as well as Medicaid billing projects in FL, MD, KS, MO, MS, NM, NJ, NY, CT, KY, AR, SC, and WI

Exhibit 4.7.2-3: Team Lead Qualifications. *The qualifications of the team leads are presented.*

Team Members

The third tier of staff consists of the team members of the functional teams. *Exhibit 4.7.2-4: Team Member Qualifications*, depicts the qualifications of our proposed project management team. Detail resumes are included in *Appendix A: Staff Resumes*.

Person	Project Role	Qualifications/Credentials
Terryn Murphy	Training, Help Desk, Customer Services Team Training	• Ms. Murphy is also the Deputy Project Manager, thus her qualifications were earlier presented
Joanne Joseph	Training, Help Desk, Customer Services Team Training	• 13 years of experience providing services to 21 New York schools districts and the Nassau County of Health • Stellar audit record of six (6) state audits with an error rate of less than 1 percent, while increasing federal revenue. As an example, under Ms. Joseph's guidance, the Nassau County Department of Health revenue went from $500,000 to $3 million annually prior to the change in State policy.

Person	Project Role	Qualifications/Credentials
Erin Griffith	Training, Help Desk, Customer Services Team Customer Service/Coding	• 8 years experience in medical processing and time study and help desk consulting • Time study centralizing coding for the District of Columbia Public Schools and Kentucky Schools, and QA of District of Columbia child welfare RMTS • Help desk support team member, and point of 1st contact for schools and other Medicaid and third party claiming clients • Oversees schools transportation service encounter optical character recognition processing
Andrew Hotton	MAC & Cost Settlement Team Operations	• Experience in providing day-to-day assistance to a wide variety of clients • Responsible for oversight and/or operation of all SSG time studies, which consists of 357 time studies, including recent Kentucky and Chicago Public Schools projects • 13 years of application development and implementation • Worked on web-enabled early intervention and targeted case management systems in NM and WI, and Medicaid billing projects in MO, DC, FL, NM, Chicago, San Diego, and Gary, IN
Chris Patton	MAC & Cost Settlement Team Cost Data and Reports	• 18 years of extensive experience in Fee for Service and Administrative Claiming under the Medicaid in Schools program • Deputy Project Manager for the RMTS and Medicaid administrative claiming project for Kentucky schools, and Project Manager for Kentucky schools FFS claiming projects • Provided initial statewide RMTS training for the Kentucky schools project • Project Manager of Florida district clients where assisted in the development of Florida Medicaid in Schools program procedures, from program design through implementation, including State Plan Amendment development • Initiated and maintains working relationships with the Florida Agency for Health Care Administration (AHCA), the Florida Department of Education (DOE), and the Florida's fiscal agent • Assisted with operations to realize federal funding from the North Carolina Medicaid in Education Fee for Service and Administrative Claiming program • Assisted with operations to realize federal funding from the Georgia Medicaid in Education Fee for Service program • While with a major consulting firm, Mr. Patton performed Quality Control reviews for federal/state eligibility programs and conducted revenue enhancement analysis of hospitals, laboratories, and other provider types
Rick Brennan	MAC & Cost Settlement Team Prior Settlements	• Mr. Brennan is also the Finance and Cost Reports Advisor, thus his qualifications were earlier presented
Nilesh Joshi	Information Systems, Technical Assistance Team Web Development	• 5 years of experience in software design, object oriented analysis, design and programming, integration and deployment of scalable multi-tier Internet, database and client-server based software solutions • Experience as an MS SQL Server Database Developer in a Windows environment • Expert in designing dimensional/ relational databases, tuning SQL queries to improve performance, and extracting and transforming data • Ohio County-based State-wide Cost Allocation Systems Development (CFIS Web) Project, 2011 -2012, .NET Developer/Systems Analyst • .NET Developer/Systems Analyst on the Ohio County-based State-wide Cost Allocation Systems Development (CFIS Web) Project

Person	Project Role	Qualifications/Credentials
Elmer Nietes	Information Systems, Technical Assistance Team Database Development	• 10 years experience in software development, including SQL Server, Visual Basic, and Access • Provided development and operations support of Florida, New Mexico, and South Carolina schools projects • Highly experienced tester using test tools and script generation • Developed and maintained the Wisconsin HealthCheck billing system • Experienced in scanning solutions and generation of scanning code logic
Sergey Bubnov	Information Systems, Technical Assistance Team Network and Technical Assistance	• 14 years of conversion analysis, data analysis, and other information technology areas • Experienced in mapping existing legacy system data sets to a new model and performing extensive testing to ensure accurate data mitigation • Experience in relational database management systems (RDBMS), data matching, and eligibility verification

Exhibit 4.7.2-4: Team Member Qualifications. *The qualifications of the team member staff are presented.*

4.7.3 ORGANIZATION CHART

It is critical that the DHHR/BMS selects a partner with the experience and knowledge required to continue the successful operation of this critical project. To that end, the SSG staffing plan for this project brings together top consultants from our Education and Systems practices who have provided Medicaid recovery services for over a dozen states and hundreds of schools, and which offer exceptional skills, diversity, and experience to meet all project objectives.

Exhibit 4.7.3-1: Project Organizational Chart shows our proposed staff structure. Key staff are designated with an asterisk, with resumes in *Appendix A: Staff Resumes*.
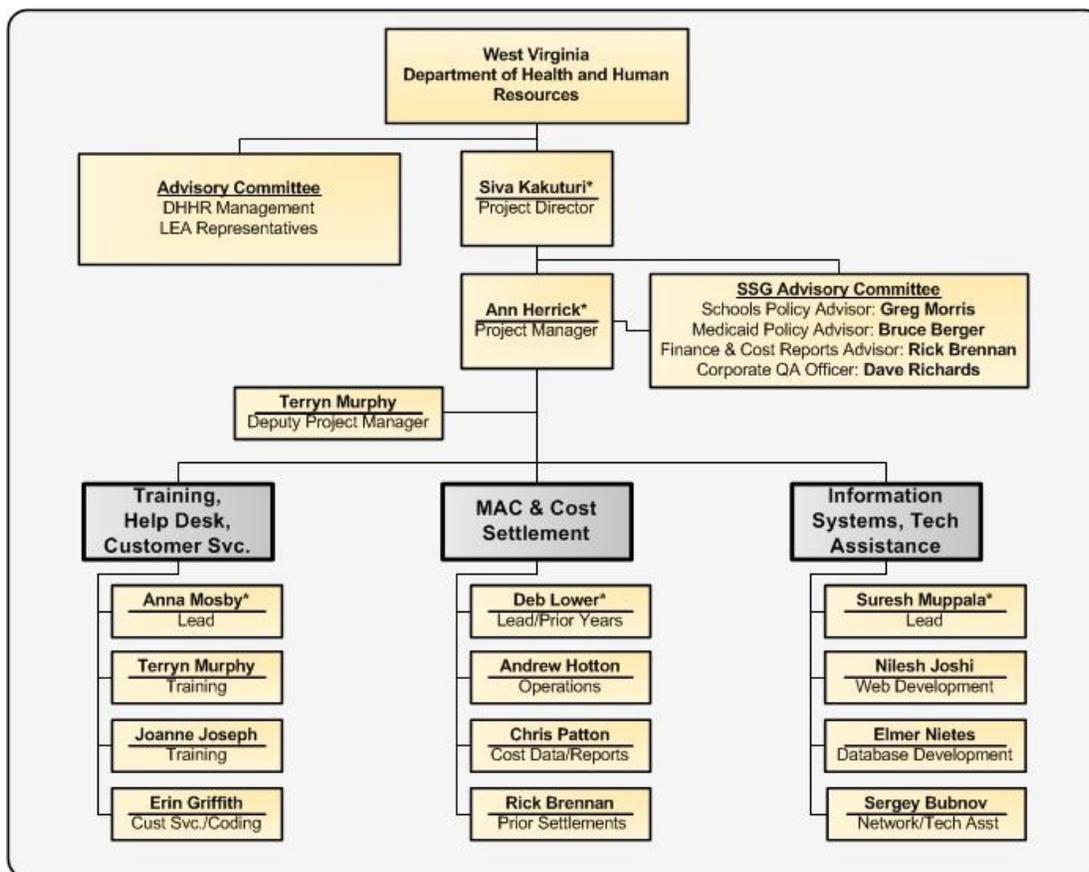
Exhibit 4.7.3-1: Project Organization Chart, *presents our proposed team for the DHHR/BMS project.*

4.7.4 RESUMES

The relevant experience of our management staff and team leads is discussed in this section, with resumes included in *Appendix A: Staff Resumes*.

PROJECT MANAGEMENT TEAM

Siva Kakuturi, Project Director

Mr. Siva Kakuturi, President of SSG and the Project Director, provides leadership and guidance to all projects, allocating staff and ensuring that client expectations are met. The Project Director provides oversight for all contracted activities, is responsible for coordinating all activities between the Department, the private agencies, and the SSG team, and has direct responsibility for the project. It is the Project Director's responsibility to ensure that corporate standards for quality and customer satisfaction are achieved and to ensure that necessary resources are available to the project team. The Project Director also has authority to make decisions, revise processes and procedures, and assign additional resources as needed to

maximize the efficiency and effectiveness of services required and provided under the contract.

Mr. Kakuturi has more than 20 years of software development and implementation experience, including web-based and Medicaid processing systems. Mr. Kakuturi's range of experience and expertise includes design and development of custom application software, implementation of automated information systems for health and human service agencies as well as schools, comprehensive project management, planning, budgeting, and forecasting, systems integration and implementation support, and technical infrastructure and network design.

Mr. Kakuturi has strong expertise in designing, developing, and overseeing many schools billing, administrative claiming and eligibility systems projects. These include Mr. Kakuturi's architectural role in the design of MAXCapture and e-SivicMACS, our direct services schools and administrative claiming schools systems. His designs also include a recent statewide implementation of the Kentucky schools RMTS and claiming system, Chicago Public Schools direct services claiming, and the development of the District of Columbia web-based Title IV-E cost allocation and administrative claiming system.

Ann Herrick, Project Manager

Mrs. Herrick has over 35 years of experience in management of financial and data systems for education, health care and finance industries.

The Project Manager serves as the single point of contact with the Department and the participating private agencies and has primary responsibility for the SSG team effort under the contract. We strongly believe in a partnership with our clients. To that end, the Project Manager will meet regularly with the Department and other stakeholders. The Project Manager will also be available for in-person or telephone meetings to discuss project status and any performance issue that may arise or concerns expressed. She will maintain the project workplan and schedule, provide issue papers, and oversee all aspects of the project.

Mrs. Herrick is intimately familiar with the School Based Health Services program. She has over 35 years experience in management of financial and data systems for public and private sector service industries, including education, health care and finance. Her professional experience includes management of Chicago Public Schools (CPS) Medicaid in Schools claiming to optimize revenue and avoid negative audit findings, with revenue growing from $10 million to $50 million in five years. Mrs. Herrick is the Project Manager in our current statewide schools RMTS and administrative claiming implementation in the State of Kentucky and has trained District of Columbia staff on RMTS implementation. She has also managed inter-agency data exchange responsibilities as part of a multi-functional team, including federal, state and local education and human services agencies.

Terryn Murphy, Deputy Project Manager

The Deputy Project Manager assists the Project Manager in staff management and in client communication relating to status reports and development of prototype materials, as well as assisting in the review and analysis of data and in staff interviews. Additional responsibilities may include monitoring deliverables and producing and analyzing progression reports to be shared and reviewed regularly with the client's designated staff.

Ms. Murphy has over 10 years of experience in the education and health care industries.

Ms. Murphy has over 10 years experience of diverse industry experience in management of financial and data systems for public and private sector service industries, including education, health care, finance and e-commerce. Ms. Murphy's professional experience includes private consulting experience with BearingPoint and Arthur Anderson and over 10 years experience at Chicago Public Schools in Medicaid school based revenue maximization, and development and implementation of quality assurance procedures to reduce audit risks. Ms. Murphy developed program manuals and provided training for public, non-public and charter-related service providers on electronic reporting systems, Medicaid regulations, state qualifications and data interpretation.

Greg Morris, Esq., Medicaid in Education Advisor

The Schools Policy Advisor provides expertise on Medicaid in Education issues based on national experience with federal and state officials as they translate federal Medicaid requirements into school health delivery settings.

Mr. Morris, an attorney who has focused the last 14 years on special education and Medicaid in schools, will be the Medicaid in School Advisor for the project. He will track federal policy interpretations and implementation in the Medicaid school-based claiming programs and advise the project team, the Collaborative and the LGAs on other states' Medicaid in schools activities.

Mr. Morris also serves as Executive Director of LEAnet, a national network of local education agencies dedicated to preserving and enhancing the delivery of school based health services to all children. This work has involved both opposition to federal regulations that would reduce reimbursement and seeking additional sources of federal funding. He also organized and co-managed a national coalition of more than 60 groups to fight unfair regulations that would have crippled Medicaid reimbursement to schools. He has a well-deserved reputation for team building and is recognized as a national leader in reimbursement programs for schools.

Mr. Morris is a frequent speaker at regional and national events over the past several years and has participated as a lead presenter in Rhode Island, Connecticut, Massachusetts, South Carolina, Indiana, Illinois, Minnesota, Washington, Pennsylvania, and Arizona. He also served as a consultant in

an analysis of the cross-over between Medicaid and Free and Reduced Lunch, and the use of Intergovernmental Transfers, targeted case management, and random moment time studies.

Bruce Berger, Medicaid Advisor

The Medicaid Advisor provides expertise of particular federal programs and has specific responsibility for tracking and communicating any federal policy development relevant to the project. The Medicaid Advisor will assist in reviewing the Medicaid Schools Services Program and develop recommendations for changes to procedures to maximize the amount of Medicaid claiming recoveries and to ensure compliance with all federal regulations. The Medicaid Advisor will also utilize their lessons learned to inform clients of all new developments and the technical assistance provided to other school districts and counties throughout the country.

Mr. Bruce Berger, a 35 year senior consultant with private consulting and state government experience, will be the Medicaid Policy Advisor.

Mr. Bruce Berger, a 35 year senior consultant with private consulting and state government experience, will be the Medicaid Policy Advisor. He will provide project guidance and coordination, utilizing his extensive experience in developing and negotiating the finalization of dozens of Medicaid State Plan Amendments and his knowledge of Medicaid regulations and rate setting.

Mr. Berger has extensive project management, rate setting, revenue maximization, service integration, and human services business process redesign experience. He has provided Medicaid consulting services for more than 30 states in the last 15 years, initially while serving as a Medicaid consultant to the Robert Wood Johnson Foundation, later for Maximus, Inc., and now as a revenue enhancement and financial consultant. He has worked on revenue maximization and enhancement projects in Florida, Indiana, Wisconsin, Pennsylvania, New Mexico, South Carolina, the District of Columbia and Nevada.

Mr. Berger also served as the Assistant Director of the Colorado Division of Mental Health and as the Assistant Director of the Colorado Office of Health and Rehabilitation Services. In these positions, he was responsible for all administrative functions, including revenue maximization, contractual development, rate setting and financial management, and was responsible for directing the Medicaid program in Human Services.

Rick Brennan, Finance & Cost Reports Advisor

The Finance & Cost Reports Advisor will provide expertise and guidance regarding the design of the prior year cost settlement initiative that allows DHHR/BMS to include operating and indirect costs in the calculation of actual costs. The Advisor will assist the team with analyzing related communications between the federal government and the State, reviewing the format of the West Virginia Education Information System (WVEIS), reviewing the completeness of all LEA data in WVEIS, developing a Prior Year Cost Settlement Plan and finalizing cost settlements for prior periods.

Mr. Brennan brings a wealth of information to the DHHR/BMS project, having 35 years of experience with West Virginia's Department of Health and Human Resources (DHHR). He has previously served in the Bureau of Medical Services and the Administration and Finance Bureau of DHHR. He also has direct experience with the West Virginia Education Information System (WVEIS), a cost reporting and tracking system. SSG will utilize Rick's extensive knowledge of the Medicaid program to further enhance the DHHR/BMS school based health service program. He will be onsite for meetings held as teleconferences to ensure maximum effectiveness.

Mr. Brennan's primary areas of expertise included rate analysis and design, and strategic planning and coordination.

Mr. Brennan's primary areas of expertise included rate analysis and design, and strategic planning and coordination. As Director of Audit, Research & Analysis, Mr. Brennan developed and implemented rate systems for Nursing Homes (first use of Fair Rental values and Case Mix nationally), ICF/MR facilities, Therapeutic Foster Care, and Title V programs; developed time and motion analyses for Area Offices; and converted eligibility time reporting to a web based system.

Mr. Brennan was also the lead on the School Based Services initiative for WV, including the analysis of initial rates, adequacy of Federal (CMS) requirements, and represented DHHR as technical expert on the DAB decision to uphold West Virginia's correctness of claims filing for DHHR, and overturned two CMS audits.

Mr. Brennan also served as the Medicaid Deputy Director and CFO for the North Carolina DHHS. During his time managing a $14 Billion annual program, he guided the timely submission of 98 State Plan Amendments; converted the Medicaid Budget from a $497 million deficit to a $46 million surplus; guided Medicaid in the establishment of a new claims processing and data system (NCTracks) and a new eligibility system (NCFast); altered budget forecasting practices; coordinated federal reporting; and served on the Medicaid Redesign committee.

Dave Richards, Corporate QA Officer

The Quality Assurance Officer will monitor all project contractual activities and ensure project staff fulfill their responsibilities.

Quality is a guiding principle for our team, with a commitment to providing the highest quality of service to our clients. We emphasize a strong infrastructure of quality assurance, quality management, and best practices from all of our projects, information systems development, and support. Every project includes an organized quality assurance component. The quality assurance officer is responsible for monitoring all contractual activities for the project and will serve as a trainer for the project staff regarding project roles and responsibilities.

Mr. Richards will serve as the Corporate QA Officer where he will ensure that SSG has an effective compliance review and quality assurance program. He will also conduct regular internal QA reviews of the project.

Mr. Richards has more than 35 years of health and human services experience, 17 years of child welfare revenue enhancement consulting,

and a nationwide experience in Medicaid, Title IV-E, TANF, and SSI policy and operations projects. Over a 12 year period, he was the Project Manager and subsequent Project Director of the Wisconsin Revenue Enhancement project, where he lead the design and implementation of a Medicaid administrative claiming initiative for county and private agency mental health staff. He also oversaw other Medicaid administrative claiming projects, including for the Florida Department of Children and Families, and assisted in the development of one of the earliest per-diem school-based projects (Kansas) in the country.

TEAM LEADS

Anna Mosby, Training, Help Desk & Customer Service Lead

Ms. Mosby is a seasoned consultant and project manager with more than 25 years experience in government and management consulting, finance, Medicaid claiming, project management, time studies, business process, third party liability and fraud, waste and abuse services. She currently manages a similar project in the District of Columbia where SSG operates two time studies, and develops the annual cost settlement process for D.C. public and charter schools, and was the Lead Trainer for the Kentucky schools RMTS and MAC project.

Ms. Mosby was also Deputy Project Manager for a statewide project to develop and implement a web-based system to assist the Ohio State Department of Jobs and Family Services and the Ohio Counties in the development of county budgets, reporting of county expenditures and draw downs based on these expenditures from the county budgets, and the overall management of county/state finances.

Ms. Mosby also conducted face-to-face training sessions for 88 Ohio counties in their use of SSG for the operation of 350 time studies, and conducts RMS training for the D.C. clients. Ms. Mosby has extensive experience in Medicaid documentation requirements in residential, social services, and schools time studies, which will be helpful in this project.

Deb Lower, Ph.D., MAC & Cost Settlement Lead

Dr. Lower has 30 years experience, with 20 years in management of a variety of organizational, operational, and financial consulting engagements for state and local governments and 20 years as a public sector consultant. She focuses on maximizing, protecting and preserving federal reimbursements. Her areas of specialization include the following.

- Development and negotiation of Public Assistance Cost Allocation Plans (PACAP)
- Random Moment Sampling in schools and human services agencies
- Training on schools RMTS, including for the recent Kentucky schools project

- ▪ Medicaid administrative claiming in schools and human services agencies
- ▪ Medicaid behavioral health service claiming in foster care and child welfare
- ▪ Revenue enhancement strategies in Medicaid, CHIP HSI, and IV-E
- ▪ Rate setting methodologies for governmental operations

Suresh Muppala, Information Systems Lead

Mr. Suresh Muppala, who has more than 20 years of systems development and implementation experience, will be the Information Systems Lead for the project. He has served as the Lead Application Developer and Technical Team Leader on numerous projects, and involved in many school-based Medicaid claiming projects such as overseeing a large team in the development and implementation of a web-based system to assist the State Department of Jobs and Family Services and the Ohio Counties in the development of county budgets, reporting of county expenditures and draws, and the overall management of county/state finances. The project had a very tight frame to develop and test the software, lead state and county staff in user acceptance testing, conduct county training, and provide operational support and warranty services. The system was successfully delivered on-time.

Mr. Muppala has also been responsible for specification, design, and development of the MAXCapture system, the web enabled service capture system currently being used by six states, including Kentucky, and e-SivicMACS, our time study and MAC claiming system. His range of experience includes the following.

- ▪ System analysis, system architecture, database design and development
- ▪ Technical leadership, guidance and support to the project team
- ▪ Data analysis and reporting tasks
- ▪ Data warehouse design, development, implementation

TEAM MEMBERS

Terryn Murphy, Training, Help Desk & Customer Service - Training

Ms. Murphy has over 10 years experience of diverse industry experience in management of financial and data systems for public and private sector service industries, including education, health care, finance and e-commerce. Ms. Murphy's professional experience includes private consulting experience with BearingPoint and Arthur Anderson and over 10 years experience at Chicago Public Schools in Medicaid school based revenue maximization, and development and implementation of quality assurance procedures to reduce audit risks. Ms. Murphy developed program manuals and provided training for public, non-public and charter-

related service providers on electronic reporting systems, Medicaid regulations, state qualifications and data interpretation.

Joanne Joseph, Training, Help Desk & Customer Service - Training

Ms. Joseph is intimately familiar with the Medicaid in School Program. She has over 35 years experience in project management, Medicaid policy analysis and client management, with 30 years in support of the Medicaid in schools program in New York. Her current responsibility is providing revenue management services to 26 New York school districts and Nassau Department of Health; where she led a project team that increased revenues from $500,000 to $3 million per year. The districts and the County have gone through six State audits, with less than one (1) percent error rate, so compliance has also been an emphasis.

Ms. Joseph also had taken on lead responsibility for marketing, and was previously Project Manager for the Milwaukee School District Medicaid program. For the New York State Department of Social Services, Ms. Joseph spearheaded efforts to develop the State's first Medicaid in Schools program, enabling more than 700 school districts and over 60 counties to secure Medicaid reimbursement.

Erin Griffith, Training, Help Desk & Customer Service - Customer Service/Coding

Ms. Griffith has 10 years of Customer Service and Office Administration experience, with increasing responsibilities in help desk and time study quality assurance functions. She is currently responsible for four (4) RMS time studies and oversees the centralized coding of special education staff activities. She also interacts with school district staff in obtaining quarterly roster updates.

Andrew Hotton, MAC & Cost Settlement - Operations

Mr. Hotton, a software engineer and Medicaid schools specialist for SSG, will be the team member responsible for Customer Services, expanding on his current responsibilities for the operation of 354 time studies. Mr. Hotton has over 13 years of experience in schools application development and operation, as well as providing technical training, help desk assistance, and claim testing. He has been involved in Medicaid school-based systems for Arizona, Missouri, New Mexico, Kentucky, Florida, South Carolina, Gary (IN), San Diego (CA) and Chicago (IL), along with systems development in early intervention, school billing, time studies, schools time studies, targeted case management billing and child welfare Title IV-E claiming.

Chris Patton, MAC & Cost Settlement – Cost Data and Reports

Mr. Chris Patton has 20 years of extensive experience in Fee for Service and Administrative Claiming under the Medicaid in Schools program. He currently provides services to many Florida district clients, and also serves as Project Manager for Kentucky SBHS county school districts being serviced by SSG.

Mr. Patton was very active in the development of Florida Medicaid in Schools program procedures, from program design through implementation, including State Plan Amendment development. He initiated and maintains working relationships with the Florida Agency for Health Care Administration (AHCA), the Florida Department of Education (DOE), and the Florida's fiscal agent. His experience also includes North Carolina Medicaid Administrative/ RMTS and Fee for Service claiming and Wisconsin Fee for Service claiming. While with a major consulting firm, Mr. Patton performed quality control reviews for federal/state eligibility programs and conducted revenue enhancement analysis of hospitals, laboratories, and other provider types.

Rick Brennan, MAC & Cost Settlement – Prior Settlements

Mr. Rick Brennan is also the Finance and Cost Reports Advisor, whose summary resume was earlier presented.

Nilesh Joshi, Information Systems, Technical Assistance - Web Development

Mr. Joshi has over 5 years of experience in software design, object oriented analysis, design and programming, integration and deployment of scalable multi-tier Internet, database and client-server based software solutions. He has experience as an MS SQL Server Database Developer in a Windows environment.

Mr. Joshi is an expert in designing dimensional/ relational databases, tuning SQL queries to improve performance, and extracting and transforming data. He was the .NET Developer/Systems Analyst on the Ohio County-based State-wide Cost Allocation Systems Development (CFIS Web) project, and continues in the expansion of the system.

Elmer Nietes, Information Systems, Technical Assistance – Database Development

Mr. Nietes, a Software Engineer for SSG who has over 10 years of experience in application development and information system development, will be a database development and SBAC Operations team member for the project. Mr. Nietes has specialized in RMS, TCM, and IV-E claiming systems in Oklahoma, Florida, Kansas, Connecticut, and New Mexico. He was the lead for the Kansas JJA IV-E claiming project and involved with the development and operation of the Kansas Social and Rehabilitation Services (SRS) data encounter project. His range of experience includes the following

- Development, maintenance, and operational support of random moment sampling (RMS) application
- Development, maintenance and operational support of eligibility verification application
- Analysis of data for Title IV-E, XIX, and targeted case management projects
- Expertise in relational database management systems (RDBMS)
- Data analysis, data scrubbing and verification as well as data matching and batch transaction processing
- Definition, design and implementation of standard and ad hoc reporting functions

Sergey Bubnov, Information Systems, Technical Assistance – Network and Technical Assistance

Mr. Sergey Bubnov, who has supported and served numerous schools billing projects, will serve as the team member specializing in Technical Assistance. He has 14 years of client and web based Applications Development experience in a diverse range of settings, specializing in Medicaid school-based billing systems for Kentucky, South Carolina, New Mexico, and Arizona, but also including system development in child welfare, retail, and health care research. On the South Carolina Schools Medicaid Claiming project, Mr. Bubnov provided data analysis and data processing tasks, focusing on automating data processing systems used to prepare claims, and systems support of the data capture, data integration and remittance advice modules. He also generated and verified monthly and quarterly reports to reflect the claimed amounts and the number of claimed services by different categories.

His range of project experience includes the following.

- Development of user training manuals
- System testing, rollout, customer and operational support
- Project status reporting, problem resolution and client relations
- Design, coding, and testing of automated systems and processes
- Expertise in relational database management systems (RDBMS)
- Data analysis, data scrubbing and verification as well as data matching and batch transaction processing
- Definition, design and implementation of standard and ad hoc reporting functions
- Development of 270/271 eligibility processes. Creation, submission and analysis of 270 and 271 eligibility files

4.7.5 DHHR/BMS RIGHT OF REFUSAL OF PROPOSED KEY STAFF

While we are confident that the experience and capabilities of our key staff make us exceptionally qualified to provide the full scope of services

to DHHR/BMS, SSG agrees that DHHR/BMS has the right of refusal of any proposed key staff.

4.7.6 PROPOSED CHANGES OF KEY STAFF

SSG has assembled a team of experienced subject matter experts, a development team that is unsurpassed in web-based .NET development, and the best team for knowing schools administrative claiming and cost settlement requirements. We understand that assigning personnel with the correct skill sets is essential to building the right project team.

In the event of a change to key staff assigned to the project, SSG agrees to provide the DHHR/BMS written notification within seven (7) calendar days of any proposed change.

4.8 DELIVERABLES AND ASSOCIATED SCHEDULES (RFQ SECTION 4.1.8)

SSG understands the deadlines for deliverables as stated in Section 4.1.8: Deliverables, in the RFQ and will complete these and all other deliverables on time. We have strict internal controls and Management processes to submit deliverables on-time and within budget, which has been one of the key success factors for the growth of our Company in capturing major market share in the industry. We also have a very high reputation of delivering complex state-wide systems in a very short timeframe.

Exhibit 4.8-1: Deliverable Schedule, provides our understanding and commitments to the project deliverables. The tasks are also included in our draft work plan in *Section 4.5.8-1: Initial Project Work Plan*.

Section #	Deliverable Schedule
4.1.8.1	SSG will have an approved staffing plan within 30 calendar days of the contract award date.
4.1.8.2	SSG will submit an Operations and Procedure Manual within 30 calendar days of the contract award date, which will include training materials for DHHR/BMS and LEA staff. We will maintain the manual and submit all updates to it within 7 calendar days of a change. The manual will be provided to all staff and posted on the WV project website and contain all of the required content included in Section 4.1.8.2 and additional content as agreed upon by DHHR/BMS.
4.1.8.3	SSG will have an approved Training Plan within 30 calendar days of the contract award date.
4.1.8.4	SSG will have an approved Turn-Over Plan within 90 calendar days prior to the contract end date.
4.1.8.5	SSG will demonstrate our e-SivicMACS RMTS, administrative claiming and cost settlement system, with fully operational capacity and a posted training plan, within 60 calendar days of the contract award date.
4.1.8.6	SSG will demonstrate our web-based training system, with posted training material, within 60 calendar days of the contract award date.
4.1.8.7	SSG will have an approved operational web-based training module within 90 calendar days of the contract award date.
4.1.8.8	SSG will train all LEAS on the RMTS, Administrative Claiming and Cost Reporting functionalities of our system prior to the implementation of each of these functions.
4.1.8.9	SSG will implement a WV-specific statewide toll-free telephone system that will address LEA calls within 30 calendar days of the contract award date, and thereafter maintain it with changes in procedures..

Exhibit 4.8-1: Deliverable Schedule, provides our understanding and commitments to the project deliverables.

4.9 ADDITIONAL SERVICES (RFQ SECTION 4.1.9)

SSG understands that DHHR/BMS may require servicess outside of the scope of services included in this RFQ, as outlined in sections 4.1.9.1 to 4.1.9.3 of the RFQ, which may include assisting DHHR/BMS in

developing CMS submissions of any required demonstrations regarding reimbursement services.

If requested, SSG will submit a Statement of Work (SOW) for development of reimbursement strategies, describing the project's methodology and deliverables, and including a draft work plan, assumptions, expected constraints and risks and proposed project cost, utilizing the hourly rates included in our Cost Proposal.

SSG staff will work on the requested tasks only after the approval received from DHHR/BMS Management.

We will assist DHHR/BMS with any State Plan or waiver requirements including any submission of CMS requests related to reimbursement services specified in the scope of SOW.

4.10   PRIOR YEAR SETTLEMENTS (RFQ SECTION 4.1.10)

The Department reached final resolution from the Department Appeals Board (DAB) in a September 2013 DAB decision, and a subsequent CMS appeal, which reversed the CMS disallowance which concluded that operating and indirect costs could not be included in the calculation of actual cost because inclusion of these costs was not detailed in the approved Medicaid plan.

With this issue resolved, DHHR/BMS can now proceed to including operating and indirect costs in the calculation of the final fee-for-service rates for fiscal years 2004 and forward. SSG assumes that prior year settlement would include up to SFY2013, with SFY2014 covered under "Mandatory Services" pricing.

SSG, using the assistance of Mr. Rick Brennan who has direct experience on this issue, will undertake the following tasks.

- Analyze related communications between the federal government and the State

- Review the format of the West Virginia Education Information System (WVEIS), a cost reporting and tracking system

- Review the completeness of all LEA data in WVEIS, particularly in the early years, and submit requests to LEAs with missing data

- For a subset of LEAs, review detailed cost data, including the consistency of indirect and operating costs over multiple years, and use this as a model to finalize the data analysis and indirect cost calculation

- Develop a Prior Year Cost Settlement Plan for DHHR/BMS review, revision and approval

- Develop SFY2004 revised rates and final cost settlement and submit to DHHR

- Develop a report listing the LEAs that gained and lost revenue due to the SFY 2004 cost settlement

- Complete cost settlements for the remaining years (SFY2004 – SFY2014)

5. CONTRACT AWARD (RFQ SECTION 5)

SSG understands the requirements included in the Pricing Page and have provided the requested information in a separate file.

6. PERFORMANCE (RFQ SECTION 6)

We understand that DHHR/BMS and SSG will need to agree upon a schedule for performance of Contract Services and Contract Services Deliverables and if applicable, in accordance with the release orders that may be issued against the resulting Contract.

SSG PROPRIETARY

7. PAYMENT (RFQ SECTION 7)

SSG understands that we will be paid in twelve equal installments for each of the mandatory service categories and per an agreed upon amount based on an approved Statement of Work submitted for additional services, as shown on the Pricing Pages, for all Contract Services performed and accepted under the resulting Contract.

SSG PROPRIETARY

8. TRAVEL (RFQ SECTION 8)

We understand that SSG shall be responsible for all mileage and travel costs, including travel time, associated with performance of the resulting Contract, and thus, travel costs will not be paid by DHHR/BMS separately.

9. FACILITY ACCESS (RFQ SECTION 9)

SSG understands that in the performance of the resulting Contract, SSG will require access cards and/or keys to gain entrance to DHHR/BMS facilities, we will be responsible for controlling cards and keys, we will pay a replacement fee if the cards or keys become lost or stolen, and that staff performing under the resulting Contract will be subject to DHHR/BMS security protocol and procedures, which will be provided to SSG project staff.

10. VENDOR DEFAULT (RFQ SECTION 10)

SSG understands the listed reasons for default under the resulting Contract, and the possible remedies.

SSG PROPRIETARY

11. MISCELLANEOUS (RFQ SECTION 11)

SSG designates our President as the primary contract manager responsible for overseeing our responsibilities under the resulting Contract. He will be available during normal business hours, and after hours as needed, to address any customer service or other issues related to the resulting Contract.

Contract Manager:	Siva Kakuturi, President
Telephone Number:	(315) 868-9777 (cell)
	(315) 733-3200, extension 22 (office)
Fax Number:	(315) 733-9669
Email Address:	skakuturi@sivicsolutionsgroup.com

APPENDIX A: STAFF RESUMES

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Siva Kakuturi
Project Director

Qualifications

Mr. Kakuturi serves as President of Sivic Solutions Group. He has more than 20 years of software development and implementation experience including with .NET. With responsibility for multiple active development and operations projects at any one time, Mr. Kakuturi's range of experience and expertise includes the following:

- Design and development of custom application software
- Implementation of automated information systems for health and human service agencies as well as schools
- Comprehensive project management, planning, budgeting, and forecasting
- Systems integration and implementation support
- Technical infrastructure and network design

Relevant Experience

Chicago Public Schools Medicaid Claiming and Supportive Services: Mr. Kakuturi is the Project Director for the development and operation of the Chicago Public School (CPS) fee-for-service (FFS) Medicaid claiming, and associated services. The FFS services included identifying and verifying Medicaid eligibility through a proprietary eligibility matching process, utilizing SSG's MAXCapture web-based system to collect and document services for service providers and transportation companies, processing fee-for-service claims, processing the remittance advice (RA), and conducting reviews to ensure program compliance. Supportive services include providing training for school district administrative staff and service providers, collecting licensure information from State databases, developing annual cost reconciliation and rate development, cost report analysis of private agencies, support of CPS Medicaid Administrative Claiming, policy analysis and assistance, and operation of a RMTS and quarterly claim development for Medicaid and Food Stamp (SNAP) administrative claiming for referral and eligibility assistance services provided by CPS administrative staff.

Kentucky Medicaid Administrative Claiming: Mr. Kakuturi is the Project Director for the development of the State's quarterly Medicaid Administrative Claim. Services include administering a web-accessible RMTS system (e-SivicMACS time study module) to identify and document special education staff activities, receiving and maintaining staff rosters, providing central coding, conducting independent random QA review of coded activities, quarterly producing RMTS results and providing trend analysis reports on participation rates, activity code selection, and other performance measure, and quarterly, collecting and editing school district financial data and developing the Medicaid administrative claim using e-SivicMACS. Training for RMTS participants and financial staff was provided for project initiation and updates are provided annually.

District of Columbia, Child and Family Services Agency Web-Based Cost Allocation System: Mr. Kakuturi is the Project Director to configure and revise the SSG e-SivicCAP system to support the Agency's PACAP and develop the quarterly Title IV-E claim. The Title IV-E Automated Claiming System consolidates data from multiple sources, including District's financial systems, FACES (District's SACWIS), several other sources, and the SSG e-SivicRMS module. The system allow for the import and review of administrative expenditures, import of statistics (FTE, RMS, etc) for cost allocation, allow the Agency to make adjustments while providing the reason for the adjustment which is a key factor required during audits, provide for an approval process before the claim is submitted to ACF, maintain multiple versions of the claim, perform what-if analysis for Management decision making, and generate the CB-496 Claim Form.

District of Columbia Public Schools Time Study and Cost Settlement: Mr. Kakuturi is the Project Director for the District of Columbia Public Schools (DCPS) project to implement and administer a web-accessible RMS time study system to identify and document special education staff activities, provide

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centralized coding to improve accuracy and relieve DCPS of having to select activity codes. The Project involves training to stakeholders and supervisory staff and collecting cost information for the DCPS and DCPCS (Charter Schools) contracted staff involved with special education direct services delivery and support. SSG staff also prepares cost settlement reports for DCPS submission to the Department of Health Care Finance.

Ohio County Financial Information System (CFIS) Web System Development: Mr. Kakuturi is the Project Director and architect for the development and implementation of a web-based system to assist the State Department of Jobs and Family Services and the Ohio Counties in the development of county budgets, reporting of county expenditures and draw downs based on these expenditures from the county budgets, and the overall management of county/state finances. The project had a very tight frame to develop and test the software, lead state and county staff in user acceptance testing, conduct county training, and provide operational support and warranty services. The system was developed to be extremely flexible, robust, highly secure and open to interface with external systems. SSG follows industry best practices, including using table-driven variable and parameters whenever possible to allow for minimal systems modifications.

District of Columbia, Child and Family Services Agency Federal Claiming Infrastructure Improvement: Mr. Kakuturi is the Project Director for the District of Columbia project to provide comprehensive revenue management and enhancement in Title IV-E, Medicaid, and other funding sources. The services being provided include improving the claiming infrastructure to support Medicaid reimbursement for residential congregate care, implementing Medicaid Targeted Case Management claiming for the new Office of Clinical Practice Nurse Care Coordination functions, identifying and implementing Title IV-E candidate for foster care and private agency administrative claiming, implementing three (3) time studies, development of an Agency Cost Allocation Plan (CAP), and assisting in the development of Title IV-E rates for residential treatment and private agency foster care programs.

MAXCARS+® Web-Based Cost Allocation and Rate System (CARS) Product: Mr. Kakuturi was the Technical Director for the MAXCARS+® software development project. He was responsible for the system architecture for this .NET framework system. The system utilizes ASP.NET (version 2.0) for presentation with business components built in C#.NET and SQL Server 2005 for data layer. The web-based system assists agencies with data capture of departments' activities, expenses and allocation basis; build/maintain cost allocation plans, run process allocation and generate real time reports. The system has an advanced security module to protect the confidentiality of the data and can be configurable to meet the needs of different installations of the product.

New Mexico Schools Medicaid Fee for Service Billing: Mr. Kakuturi serves as the Project Director, and formerly as the technical director for the project, responsible for system analysis, system architecture, database design, budget and scope management. The system captures and maintains information on enrolled students, physician authorizations, Medicaid eligibility, service providers and provider licenses, and various types of services delivered. Medicaid-eligible students are identified using an extensive set of matching criteria. Service data captured from MAXCapture-I® is processed using customized state specific business rules and claims are submitted electronically to the State's medical assistance system in the mandated standard HIPAA format. The electronic Remittance Advice (RA) from State's system is processed and various management reports are generated.

MAXCapture-I® Web System: Mr. Kakuturi was the Technical Director for a web-enabled service capture system designed for the school-based market. He was responsible for the specification, design, and management of the development of this .NET framework based system. The project requires careful consideration of user interface guidelines and standards. It utilizes ASP.NET for presentation with business components built in C#.NET. The development project encompasses security, roster, service capture, claims reprocessing, and RA reporting modules. The system has a customized security features and a thin, full-featured user interface.

Web-based Medicaid Administrative Claiming (e-SivicMACS) Product: Mr. Kakuturi was the Project Director for the e-SivicMACS software development project. He was responsible for the specification, design and management of the development of this .NET framework based system. The web-based system assists schools and other agencies with data capture of random moment sample data, maintenance of an administrative claiming database to assist with the preparation of State Administrative Claim and comprehensive reporting functionality. The complete system provides schools and other agencies with a comprehensive solution for the generation and capture of random moment sampling (RMS) data, cost allocation functionality, and necessary reporting capabilities for Medicaid Administrative Claiming (MAC) programs.

New Mexico Family Infant Toddler Program Billing: Mr. Kakuturi serves as the Project Director, and formerly the technical director for the Direct Service Claiming for Family Infant Toddler Program for participating New Mexico provider organizations. Mr. Kakuturi was responsible for gathering requirements, solution design and management of the project. Service data entered by direct service providers is processed and claims for billable services are generated using a billing system customized for the New Mexico project. Claims are electronically submitted to the state's fiscal agent, and claim history and accounts receivables are maintained. The system supports relational reporting capabilities and produces standard billing activity reports.

Maryland Rehabilitative Services Claiming and Quality Assurance: Mr. Kakuturi lead the original design and development of a system used to capture and maintain recipient, provider, service, and Title IV-E payment information for rehabilitation programs for the Department of Human Resources (DHR) and Department of Juvenile Justice (DJS). The captured data is then processed into Medicaid claims, which are submitted electronically to the fiscal agent. Electronic remittance advice data is captured and maintained, and reports are provided to the project. Additionally, paid claims are compared to IV-E payment data to generate a Title IV-E offset. In 2008, Mr. Kakuturi took over being the Project Director for the DHR contract with SSG to edit, process, and claim to the State MMIS the Medicaid billings, including remittance advice, reconciliation of payment status, and reporting and analysis of payment records. Then in 2009, DHR contracted with SSG to conduct a quality assurance review of the provider's clinical records to determine compliance with Medicaid requirements. The initial report of the first 70 facilities identified several compliance areas and made recommended changes to facility procedures.

Access to Recovery (ATR) Web-Based Product: Mr. Kakuturi serves as a project director for a web system designed to track client assessments, service authorizations, and usage for voucher-based alcohol and drug recovery programs. Agencies that dispense funds for substance abuse treatment through Federal vouchers must track voucher usage. The system captures client assessment information, treatment vouchers issued to providers, and actual voucher usage. Built on 3tier architecture, the system's user interface is coded in VB.NET and ASP.NET with Java script. C# is used for the business layer and SQL Server 2000 is used for data layer. The system uses a proprietary security module built using .NET framework that is configurable to meet the needs of the multiple products. The system is hosted on a secured environment using SSL certificates from Verisign.

Connecticut Department of Children and Families Revenue Maximization: Mr. Kakuturi is the Project Director and formerly in charge of development and operational support services for this revenue maximization project for the State of Connecticut's Department of Children and Families (DCF). The project uses data from the Child Welfare Eligibility System (MACWES) and other external state systems to support Title IV-E and TANF maintenance and administrative federal reporting. The quarterly Title IV-E and TANF financial reports are produced and sent to DCF for recovery of federal entitlements. Mr. Kakuturi maintained overall managerial responsibility as well as quality assurance oversight duties for MACWES enhancements and the monthly production of turnaround documents (TADs) and various management reports provided to the DCF Revenue Enhancement Unit (REU). Mr. Kakuturi also had ultimate responsibility for ensuring timely and accurate monthly processing of statewide data that identifies Title IV-E reimbursable out-of-home placement services delivered to foster children in DCF protective custody.

Arizona Medicaid Administrative Claiming and Fee For Service Program: Mr. Kakuturi served as technical director and was responsible for the system development schedule, budget management, scope management, system architecture, system design, and technical guidance to team members. The system was designed to capture special education services, process Medicaid claims, and support fiscal agent processes including extensive business rules and payments to providers. Medicaid-eligible students were identified using an extensive set of matching criteria. Claims were received from local educational authorities (LEAs) and billing agents, processed and submitted electronically to AHCCCS System in HIPAA compliant format. As part of the project's scope, we processed all electronic remittance advices and distributed payments to LEAs. The system generated all standard and ad hoc management reports on a regular basis.

Philadelphia TANF Invoice Tracking System: Mr. Kakuturi served as Technical Director for the software development project undertaken for the City of Philadelphia Department of Human Services (DHS). The automated TANF Purchase of Service (POS) invoice tracking system was designed and developed to track Class "250" invoice submittals; generate various management reports; and facilitate the aggregation of data needed to claim legislatively mandated TANF funds from the Federal government. The system streamlined processes related to data aggregation, thereby speeding recovery of TANF funds from the Federal government and providing an audit trail in the event of a state or Federal audit.

Iowa Title IV-E Compliance Project: Mr. Kakuturi served as Technical Director for this project which needed an automated system to track eligibility determinations derived from case reviews made by our company and the Iowa Department of Human Services (DHS). The automated system delivered to the project used an MS Access database to track Title IV-E eligibility status. The database contained the history and current "Title IV-E eligibility" status for DHS clients statewide who were included in the case review process. The system as delivered was used to assist with retroactive Title IV-E claiming activities in order to increase revenue recoveries within the state's child welfare population.

Founder and President, VishnuSoft, LLC: Mr. Kakuturi established a technology consulting firm that provides computer consulting and information technology services to a range of clients. Mr. Kakuturi successfully managed a team of skilled IT consultants and worked closely with customers to implement and manage MIS systems and related projects.

Senior Project Manager, Burrows Paper Corporation: Mr. Kakuturi managed several strategic projects for this national company. He directed a team of 10 consultants that successfully implemented a SAP-based ERP system for the company. He designed and managed the installation of the LAN and WAN that included 12 WindowsNT servers and about 250 workstations. He developed long- and short-term IT corporate strategies for the company. He acted as a technical liaison among system users, business users, and managers to recommend and re-engineer business processes.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, New York, President, October 2008 - Present

Maximus, Inc., Little Falls, New York, 2002 – September 2008

     Vice President, 2006 – 2008

     Senior Director, 2004 – 2006

     Technology Director, 2002 – 2004

VishnuSoft LLC, Little Falls, New York, President, 1998 – 2002

Burrows Paper Corporation, Manager, Computer Information Services, Little Falls, New York, 1993 – 1998

Bristol-Myers Squibb Company, Inventory Control Analyst, Syracuse, New York, 1993

Sree Shakthi Agro Oils Pvt., Ltd., Executive Director, India, 1987 – 1991

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Education

M.S., Industrial and Management Engineering, Rensselaer Polytechnic Institute, Troy, New York, 6/93

B.Tech., Mechanical Engineering, Nagarjuna University, India – City: Vijayawada, State: Andhra Pradesh, 5/87

Technical Experience

CISC and RISC based systems, and HP3000, IBM mainframe systems
WindowsNT, Windows2000, UNIX, MPEix, Linux, and Novell Netware
Java, C, C++, VB, PowerBuilder, Fortran, COBOL, ABAP
Oracle, SQL Server, TurboImage, Sybase, MS Access

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Ann Herrick
Project Manager

Qualifications

Ms. Herrick has over 35 years experience in management of financial and data systems for public and private sector service industries, including education, health care and finance. Her professional experience includes:

- Management of Chicago Public Schools (CPS) Medicaid in Schools claiming to maximize revenue and avoid negative audit findings, with revenue growing from $10 million to $50 million in five years
- Designed and managed data systems, software design, hardware purchases, computer connectivity, training, and help desk support
- Managed inter-agency data exchange responsibilities as part of a multi-functional team, including federal, state and local education and human services agencies
- Designed and implemented payroll and pension auditing to control internal risk
- Implemented budget staffing and accounting models to improve program accountability
- Provided national leadership for development, implementation and training of innovative management systems at national conferences

Relevant Experience

Chicago Public Schools Medicaid Claiming and Supportive Services Project: Ms. Herrick is the Assistant Project Manager for the development and operation of the Chicago Public School (CPS) fee-for-service (FFS) Medicaid claiming, and associated services. The FFS services included identifying and verifying Medicaid eligibility through a proprietary eligibility matching process, utilizing SSG's MAXCapture web-based system to collect and document services for service providers and transportation companies, processing fee-for-service claims, processing the remittance advice (RA), and conducting reviews to ensure program compliance. Supportive services include providing training for school district administrative staff and service providers, collecting licensure information from State databases, developing annual cost reconciliation and rate development, cost report analysis of private agencies, support of CPS Medicaid Administrative Claiming, policy analysis and assistance, and operation of a RMTS and quarterly claim development for Medicaid and Food Stamp (SNAP) administrative claiming for referral and eligibility assistance services provided by CPS administrative staff.

Kentucky Medicaid Administrative Claiming Project: Ms. Herrick is the Project Manager for the implementation and operation of the State's quarterly Medicaid Administrative Claim. SSG services include administering the web-accessible RMTS system (e-SivicMACS), providing central coding, collecting and editing school district financial data conducting independent random QA review of coded activities, quarterly producing RMTS results, providing trend analysis reports on participation rates, and developing the Medicaid administrative claim.

Chicago Public Schools (City employee)

Office of School Financial Services, Manager

- Provided Medicaid program leadership to maximize revenue, including cooperation with national colleagues to testify in opposition to federal CMS proposed regulations to eliminate reimbursements and provided key contributions at legislative and regulatory briefings in Washington, DC and Springfield, IL
- Liaison for Human Resources/Payroll/General Ledger (GL) Interface from PeopleSoft to Oracle financial systems, with team effort resulting in payroll distribution to GL within three to seven days, ensured timely grant claiming and annual audit GL closing; and examined new Board policies and union contractual issues to anticipate financial impact

- Analyzed Chicago Teachers Pension Fund billings for statutory pension deficiency and related auditor review of CPS payroll processing for 29,000+ teachers, impacting long-term pension liability
- Established Access databases for School Internal Accounts IRS 1099 compliance and for monthly monitoring of Sick and Vacation Benefit Leave records, with measurable criteria for the identification of potential errors and avoidance of negative audit findings
- Provided qualitative oversight of CPS financial publications and notices including annual financial reports, executive communications and school training manuals for Oracle financial systems, including Consolidated Banking, Internal Accounts Management system and Fixed Asset Inventory application
- Ensured that departmental goals, related performance management measures and budgeted resources were aligned for effective service delivery, e.g. achieved 92% compliance on monthly checking account reconciliations by 600+ schools

Office of Human Resources, Department of Payroll Services, Manager
- Supervised payroll audit team with research on selected exception reports
- Provided leadership in expanding a direct deposit campaign to reach 99.5% of all employees by offering payroll debit cards with significant potential paperless payroll savings
- Established an integrated student stipend payment process that combined three segregated programs, thus reducing maintenance efforts and improving timely and accurate payments
- Prepared scopes of services for four RFPs covering diverse projects (payroll outsourcing, payroll specs for HR/payroll/benefits system, debit card vendor, Medicaid vendor)

Office of Specialized Services, Department of Business and Technology Services, Director and Administrator
- Supervised major cost containment and restructuring plans, combining budgeting tools with program data analysis
- Directed the operations of the department, which was responsible for budgeting resources of $630 million for special education and pupil support services, management information systems, analysis of services required and provided to 58,000 students with disabilities, Medicaid reimbursement systems generating $35 million in revenue, federal and state grant management of $60-70 million, and accounts payable of $65 million in privately contracted tuition and consultant services and other major technology initiatives

Department of Financial Planning & Budgeting, Manager and Principal Budget Analyst
- Directed preparation of multi-year financial plans (for $2.8 billion annual budget) and the monthly cash flow variance reports and capital budgeting plan with a staff of six financial analysts
- Made recommendations on the impact on the school system's budget of city, state and federal legislative proposals, legal and tax decisions and economic developments
- Analyzed the impact of major school finance project recommendations, including the Resource Cost Model, a cost accounting system for education

University Hospitals of Cleveland, Nursing Management Services, Director
Managed eight people responsible for the delivery of financial support to a 1,500 person department in a 900-bed multi-hospital complex. Participated during its transition year to a decentralized strategic business unit management approach.

Diamond Shamrock Corporation, Cleveland, Ohio, Patent Administrator
Established integrated procedures for locations in Ohio, New Jersey, England, and Switzerland after two major acquisitions to optimize international patenting efforts in 80 countries.

Professional History

Sivic Solutions Group, LLC (SSG), Senior Manager, 2012 - Present

Chicago Public Schools – 30 years

    Manager, Office of School Financial Services – 2007-2012

    Manager, Office of Human Resources – 2003-2006

    Director, Business and Technology Services, Office of Specialized Services – 1996-2002

    Budget Analyst, Financial Planning & Budgeting – 1982-1995

University Hospitals of Cleveland, Director of Nursing Management Services, 1 year

Diamond Shamrock Corporation, Cleveland, Patent Administrator, 9 years

Fairfax County Schools, Virginia, History teacher, 2 years

Education

Case Western Reserve University, Cleveland, OH, MBA, Finance and Accounting, 5/79

Carnegie-Mellon University, Pittsburgh, PA, MA, History, 5/70

Brown University, Providence, RI, BA, Political Science 5/68

Other Experience

Member of National Alliance for Medicaid in Education; three presentations on Medicaid billing program
President and Board Member of Menomonee Club for Boys and Girls

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Terryn E. Murphy
Deputy Project Manager, also Training, Help Desk, Support Team Member - Training

Qualifications

Ms. Murphy has over 10 years experience of diverse industry experience in management of financial and data systems for public and private sector service industries, including education, health care, finance and e-commerce. Ms. Murphy's professional experience includes:

- Manager, Office of Diverse Learner Supports and Services for Chicago Public Schools with responsibility for providing required services to students while maximizing federal revenue to support student needs
- Extensive experience with CMS Medicaid reimbursement for school services with recovery of $72 million in FY12
- Extensive knowledge of the federal Medicaid program, providing leadership for other schools on appropriate claiming to avoid audit findings

Relevant Experience

Chicago Public Schools (CPS)

Office of Diverse Learner Supports and Services, Manager
- Designed and managed data systems, software design, hardware purchases, computer connectivity, training, and help desk support
- Developed and provided service delivery management reports to service providers, managers and CPS leadership
- Provided Medicaid program leadership to maximize federal revenue, including cooperation with colleagues to testify in opposition to federal CMS-proposed regulations to eliminate reimbursements and provided key contributions for legislative and regulatory briefings in Washington, DC and Springfield, IL
- Created a new process and communication strategy for Medicaid Administrative Outreach Claim that resulted in $12M annual Medicaid reimbursement with district-wide program compliance consistently at 99%
- Approached the State Medicaid Agency that resulted in CMS approval to provide Medicaid funding for Saturday evaluations
- Developed the requirements and procedures for a Case Manager nomination, with an associated stipend payment
- Identified and developed a strategy to save District funds by decreasing the utilization needs for outside technical vendors supporting 1,500+ school-based providers by developing a "Tech Day" and creating "How-To" manuals
- Developed requirements and process for a Position Analysis Review Form (PARF) for use by central office leadership, programmers and school principals
- Ensured that District goals, related performance management measures and budgeted resources were aligned for effective service delivery, e.g. achieved 92% compliance on monthly checking account reconciliations by 600+ schools

Bearingpoint, Inc.
- Consultant in Healthcare and Education, working on Revenue Management team
- Coordinated transaction reconciliation activities with outsourced vendors for $45M of accounts receivable, gathered requirements for a large school district's new Student Information System

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Arthur Anderson

- Lead Technology consultant to complete web portals for clients using HTML and JavaScript
- Involved with client projects from initial design phase – requirements finalization and content development – through implementation and launch phases.
- Oversaw integration between multiple teams to ensure cohesion during final rollout.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, NY, Senior Consultant, 2014 - Present

Chicago Public Schools, Manager, Office of Diverse Learner Supports and Services, 2003 - 2014

Bearingpoint, Inc. (formerly KPMG Consulting), Chicago, IL, Consultant, 2002 – 2003

Arthur Andersen, Chicago, IL, Lead Technology Consultant, 2002

Education

Bachelor of Science, University of Illinois, Champaign, IL, College of Business Administration, Management Information Systems

Other Experience

Treasurer of neighborhood organization – Bronzeville Area Residents and Commerce Council

Founder and former President of Bronzeville Community Cares, a youth development program

Former Board Member of Girls on the Run and teacher of student's life skills through running

Gregory Morris, J.D.
Schools Policy Advisor

Qualifications

Mr. Morris has practiced law in California and the Federal District Court for the Ninth Circuit for thirty-eight years. He has also practiced *pro hac vice* in New York, Illinois, and Nevada. For the past eighteen years he has exclusively specialized in school-based health service billing, consulting with nearly a dozen private sector billing companies and three State Medicaid and education agencies.

Relevant Experience

- Owner/founder of The Bellwether Group, a Medicaid the schools billing company under which he managed the successful creation of the billing program in Alabama

- Managed California MAA audit review sessions with DHCS and LEC Region 8, conducted California MAA "trained the trainer" sessions, and installed MAA software in California LEC Region 2

- Drafted the Wyoming state school billing plan and the legislation needed to put it in place

- Consultant for the New Mexico School Superintendents Association in successfully managing the rebuilding of the state's MAC program after the school billing programs were eliminated

- Drafted language and advocated at both the state and CMS regional office to restore the New Mexico school-based Medicaid reimbursement programs after they were eliminated by the Governor

- Served as MAC consultant during the rebuilding of the Ohio MAC program after it was suspended by CMS; performed the first three CMS-monitored training sessions after approval of the new protocol

- Organized and led a campaign that successfully restored the Medicaid in the schools billing program in Washington State after the program had been cut in the Governor's budget

- Regularly presents to state education and Medicaid officials at national conferences on the MAC program

- Co-founder and Executive Director of LEAnet, which was credited with playing the lead role in defeating a CMS regulation that would have eviscerated the school Medicaid reimbursement program

- Organized and co-managed a national coalition of more than 60 groups to fight unfair regulations that would have crippled Medicaid reimbursement to schools

- Reputation for team building and is recognized as a national leader in reimbursement programs for schools

- Spearheaded, in cooperation with the National Alliance for Medicaid in Education (NAME) Legislative committee, negotiation of the final IDEA rule that eliminated the statement that an LEA must obtain parental consent "each time" the LEA seeks to access Medicaid benefits

Education

B.A., Stanford University, Honors in English

J.D., University of Santa Clara College of Law, Co-Outstanding Graduate, Student Bar Association President. Intern with the California Supreme Court

Affiliations

- Member, National Alliance for Medicaid in Education, serves on both the Bylaws and Government Affairs Committees
- Frequent keynote speaker and panelist at state and regional functions
- Coordinator, Save Medicaid in Schools working group
- Publisher of a blog focused on Medicaid in the schools and special education
- Executive Director of the newly revised LEAnet

Other Activities

- Instructor, Stanford Workshops on Political and Social Issues
- Has held a variety of minor local, regional, and federal elected and appointed offices
- Chairman, Governor's Efficiency Team, charged with overhauling the California health budget
- Father of a child with developmental disabilities and active in school special education programs in California and Michigan

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Bruce Berger
Medicaid Policy Advisor

Qualifications

Mr. Berger has 34 years of experience in state government as a management consultant and senior level administrator. The range of his professional experience includes the following:

- Medicaid Revenue Enhancement
- Medicaid Administrative Claiming
- Level of Care Assessment Tool Development
- Medicaid, Medicare, and Title IV-E Rate Setting
- Program Development
- Feasibility/Impact/Time and In-house Studies
- CAP Development and Negotiations
- Development of Federal Waivers, State Plan Amendments, Grant Proposals
- Medicaid Policy and Services Implementation

Relevant Experience

Mr. Berger is associated with Sivic Solutions Group, LLC as a policy advisor after serving for eight years as Vice President and National Practice Manager for Medicaid Revenue Maximization and Consulting Services for Maximus, Inc.

AmeriGroup/Wellpoint Managed Care, Analysis of State Medicaid Financing Mechanisms

Mr. Berger and other SSG staff conducted analyses of state Medicaid programs for three states, including hospital supplemental payments under state Medicaid rules, upper payment limit policies, and other critical features of the state Medicaid programs.

Maryland Rehabilitative Services Quality Assurance Project: Mr. Berger is the Medicaid Specialist for the SSG contract with the Department of Human Resources (DHR) and Department of Juvenile Justice (DJS) to conduct a quality assurance review of the provider's clinical records to determine compliance with the Medicaid Department's Rehabilitative Services requirements. The initial report of the first 40 facilities that identified several compliance areas were delivered in June 2010, with an additional 53 providers reviewed in 2010 and into 2011. This project is associated with the SSG contract to edit, process, and claim to the State MMIS the Medicaid billings, including remittance advice, reconciliation of payment status, and reporting and analysis of payment records.

District of Columbia, Child and Family Services Agency Federal Claiming Infrastructure Improvement Project: Mr. Berger is the Medicaid Specialist for the District of Columbia project to provide comprehensive revenue management and enhancement in Title IV-E, Medicaid, and other funding sources. The services being provided include improving the claiming infrastructure to support Medicaid reimbursement for residential congregate care, implementing Medicaid Targeted Case Management claiming for the new Office of Clinical Practice Nurse Care Coordination functions, identifying and implementing Title IV-E candidate for foster care and private agency administrative claiming, implementing three (3) time studies, development of an Agency Cost Allocation Plan (CAP), and assisting in the development of Title IV-E rates for residential treatment and private agency foster care programs.

State of Florida, Developmental Disabilities Prior Service Authorization Project: Mr. Berger designed and was the Project Manager for the Florida Developmental Services Prior Service Authorization Program. The State of Florida Department of Children and Families established the requirement for Prior Service Authorization Reviews for individuals enrolled in the Developmental Services Home and Community-Based Services (HCBS) waiver. His team designed and implemented the Prior Service Authorization Review process in accordance with requirements set forth by the Department and the Agency for Health Care

Administration. The project performed prior authorization of services based on an individual's needs and personal goals identified on his or her support plan and corresponding cost plan.

Commonwealth of Pennsylvania Revenue Enhancement Project: Mr. Berger was responsible for managing the Medicaid revenue enhancement portion of the revenue enhancement project for the Department of Public Welfare. He identified and initiated recoveries of over $500 million in new federal funds for the State. His work included revising the rate setting for the DD system.

State of Texas, Durable Medicaid Equipment Policy Analysis and Medicaid Provider Procedure Manual Rewrite Project: Mr. Berger was the Project Director for a project regarding federal and state policies, rules, and regulations regarding Durable Medical Equipment, expendable medical supplies, and home modifications and make recommendations for coverage consideration, utilization management, and provider requirements. The project included comparing other states' Medicaid policies to current Texas Medicaid policies, federal rules, regulations, and guidelines to the Texas Medicaid current policies and obtaining input from stakeholders representing the provider and consumer communities regarding potential policy revisions and presenting a report containing recommendations on policy changes for consideration. The project involved adults and children who are medically fragile.

This project was followed by then Medicaid Provider Procedure Manual Rewrite Project**,** where Mr. Berger continued as Project Director. This project included:

- Reorganized and reformatted Texas Medicaid Provider Procedures Manual (TMPPM), which also improved the overall user-friendliness/readability of the manual
- Conducted provider manual surveys and focus groups (to include medical association and healthcare provider outreach)
- Researched and submitted recommendations regarding the feasibility of an online provider manual (to include embedded active links to other topics)
- Researched and submitted recommendations regarding the feasibility of separate manuals for clients under and over the age of 21
- Conducted comparison with other state Medicaid provider manuals, and submit findings
- Conducted comparison with commercial carrier provider manuals, and submitting findings

State of Wisconsin Revenue Enhancement Project: Mr. Berger was responsible for managing the Medicaid revenue enhancement portion of the revenue enhancement project for the Department of Health and Family Services. He identified and initiated recoveries of over $40 million in new federal funds.

State of Iowa Revenue Enhancement Project: Mr. Berger was responsible for managing the revenue enhancement project for the Department of Human Services. He identified and initiated recoveries of up to $100 million in new federal funds for the State.

State of Indiana Revenue Enhancement Project: Mr. Berger was responsible for managing the Medicaid revenue enhancement portion of the revenue enhancement project for the Family and Social Services Administration of the State of Indiana. He identified and initiated recoveries of over $70 million in new federal funds for the State. The recoveries included the implementation of the rate revision for State-operated ICF/MRs.

State of South Carolina, Revenue Enhancement Project: Mr. Berger participated in the project by developing and implementing revenue enhancement strategies in the areas of mental health, alcohol and substance abuse, and developmental disabilities. He identified opportunities in Mental Health that resulted in revenue to the State of $11 million per year.

State of Nevada, Revenue Enhancement Project: Mr. Berger was responsible for developing and implementing mental health revenue enhancement strategies.

State of Texas, Foster Care Staffing Analysis Project: Mr. Berger directed a study for the Texas Department of Protective and Regulatory Service to determine the actual staffing level provided in the contracted foster care treatment system using an RMS system.

State of Indiana, Early Intervention Staffing Analysis Project: Mr. Berger participated in a study for the State of Indiana to research the actual staff hours necessary for contractors to conduct intakes, referrals, service plans, and annual updates for Early Intervention programs, using the Single Point of Entry System. This included the development of a new RMS system.

Assistant Director, Office of Health and Rehabilitation Services, Colorado Department of Human Services: Mr. Berger oversaw an annual budget of over $500 million and was responsible for all administrative functions within the Office, including budget, finance, accounting, auditing, contracting, legal services, personnel, purchasing, and reimbursement services. Mr. Berger also had the delegated responsibility for directing the Medicaid program in Human Services. As Assistant Director, Mr. Berger accomplished the following:

- Participated in the development and implementation of managed care in the Developmental Disabilities System and the Alcohol and Drug Abuse System
- Assisted in the development of the 1915c Medicaid Waiver for the DD Division
- Created the cost effectiveness calculations for the 1915c Medicaid Waiver in Developmental Disabilities
- Contributed to the development of the first "AAA" rated, double tax exempt bond program for developmental disabilities centers in the country
- Directed the rate setting for all community based and facility based program in the Office including development of RMS system, CAP plans and negotiations with DCF and ACF.
- Directed the development of a financial auditing and cost reporting system for community mental health centers, residential treatment centers, alcohol and drug abuse community providers, and developmental disabilities center boards

Colorado Division of Mental Health: Mr. Berger worked in two key senior-level positions, Assistant Director and Budget Director. While he was with the Division, he achieved the following:

- Created a performance contracting system for the community mental health system that is now used as a model nationwide
- Developed the Medicaid "clinic option" for Colorado mental health increasing revenues from $4 million to over $47 million
- Wrote and received approval for a 2176 Medicaid waiver in mental health for Colorado – one of only five approved nationwide
- Contributed to the development of the first "AAA" rated, double tax exempt bond program for community mental health centers in the country
- Lead the development and implementation of a managed care program for Medicaid eligible individuals for mental health services in Colorado
- Implemented the "rehabilitation option" of Medicaid in Child Welfare, Juvenile Justice, and Mental Health. Established an RMS system to collect data for rate setting.
- Developed the DSH Program, the provider tax program and Medicaid administrative claiming programs

Robert Woods Johnson Foundation Mental Health Project: Mr. Berger was a Medicaid consultant for the Foundation. He provided consultation to 11 states for the Foundation including case management development, rate setting and service planning.

National Conference of State Legislatures: Mr. Berger was an administrative and revenue enhancement consultant to the Conference. His work included redesigning the inpatient and community based public mental health system for Mississippi.

Independent Consultant: Mr. Berger provided consulting services in Medicaid to over twenty different states.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, New York, Project Manager, 2009 – Present

Maximus, Inc., Reston, Virginia, Revenue Services Division, 2000 – December 2008

> Vice President – 2004 to 2008
> Director, 2001 – 2004
> Senior Manager, 2000 – 2001

DMG-Maximus, Inc., Health and Human Services Consulting Division, Northbrook, Illinois, Senior Manager, 2000

Colorado Department of Human Services, Office of Health and Rehabilitation Services, Denver, Colorado, Assistant Director, 1995 – 2000

Colorado Department of Institutions, Division of Mental Health, Denver, Colorado, 1978 – 1995

- Assistant Director, 1982 – 1995
- Budget Director, 1978 – 1982

Colorado Department of Health, Denver, Colorado, Assistant Director, Air Pollution Control Division, 1975 – 1978

Target Stores, Inc., Denver, Colorado, Store Manager, 1968 – 1975

Education

B.S., Business Administration, University of Nebraska, Omaha, Nebraska

Richard (Rick) Brennan
Finance & Cost Reports Advisor, also MAC & Cost Settlement Team Member – Prior Settlements

Qualifications

Mr. Rick Brennan has over 35 years of experience serving in various Health and Human Services roles. His primary areas of expertise include rate analysis and design, and strategic planning and coordination.

Relevant Experience

Mr. Brennan is associated with Sivic Solutions Group, LLC as a finance and cost reports consultant after serving for 35 years with West Virginia's Department of Health and Human Resources and most recently as the Medicaid Deputy Director and CFO for North Carolina's Department of Health and Human Services.

North Carolina's Department of Health and Human Services (DHHS): Mr. Brennan served as the Medicaid Deputy Director and CFO for North Carolina DHHS. He managed a $14 Billion annual program, guided the timely submission of 98 State Plan Amendments; converted the Medicaid Budget from a $497 million deficit to a $46 million surplus; guided Medicaid in the establishment of a new claims processing and data system (NCTracks) and a new eligibility system (NCFast); altered budget forecasting practices; coordinated federal reporting; and served on the Medicaid Redesign committee.

West Virginia's Department of Health and Human Resources (DHHR): Mr. Brennan has previously served in the Bureau of Medical Services and the Administration and Finance Bureau of DHHR.

o   As *Director of Audit*, *Research & Analysis*, Mr. Brennan developed and implemented rate systems for Nursing Homes (first use of Fair Rental values and Case Mix nationally), ICF/MR facilities, Therapeutic Foster Care, and Title V programs; addressed a multi year backlog in facility cost reports and settlements; developed time and motion analyses for Area Offices; and converted eligibility time reporting to a web based system.

o   Mr. Brennan was the lead on the School Based Services initiative for WV, including the analysis of initial rates, assuring adequacy of Federal (CMS) requirements, and representation of DHHR as technical expert on the DAB Decision to uphold West Virginia's correctness of claims filing for DHHR, and assisted in overturning two CMS audits.

o   As *Coordinator of Program and Revenue Alternatives*, Mr. Brennan played active roles as the DHHR representative on financial and program initiatives, reporting to the Deputy Secretary of Administration. As examples, he served for four years as DHHR Director of major Grant Awards and projects, such as the WV CONNECT program, which funded primary care services for 10,000 uninsured working poor and their spouses, and worked with WVU School of Medicine to do follow up and outcome analyses. Mr. Brennan also represented DHHR Leadership on several Public Health initiatives involving County Health Departments.

o   Mr. Brennan served as the *DHHR Reporting Coordinator* for the American Recovery and Reinvestment Act (ARRA).

Professional History

Department of Health and Human Services (DHHS), Chief Financial Officer, Medicaid Deputy Director, Raleigh, North Carolina, 2013 - 2014

Department of Health and Human Resources (DHHR), Director of Audit, Research & Analysis, Coordinator of Program and Revenue Alternatives, Reporting Coordinator, Charleston, West Virginia, 1979 - 2013

Education

Master of Arts, Applied Theology, Wheeling Jesuit University, 2006

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Master of Business Administration (MBA), West Virginia College of Graduate Studies (currently Marshall University), 1995

Master of Arts, West Virginia College of Graduate Studies (currently Marshall University), 1979

Master of Public Administration (MPA), University of South Alabama, 1977

Bachelor of Arts and Bachelor of Science, Political Science and Political Economics, University of South Alabama, 1976

Other Experience

- President of the National Association For Welfare Research, 2007
- President of the National Association of Human Services Finance Officers (HSFO), 2009
- National Training Coordinator, HSFO, (11+ years)
  - Designed RFPs for curricula to cover Human Services programs; hosted and evaluated the trainings; and coordinated with contracted training vendors.
  - Established training sessions for Medicaid, Cost Allocation, Child Welfare Service, Grants Administration, TANF and Time Study Analysis.

Dave Richards
Corporate QA Officer

Qualifications

Mr. Richards has over 35 years experience in health and human services and the areas of administration, financial management, revenue enhancement, management consulting, and management information systems. His range of experience includes federal revenue enhancement in human service and schools programs, financial and budget management, management information systems, child welfare and public health programs, and management improvement studies.

Relevant Experience

Chicago Public Schools Medicaid Claiming and Supportive Services: Mr. Richards is assisting in the development and operation of the Chicago Public School (CPS) fee-for-service (FFS) Medicaid claiming, and associated services. The FFS services included identifying and verifying Medicaid eligibility through a proprietary eligibility matching process, utilizing SSG's MAXCapture web-based system to collect and document services for service providers and transportation companies, processing fee-for-service claims, processing the remittance advice (RA), and conducting reviews to ensure program compliance. Supportive services include providing training for school district administrative staff and service providers, collecting licensure information from State databases, developing annual cost reconciliation and rate development, cost report analysis of private agencies, support of CPS Medicaid Administrative Claiming, policy analysis and assistance, and operation of a RMTS and quarterly claim development for Medicaid and Food Stamp (SNAP) administrative claiming for referral and eligibility assistance services provided by CPS administrative staff.

Maryland Rehabilitative Services Quality Assurance: Mr. Richards was the Project Manager for the SSG contract with the Department of Human Resources (DHR) and Department of Juvenile Justice (DJS) to conduct a quality assurance review of the provider's clinical records to determine compliance with the Medicaid Department's Rehabilitative Services requirements. The initial report of the first 40 facilities that identified several compliance areas were delivered in June 2010, with 53 additional providers reviewed in 2010 and into 2011. This project is associated with the SSG contract to edit, process, and claim to the State MMIS the Medicaid billings, including remittance advice, reconciliation of payment status, and reporting and analysis of payment records.

District of Columbia, Child and Family Services Agency Federal Claiming Infrastructure Improvement: Mr. Richards is the Project Manager for the District of Columbia project to provide comprehensive revenue management and enhancement in Title IV-E, Medicaid, and other funding sources. The services being provided include improving the claiming infrastructure to support Medicaid reimbursement for residential congregate care, implementing Medicaid Targeted Case Management claiming for the new Office of Clinical Practice Nurse Care Coordination functions, identifying and implementing Title IV-E candidate for foster care and private agency administrative claiming, implementing three (3) time studies, development of an Agency Cost Allocation Plan (CAP), and assisting in the development of Title IV-E rates for residential treatment and private agency foster care programs.

Maryland Department of Human Resources Title IV-E Assessment: Mr. Richards is the project manager on the Maryland project to develop a Candidacy Plan for submission to the Administration for Children and Families (AFC). Services include analyzing the Department's past Candidate for Foster Care claiming, reviewing the current Random Moment Time Study (RMTS) and Social Services Time Study (SSTS), recommending revisions, as needed, and developing a Plan.

State of Wisconsin, Income Augmentation: Mr. Richards was the Project Manager and Director 1996 until 2008 to develop federal revenue maximization opportunities for the State of Wisconsin in child welfare, child and family services, youth services, education services, substance abuse, adult services, mental health, and mental retardation services. More than $225 million was obtained for the State.

Maryland Revenue Maximization Services: Mr. Richards provided corporate oversight for the Maryland system to capture and maintain recipient, provider, service, and IV-E payment information for rehabilitation programs, which has resulted in over $140 million in claims.

State of Kansas, Encounter Data Project: Mr. Richards was the Project Director to collect, tabulate, and translate Title IV-E claims and Title XIX billings encounter data from child welfare services providers. These providers were paid by the State on a capitated basis under a managed care program design for the State's child welfare system.

State of Kansas, Schools Direct and Medicaid Administrative Claiming: Mr. Richards assisted in the development of Medicaid rates by the disability of the child to implement one of the first per diem claiming programs that allowed for significantly increased fee-for-service claiming for the State. After implementation of the Direct claiming, Mr. Richards served as Project Director for a project that implemented Medicaid Administrative claiming in a statewide program that provided reimbursement for a program that was integrated with the Direct claiming program earlier developed.

Kansas Juvenile Justice Authority: Mr. Richards was Project Manager for the revenue maximization project for the Authority where a TCM claiming system was implemented, along with an automated claiming process for the Authority's Title IV-E claim that identifies eligible maintenance costs and calculates the percentage of eligible youth used for the development of the administrative claim.

State of Iowa, Title IV-E Adoption Subsidy Review: Mr. Richards was the Project Director for the Iowa adoption subsidy review of ineligible and eligible cases which resulted in more than $4 million of additional federal revenue and assurance that the State's claim was in compliance.

Commonwealth of Pennsylvania, Title IV-E, and TANF Technical Assistance and Compliance: As the initial Project Manager, Mr. Richards conducted a comprehensive study of Title IV-E and TANF eligibility and claiming practices across the child welfare and juvenile probation offices across the Commonwealth. Mr. Richards oversaw case reviews and operations reviews for those offices in each of 67 counties, development of "best practices" and quality control and monitoring manuals, and individual county-specific reports of findings and recommendations. He also oversaw technical assistance and training, management tools development, and compliance monitoring system development that all were part of the project as well.

Arkansas Department of Human Services, 1999 – 2000: Mr. Richards served as Project Manager for the revenue maximization project for the Divisions of Family Services and Youth Services. In that capacity, he oversaw the TCM and Rehabilitative claiming projects and the operation of a Title IV-E eligibility unit.

State of Tennessee, Revenue Maximization: Mr. Richards was the Project Manager on the revenue maximization project in Tennessee. Mr. Richards had primary responsibility for coordination of staff resources; communication with the client; Title IV-E case review planning and oversight; establishment of coverage for community-based and field youth development services under Title IV-E and Medicaid and implementation of a billing system for such services; and institution of Medicaid coverage for a wide range of case management services using TCM.

Project Director for a New York-based revenue enhancement firm: Mr. Richards directed a team of consultants in obtaining additional federal receipts for the Illinois Child Welfare Agency. These efforts resulted in a net increase of $70 million per year in Title IV-A Emergency Assistance receipts, $30 million per year in Title IV-E private agency administrative receipts, and over $50 million per year in SSI and additional Title IV-E receipts from a variety of initiatives.

Mr. Richards also developed information systems requirements and provided project management for the Illinois child welfare agency's $40 million relative placement reform. This reform revised the licensing/payment procedures for relative placements and assured AFDC reimbursement for previously unclaimed costs.

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Mr. Richards also directed a staff in obtaining additional Title IV-E federal receipts for the Indiana human services agency. These efforts involved planning and conducting a case review and eligibility determination process to obtain retroactive and prospective federal receipts.

Deputy Director for Administration for the Illinois Department of Children and Family Services: Mr. Richards planned and monitored the agency's budget and assured that the state received all possible federal funds; increased annual federal Title IV-E receipts from $16 million to $60 million; and initiated rate setting reforms.

Manager of the Information Services Division for the Illinois Department of Children and Family Services: Mr. Richards managed the agency's first implementation of a state Central Abuse Registry system and managed the implementation of a statewide integrated child welfare client and financial system, which later became a national model.

Systems Analyst, and later as Manager of Systems Development, for the Illinois Department of Public Health: Mr. Richards implemented several public health information systems including a voice response collection system, an interagency nursing home case review system, and a Women, Infant, and Children coupon redemption and payment system.

Professional History

Sivic Solutions Group (SSG), LLC, New Hartford, New York, Vice President, October 2008 - Present

Maximus, Inc., Reston, Virginia

> Senior Vice President, Financial Services Division, 2006-September 2008

> Vice President, 1998 – 2006

> Director, 1996 – 1998

Management Services of Illinois, Inc., Springfield, Illinois, Project Director, 1993 – 1996

Institutes for Health and Human Services, Inc., Saratoga Springs, New York, Project Manager, 1991 – 1992

Illinois Department of Children and Family Services, Springfield, Illinois

Deputy Director of Administration, 1985 – 1991

Manager of Information Systems, 1980 – 1985

Illinois Department of Public Health, Springfield, Illinois, Systems Development Manager/Systems Analyst, 1971 – 1979

Education

M.S., Mathematics, Southern Illinois University, 6/1969

B.A., Mathematics/Data Processing, Southern Illinois University, 1/1967

Anna Mosby
Training, Help Desk, Customer Service Team Lead

Qualifications

Ms. Mosby has over 25 years experience in government and management consulting, finance, project management, Medicaid claiming, time study implementations, third party liability, and fraud waste and abuse, business process re-engineering, productivity improvement, investments and portfolio management.

Relevant Experience

Kentucky Medicaid Administrative Claiming: Ms. Mosby is the lead Trainer for the implementation and operation of the State's quarterly Medicaid Administrative Claim, training staff on responding to the Random Moment Time Samples (RMTS), and collecting data necessary for the administrative claim. SSG services include administering the web-accessible RMTS system (e-SivicMACS), providing central coding, collecting and editing school district financial data and developing the Medicaid administrative claim.

District of Columbia Public Schools Time Study and Cost Settlement: Ms. Mosby is the Project Manager for the District of Columbia Public Schools (DCPS) project to implement and administer a web-accessible RMS time study system to identify and document special education staff activities, provide centralized coding to improve accuracy and relieve DCPS of having to select activity codes. Ms. Mosby conducts training to stakeholders and supervisory staff and assists DCPS and DCPCS (Charter Schools) in monitoring RMS participation and auditing. SSG collects cost information for the DCPS and DCPCS contracted staff involved with special education direct services delivery and support. SSG staff also prepares cost settlement reports for DCPS submission to the Department of Health Care Finance.

Ohio Department of Jobs and Family Services County Random Moment Sampling (RMS): Ms. Mosby was the lead Trainer for the project where SSG configured the SSG e-SivicRMS system for 88 counties and over 350 different time studies, covering all department social services programs. She, along with Siva Kakuturi, Project Director, trained over 300 county RMS coordinators and State system administrators on the operation of the system

Ohio County Financial Information System (CFIS) Web System Development: Ms. Mosby is the Deputy Project Manager for the development and implementation of a web-based system to assist the State Department of Jobs and Family Services and the Ohio Counties in the development of county budgets, reporting of county expenditures and draw downs based on these expenditures from the county budgets, and the overall management of county/state finances. Ms. Mosby is assisting Mr. Suresh Muppala by maintaining status reporting, deliverable development and review, and workplan updating.

The project had a very tight frame to develop and test the software, lead state and county staff in user acceptance testing, conduct county training, and provide operational support and warranty services. The system has been developed to be extremely flexible, robust, highly secure and open to interface with external systems. SSG follows industry best practices, including using table-driven variable and parameters whenever possible to allow for minimal systems modifications.

Maryland Department of Human Resources Title IV-E Assessment: Ms. Mosby was a consultant on the Maryland project to develop a Candidacy Plan for submission to the Administration for Children and Families (AFC). Services include analyzing the Department's past Candidate for Foster Care claiming, reviewing the current Random Moment Time Study (RMTS) and Social Services Time Study (SSTS), recommending revisions, as needed, and developing a Plan.

District of Columbia, Child and Family Services Agency Federal Claiming Infrastructure Improvement: Ms. Mosby is a Consultant for the District of Columbia project to provide comprehensive revenue management and enhancement in Title IV-E, Medicaid, and other funding sources. She is specifically identifying strategies to improve the claiming infrastructure to support Medicaid reimbursement for

residential congregate care, and conducting training of Agency and private agency staff on the RMTS operated by SSG

Third Party Liability (TPL) Practice Development: Ms. Mosby directed a nationwide assessment of Third Party Liability and the feasibility and viability of aggressively entering this market. She coordinated research gathering and assessment as well as a thorough nationwide market, SWOT, and cost-benefit analysis of the TPL opportunity. Ms. Mosby also led the design and development phases of a comprehensive, innovative, customer-centric prototype TPL solution.

State of New York, Office of the Medicaid Inspector (OMIG) General Fraud, Waste, Abuse, Recovery, and Detection Project: Ms. Mosby served as Interim Project Manager with the OMIG to implement a statewide Fraud, Waste, and Abuse identification and recovery program. She was responsible for project management; staff organization and management; client relations management and interaction; and coordinating project components necessary for systems analysis and implementation.

State of Maryland Medicaid Title XIX Rehabilitation Option: Ms. Mosby served as the Project Director, after first coordinating implementation and operation of a statewide Medicaid Residential Rehabilitation Option program. The project included coordinating rate setting; systems development, implementation, and testing; data analysis, collection, and processing; and business process evaluation and reengineering. Key components of this project were determining the Rehab program's effect on the State's current Title IV-E program and ensuring no duplicate claiming occurred. Additionally, many of the State's processes were manual or paper-based; Ms. Mosby worked with the Departments of Human Resources and Juvenile Services, and 24 local social service departments to automate and streamline the process of data collection and data claiming.

State of Maryland Department of Human Resources (DHR) Review of Licensing Standards and Practices: As Project Manager, Ms. Mosby led this project, providing a detailed assessment of the systemic business processes within the Department of Human Resources (DHR)/Social Services Administration (SSA) Licensing Unit and the development of mechanisms to improve practices and child and family outcomes. The project included a review and assessment of the processes used by DHR to license and monitor residential group homes across the State. Project objectives included: a review of the management and organizational structure of the licensing unit; a review of current methodologies used by licensing agents to approve or refuse group home staffing and intensity of care levels; a review of current DHR Licensing Unit staffing qualifications; and a review of DHR audit and inspection practices.

Pennsylvania Title IV-E and TANF Monitoring and Technical Assistance: Ms. Mosby performed a comprehensive operations review of Philadelphia and the four surrounding counties to assess how Pennsylvania's Title IV-E and TANF eligibility determination, invoicing, and federal claiming processes complied with recently changed federal regulations, and if all procedures were consistently implemented across all counties. She conducted an on-site review of each county's Children and Youth, Juvenile Probation, and County Assistance Offices' Title IV-E and TANF operations. The benchmarking and best practices analysis was performed based on national experience.

Orange County (CA) Health Care Agency (OCHCA): Ms. Mosby conducted an organizational analysis of the Orange County Health Care Agency to identify the most viable opportunities for improving the agency's organizational structure and practices. The study addressed such organizational issues as inter-agency coordination, outsourcing, staffing levels, spans of control, managerial layers, technology, training, and communications.

Social Security Administration: Ms. Mosby served as Project Manager for the development of programmatic requirements for the WorkWorld database to be used by SSI recipients. If was expected that the software would ultimately consider federal, State, and local policy regulations vis-à-vis food stamps and public housing program subsidies and the correlation to changes in SSI recipients' income. The project included data assessment, development of a feasibility study for facilitating data accretion into an established database, and development of technical specifications.

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District of Columbia Y2K Contingency Plan: Through the Mayor's Office of the City Administrator, Ms. Mosby provided executive level assistance and project oversight and coordination of key District agencies and the completion of contingency plans for 80+ critical business processes.

District of Columbia, Department of Human Services' *Answers Please!***:** Ms. Mosby worked with the District in implementation of its initiative to assist residents and visitors requiring information on social services available in the District. Ms. Mosby coordinated data collection efforts with 26 District agencies in the creation of a computerized central information and referral registry for all social services, public and private, available to citizens of the District of Columbia.

District of Columbia, Unified Communications Center Project: Ms. Mosby provided project management support for the design and implementation of a centralized emergency/non-emergency call taking and service dispatch facility for the District. She developed a strategic plan for the District's Unified Communications Center (UCC) with MAXIMUS team members, key senior management from numerous District agencies, and other consultants. The center was designed to: increase the effectiveness of 9-1-1 service; automate delivery of all city services via a single telephone number (3-1-1); coordinate wireless communications between the District's Metropolitan Police Department (MPD), Fire and Emergency Medical Services (FEMS), the Office of Emergency Preparedness (OEP), and other agencies; and establish a Network Operations Center (NOC).

Central to this effort was development of an effective business process for service delivery to District residents and the Business Process Re-engineering of the District agencies that are part of the UCC has been central to this effort. This effort included the effective flow of information via a technologically appropriate software solution, standardization and coordination of service responses, and improved training and evaluation of customer service.

U.S. Department of Justice, Immigration and Naturalization Service: As on-site Program Manager, Ms. Mosby provided management support for the nationwide system development and deployment of its Encrypted Voice Radio Program (EVRP) as well as other computerized systems. Ms. Mosby's responsibilities included recommending and implementing Productivity Improvement Processes to improve cost efficiency, effectiveness, productivity, and accountability. She managed and participated in performing site surveys and requirement assessments, monitored systems integration, and conducted and analyzed user acceptance tests. Ms. Mosby also administered a $4 million annual budget and coordinated all government procurements.

Managing this $4 million contract, Ms. Mosby had supervisory responsibilities for 10 full-time engineering, management, and administrative personnel assigned to the INS. She planned, directed, executed, and ensured that all contractual requirements were met.

Washington Metropolitan Area Transit Authority (WMATA) – Investment Manager – Ms. Mosby managed a $500 million fixed-income investment portfolio and a comprehensive securities lending program. She also supervised the Investments staff. She was part of a team that coordinated the issuance of $334 million revenue refunding bonds and the retirement of $1 billion in existing municipal debt. Ms. Mosby also managed a project to analyze fiscal agency debt servicing costs. This effort resulted in annual savings of $450,000. In addition, Ms. Mosby served as consultant and technical advisor to the WMATA Pension Fund Board of Trustees. Other responsibilities included assistance in arranging short-term borrowing through area banks and the issuance of Revenue Anticipation Notes and leveraged leasing transactions involving the WMATA bus fleet.

WMATA – EFT Project Manager – Ms. Mosby managed a $1 million one-year pilot project that tested the integrated use of smart card technology as a method of revenue collection for rail, bus, and parking. She developed scopes of work, written specifications and requests for proposals (RFPs); conducted proposers/bidders conferences; and evaluated proposals. A key function of this effort was the evaluation and re-engineering of the entire revenue collection process. Concurrently, Ms. Mosby served as project manager on a $1.4 million project to facilitate the acceptance of debit and credit cards in a fully automated environment. She provided strategic planning and developed project specifications.

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WMATA – Manager, Cash Receipts and Disbursements Section, Office of the Treasurer – Ms. Mosby was responsible for the development and execution of all electronic programs, and the incorporation of new methodologies (for example, EDI, EFT, smart card technology, and other payment/receipts systems) into the daily operating environment. She has extensive knowledge and experience in electronic banking, ATM, POS, debit and credit card processing, ACH, imaging, and Federal regulations vis-à-vis electronic funds transfer. Her day-to-day responsibilities included cash concentration, cash forecasting, funds transfer, account reconciliation, and the approval of state and Federal tax payments. Ms. Mosby established and maintained banking relationships with area and national banks and financial institutions.

WMATA – Budget Manager – Ms. Mosby managed a $4.8 million annual budget, a $2.0 million capital budget, and physical assets valued in excess of $5.3 million in three locations. She prepared budgets and provided written and oral justifications to senior management and the Board of Directors. She conducted exhaustive analysis of overtime costs, identified problem areas, and implemented a Process Improvement Process that resulted in substantial cost savings.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, NY, 2011 - Present

- Principal Consultant

AEM Consulting, LLC, Upper Marlboro, Maryland, 2009 – 2011

- Founder and President

Maximus, Inc., Reston, Virginia, 1998 – 2009

- Vice President, Financial Services
- Director Revenue Services Division, 2003 – 2007
- Senior Manager Revenue Services Division, 1998 – 2003

Windermere Information Technology Systems, Annapolis, Maryland

- Program Manager, 1996 – 1998

Washington Metropolitan Area Transit Authority, Washington, DC

- Investment Manager
- EFT Project Manager
- Cash Receipts and Disbursements Section Manager
- Budget Manager

Education

Master of Divinity, *with honors*, Howard University School of Divinity, 12/3

Master of Business Administration (MBA, Loyola University Maryland, 5/94

Bachelor of Business Administration (BBA) c*um Laude*, concentration in Finance, University of the District of Columbia, Washington, D.C., 5/86

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SIVIC SOLUTIONS GROUP

Joanne Joseph
Training, Help Desk, Customer Service Team Member - Training

Qualifications

Ms. Joseph has over 35 years experience in project management, Medicaid policy analysis and client management, predominantly in support of the Medicaid in Schools program. Her most recent responsibility is providing revenue management services to 27 New York school districts and Nassau County to access federal for health services provided to children with special needs. She also had taken on lead responsibility for marketing, and was previously Project Manager for the Milwaukee School District Medicaid program. For the New York State Department of Social Services, Ms. Joseph spearheaded efforts to develop the state's first program enabling more than 700 school districts and over 60 counties to secure Medicaid reimbursement.

Relevant Experience

New York - Sivic Solutions Group, Senior Manager

Ms. Joseph provides revenue maximization services to enable school districts and municipalities to access federal and other funding streams for health services provided to children with special needs; manages CMS contracts with 26 school districts and Nassau County Department of Health, where she lead a project team that increased revenues from $500,000 to $3 million per year. The districts and the County went through six State audits, with less than one (1) percent error rate, so compliance has also been an emphasis. Forms and procedures were developed to satisfy new policy requirements, schools and contract providers are informed of Medicaid eligibles, on-site training of service providers is provided, pre-formatted service reports are distributed, and claims produced and reconciled. In addition, school and county administrators are provided guidance on all new policy developments issued by the State Education Department and the Department of Health.

New York - Institutes for Health & Human Services, Director Medicaid in Schools

Ms. Joseph was the senior manager with lead responsibility for marketing, designing, coordinating and implementing Medicaid for School-Based Services projects. Scope-of-responsibility included ensuring that clients were fully billing for covered services provided to Medicaid eligible special education students; analyzing Medicaid State Plan Amendments and policies to determine if changes could be pursued which would extend billing to additional students and services; pursuing program expansions with state and/or federal officials as necessary and appropriate; and training school district staff in effective record keeping procedures to support billings.

Kinney & Associates, Senior Manager

Ms. Joseph was a senior manager with lead responsibility for marketing, designing, coordinating and implementing Medicaid for School-Based Services projects. Services included implementing Medicaid reimbursement for school based services for the Milwaukee Public School District and developing statewide training program for Medicaid and private health insurance for administrators of school based health clinics in Connecticut.

New York State Department of Social Services

Ms. Joseph was responsible for designing and implementing new revenue maximization initiatives, including:

- *Medicaid in Education -* Spearheaded a joint effort between State Departments of Social Services and Education to develop statewide program enabling more than 700 school districts and over 60 counties, including New York City, to secure Medicaid reimbursement for health related services provided to eligible special education students. Responsible for designing Medicaid identification process and guidelines for access to third party health insurance, training service representatives, and rate setting development. Project efforts resulted in over $2 billion in federal Medicaid reimbursement to school districts and municipalities.

Confidential

■ ***State Legalization Impact Assistance Grant (SLIAG) -*** Responsible for directing documentation activities of the value of state and local services to aliens legalized under the Immigration Reform and Control Act of 1986. Project efforts generated $280 million in federal revenue for the State and its municipalities.

Professional History

Sivic Solutions Group, LLC (SSG), Senior Manager, 2012 – Present

Cost Management Services, Senior Manager, NY State Manager, 2001 - 2012

Institutes for Health & Human Services, Director of Medicaid in Schools, 1997 - 2001

Kinney & Associates, Senior Manager, 1995 - 1997

New York State Department of Social Services, Medicaid in Education, SLIAG, 1975 - 1995

Education

State University of New York (SUNY) at New Paltz, B.A, Elementary Education
SUNY at Albany, Rockefeller College of Public Administration, Graduate Credits

Erin Griffith
Training, Help Desk, Customer Service Team Member – Customer Services, Coding

Qualifications

Ms. Griffith has over 10 years of Customer Service and Office Administration experience, with increasing responsibilities in help desk and time study quality assurance functions.

Relevant Experience

Kentucky Medicaid Administrative Claiming Project: Ms. Griffith oversees the centralized coding for the State's RMTS and provides help desk support. Ms. Griffith supervises staff who review the entries of school district staff and selects the appropriate activity code and performs quality assurance of these selections.

District of Columbia Public Schools Time Study and Cost Settlement Project:

Ms. Griffith provides help desk support for two (2) RMS time study systems to identify and document special education staff activities and performs centralized coding to improve accuracy and relieve DCPS of having to select activity codes. Ms. Griffith also contacts District management in obtaining quarterly roster updates.

District of Columbia, Child and Family Services Agency Federal Claiming Infrastructure Improvement Project: Ms. Griffith provides help desk support for three (3) time study systems in the Agency, and in private congregate care and foster care agencies. Ms. Griffith also supervises staff who review the activity selections of DC staff and perform quality assurance of these selections.

Administrative Assistant/Help Desk/Systems Tester: Ms. Griffith provides office administration, help desk support, and systems testing in support of 10 staff and more than a dozen projects. As help desk support team member, Mrs. Griffith is the first contact person for telephone and email technical assistance requests.

Customer Service Representative and Administrative Assistant: Ms. Griffith earlier performed all operations in front desk management, including invoicing, proposal development, scheduling, billing, A/P and A/R, the use of many different computer programs and multiple software programs.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, NY, Help Desk Lead, 2010 – Present
Bank of America, New Hartford, NY, Sales and Service Specialist, 2009 - 2010
Partners Trust Bank, New Hartford, NY, Customer Service Representative, 2005 – 2009

Education

High School Diploma, Whitesboro Senior High School.

Confidential

Deborah (Deb) J. Lower, Ph.D.
MAC & Cost Settlement Team Lead

Qualifications

Dr. Lower has 30 years experience, with 20 years in management of a variety of organizational, operational, and financial consulting engagements for state and local governments and over 20 years as a public sector consultant. She focuses on maximizing, protecting and preserving federal reimbursements. Her areas of specialization include:

- Development and negotiation of Public Assistance Cost Allocation Plans (PACAP)
- Random Moment Sampling (RMS) in schools and human services agencies
- Medicaid administrative claiming in schools and human services agencies
- Medicaid behavioral health service claiming in foster care and child welfare
- Revenue enhancement strategies – Medicaid, CHIP HSI, IV-E
- Rate setting methodologies for various governmental operations

Relevant Experience

RANDOM MOMENT SAMPLING SYSTEMS

Kentucky Medicaid Administrative Claiming: Ms. Herrick provided RMTS training during the implementation of the State's quarterly Medicaid Administrative Claim. SSG services include administering the web-accessible RMTS system (e-SivicMACS), providing central coding, collecting and editing school district financial data conducting independent random QA review of coded activities, quarterly producing RMTS results, providing trend analysis reports on participation rates, and developing the Medicaid administrative claim.

California Los Angeles USD Schools MAC Claiming: Dr. Lower managed Schools Administrative Claiming using a RMS to claim for SB 90 unreimbursed administrative services. She oversaw the development of the sampling instrument and the detailed implementation instructions, managed staff who operated the RMS, and conducted 100% quality assurance reviews of the RMS responses.

Florida Schools MAC Claiming: Dr. Lower worked on developing the RMS used by numerous school districts including Orange County under contract for Medicaid Administrative Claiming and also assisted with training.

New Jersey Schools RMS: Under an agreement with the State Department of Education, Dr. Lower assisted with development of employee sampling methodology, conducted RMS training and went to schools to encourage them to participate in the school administrative claiming.

Random Moment Sampling, Illinois Department of Children and Family Services: Dr. Lower, as project manager, helped replace the department's RMTS software for DCFS caseworkers, the POS caseworkers for Title IV-E, IV-B, and EA claiming portions of costs and residential providers to support Title IV-E, OV-B and Medicaid claiming. She developed the structure for the Medicaid Work Group's current claiming system and trained providers on acceptable documentation to support provider claims

Illinois Division of Specialized Care for Children: Dr. Lower directed project staff in project completion, ensuring validity and reliability of the RMS. She assisted in development, implementation and training of state staff in RMS process, including sample selection of providers and provider/staff, development of the RMS survey instrument, training of the RMS sample universe and RMS software set-up.

Kansas RMS Software Replacement: Dr. Lower managed the project to replace the Kansas RMS software with an email/intranet sampling process for the IREST program. She directed staff in implementation and training, ensuring RMS validity and reliability and advised the state on necessary cost allocation plan related changes.

Louisiana Office of Juvenile Justice RMS Implementation and Hosting: Dr. Lower managed the project to implement RMS with an email/intranet sampling process for the local office probation staff. She conducted staff training and directed staff in implementation and hosting of the system to ensure RMS validity and reliability.

Texas Interagency Council on Early Childhood Intervention: Dr. Lower directed project staff in project completion, ensuring validity and reliability of Random Moment Sampling. She assisted in development, implementation and training of state staff in new RMS process, including sample selection of providers and provider/staff, development of the RMS survey instrument, training of the RMS sample universe and the RMS software set-up.

Wisconsin Department of Health & Family Services and Department of Workforce Development: Dr. Lower managed the implementation of the Email/Web-based RMS application for eligibility staff and social services staff.

COST ALLOCATION

Ohio Department of Job and Family Services (ODJFS), Cost Allocation Plan Development and Revenue Maximization Identification: Ms. Lower State restructured the ODJFS Cost Allocation Plan and reflected the transfer of Medicaid to another state agency. Services included reviewing and providing recommendations to develop new processes or significantly modify existing processes, developing a more effective Cost Allocation Plan, reduceing complexity and increase operational efficiencies of the CAP, completing an analysis and providing a recommendation as to the suitability of the existing in-house software system to produce and maintain the state's CAP, and maximizing the recovery of federal program costs

Pennsylvania Department of Public Welfare, Medicaid Transportation Cost Allocation
Ms. Lower, in the SSG subcontract with Navigant Consulting, provided cost allocation consulting services to the Department of Public Welfare (DPW) in their response to CMS concerns about Medicaid Transportation Program costs claimed by local agencies resulting in deferral of millions of dollars in claiming. Services included identifying the claiming issues and prepare responses to various concerns; conducting extensive analysis of the time and effort reporting methods used by local agencies, including Random Moment Time Sampling in larger counties, personnel activity reporting and direct charging; and developing examples of appropriate claiming methodologies for DPW's response to CMS.

District of Columbia, Child and Family Services Agency Web-Based Cost Allocation System: Ms. Lower is the Cost Allocation Subject Matter Expert (SME) for the project to configure and revise the SSG e-SivicCAP system to support the Agency's PACAP and develop the quarterly Title IV-E claim. The Title IV-E Automated Claiming System consolidates data from multiple sources, including District's financial systems, FACES (District's SACWIS), several other sources, and the SSG e-SivicRMS module. The system allow for the import and review of administrative expenditures, import of statistics (FTE, RMS, etc) for cost allocation, allow the Agency to make adjustments while providing the reason for the adjustment which is a key factor required during audits, provide for an approval process before the claim is submitted to ACF, maintain multiple versions of the claim, perform what-if analysis for Management decision making, and generate the CB-496 Claim Form.

District of Columbia, Child and Family Services Agency: Dr. Lower serves as cost allocation manager. She prepared the rewrite of the CFSA PACAP, prepared three amendments to PACAP, prepared materials to successfully complete DCA negotiations on the three amendments and prepared materials to respond to Plan Amendment 08-1 prepared by another contractor. She also managed revisions to the Agency RMS Instructions and matrix, managed development of Child Placement Agency RMS. In addition, she managed development of the IV-E claiming system to implement the PACAP, managed development and training of residential child care providers for their time study, assisted with development of candidacy procedures, managed development of Targeted Case Management claim settlement system and provided support for IV-E claiming.

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
SCHOOL BASED HEALTH SERVICES AND REIMBURSEMENT STRATEGIES
FOR MEDICAID SERVICES
RFQ BMS15014 – CRFQ 0511 BMS1500000001

SSG
SIVIC SOLUTIONS GROUP

Indiana Family and Social Services Administration (FSSA), Division of Family Resources PACAP: Dr. Lower served as financial manager for this project, managing development and DCA approval of FSSA Division of Family Resources, PACAP. She managed implementation with approval of FSSA PACAP for entire agency. She managed the FSSA Cost Allocation Project, including development of FSSA Plan amendments, preparation of quarterly cost allocation work papers, operation of three RMS time studies and the FSSA staff cost allocation training.

Indiana Department of Corrections: Dr. Lower served as the financial manager overseeing development of indirect Cost Allocation Plans for the department.

Florida Department of Child and Families, Substance Abuse and Mental Health: Dr. Lower, as the consultant (subcontractor to Ernst & Young), assisted with development of the Feasibility Study for Governor's office and legislature to support the replacement of the legacy Substance Abuse and Mental Health Information System. She prepared the Business Cost Analysis and researched alternative systems for the Cost Benefit Analysis section.

Missouri Department of Health and Social Services, Local Public Health Agencies (LPHA) HSI Initiative, CHIP State Plan Amendment: Dr. Lower assisted with development of LPHA training materials for identification of potentially eligible HSI Programs offered by LPHAs, coordinated the Training Webinars for LPHAs and tracked LPHA responses to completion of survey form. She also followed up with LPHAs to respond to questions on the survey and to encourage completion of the survey. She reviewed materials prepared to support the 4 programs identified for the CHIP HSI State Plan Amendment and participated in Training to assist LPHAs in completing the quarterly claim form (1 for each of the 4 program areas, as needed).

Indiana Department of Child Services (DCS) PACAP: Dr. Lower managed development and DCA approval of the new PACAP, oversaw cost allocation plan changes, managed IV-E rates for Residential Child Care (RCC) providers, managed Licensed Child Placing Agencies (LCPA) RMS and served on the advisory committee for the DCS – IUPUI (Indiana–Purdue Universities) Child Welfare Training Partnership.

Nevada Cost Allocation and RMS Projects: Dr. Lower managed three Clark County child welfare projects. Responsibilities included responding to ACF-required candidacy review of in-home service cases and synthesizing review results to determine cost allocation process and adjust the IV-E claims. She also implemented a RMS (intranet email sampling) for child welfare sample and for juvenile probation.

Iowa Department of Human Services (IDHS) Cost Allocation Plan and Review of Child Welfare Training: Dr. Lower managed the project to replace Iowa's RMTS software with email/intranet sampling process and electronic validation. She conducted extensive review of IDHS cost allocation plan and the IV-B State Plan for IV-E Child Welfare Training to align federal reimbursement of administrative and training costs, maximize Federal claiming, and simplify cost reimbursement methods. She assisted with negotiation of the plan amendment. She managed implementation and state staff training in new RMTS sampling process as well as directing ongoing technical support

Cost Allocation Plan and Annual Updates, Colorado Department of Human Services: Dr. Lower was the project manager who provided direction for Social Services, Eligibility and Youth Services RMS application administration. She prepared, negotiated and provided technical assistance for the PACAP and annual updates. She was lead developer in Medicaid funding initiative for child welfare residential providers and worked closely with staff in mental health division and child welfare division.

Indiana Family and Social Services Administration (FSSA), Division of Family and Children: Dr. Lower, as financial manager, worked with initial development and federal negotiation of the PACAP. She developed two RMS systems to replace cluster time and effort reporting by local office eligibility and child welfare staff. She provided continuing technical assistance and support for PACAP and RMS applications. She also managed development of RMS for licensed Child Placement Agencies and RMS for Residential Child Care facilities.

Confidential

Texas Public Assistance H.B. 2292 Cost Allocation Plans: Dr. Lower, as project director, provided general management, oversight and technical assistance in preparing cost allocation plans for the Health and Human Services Commission. She provided direction for significant reorganization in Texas health and human services programs, ultimately helping to procure $11.5 billion in federal funding for five HHSC agencies.

Connecticut Department of Social Services, PACAP Update: Dr. Lower managed the update to the Department's PACAP for departmental reorganization and accounting system changes.

Alaska Department of Health and Human Services: Dr. Lower was the cost allocation planner, who managed the rewrite of the Department's cost allocation plan and provided technical assistance for the successful plan negotiation and approval.

Georgia Department of Administrative Services, SACWIS Development: Dr. Lower, as systems analyst, assisted in the development of systems requirements and preparedthe SACWIS implementation cost allocation methodology.

TITLE IV-E CHILD WELFARE

IV-E Rate-Setting and Cost Recovery Analysis, Colorado Department of Human Services, Child Welfare Division: Dr. Lower, as project manager, reviewed and assisted in the rate-setting methodology for Therapeutic Residential Child Care Facilities. She revised the data collection form and instructions and reviewed state administrative cost recovery opportunities with Child Welfare Division.

Travis County, Texas, Juvenile Probation: Dr. Lower directed project staff in providing technical assistance and training for juvenile probation staff using time and effort reporting to capture activities eligible to drive federal claiming under Title IV-E.

OTHER CATEGORIES OR RELEVANT PROJECTS

Dr. Lower has directed public assistance cost allocation and RMS projects for federal revenue protection and preservation projects for health and human service agencies in the following states: Arizona (IMRMS), Colorado (IMRMS, SSRMS and JPO), Delaware (IMRMS), District of Columbia (SSRMS), Florida (Health Departments), Illinois (IMRMS, SSRMS, Private Agencies, Early Intervention), Kentucky (IMRMS, SSRMS), Louisiana (SSRMS, IMRMS), Maryland (IMRMS), Michigan (Central Services), Missouri (RCC), Montana (IMRMS, SSRMS), Nevada (DCFS and Washoe County), New Hampshire (IMRMS, SSRMS), Ohio (LIEAP), Oklahoma (CMHCs), Pennsylvania (CCYF and JPO), South Dakota (IMRMS, SSRMS), Texas (JPO), and Wisconsin (IMRMS, reviewed SSRMS sampling using SACWIS and reviewed CMHCs claiming)

Professional History

Sivic Solutions Group, Inc. (SSG), Senior Program Manager, New Hartford, New York, 2013-Present

Sequoia Consulting Group, Director, Avon, Indiana, 2004-2013

Maximus, Inc., Vice President, Reston, Virginia, 1998-2004

David M. Griffith & Associates, Senior Consultant to Vice President, Northbrook, IL; 1992-1998

Colorado Department of Social Services; Denver, CO; Management Analyst, Medicaid, Long Term Care and Revenue Maximization, 1987-1992

Denver Regional Council of Governments; Denver, CO; Aging Services Planner, 1987

Governor's Office of Elderly Affairs; Louisiana; State Long Term Care Ombudsman, 1984-86

Central Missouri Area Agency on Aging; Columbia, MO; Planner and Ombudsman, 1983

California Mental Health Program; Ventura County CA; Gerontological Society of America Fellow, 1982

University of Missouri; Columbia, MO; NIMH Post-Doctoral Research Fellow and Adjunct Faculty in Medical School and Sociology Department, 1980-1982

University of Wisconsin; Eau Claire, WI; Assistant Professor of Sociology, Elderhostel Coordinator, 1977-1980

Education

University of Iowa, Iowa City, Iowa, Ph.D., Sociology, Statistics specialty, 5/78

University of Iowa, Iowa City, Iowa, M.A., Sociology, 5/75

University of Missouri, Rolla, Missouri, B.A., Psychology, 5/72

Andrew Hotton
MAC & Cost Settlement Team Member – Operations

Qualifications

Mr. Hotton has nine years of experience in application development and information system implementations. He is a central resource for current work on the State of Connecticut's DCF Revenue Maximization project. Mr. Hotton has contributed to the project since 1999 as a systems developer and technical expert, with quality assurance oversight responsibilities for ongoing project operations. His full range of experience includes the following:

- Development and maintenance of client/server applications including school-based billing systems and data warehouse platforms
- Administration of MS SQL Server databases
- Analysis of data for Title IV-E, XIX, and TANF projects
- Development of customized software using VB, C++ and SQL
- Requirements analyses and user documentation for new applications as well as system upgrades
- Business and systems analysis expertise with specific business knowledge of Medicaid Management Information Systems
- Application development using ASP.NET and C#.NET

Relevant Experience

Kentucky Medicaid Administrative Claiming Project: Mr. Hotton is the Support Lead of the operation for the State's quarterly Medicaid Administrative Claim. Services include administering a web-accessible RMTS system (e-SivicMACS time study module) to identify and document special education staff activities, receiving and maintaining staff rosters, providing central coding, conducting independent random QA review of coded activities, quarterly producing RMTS results and providing trend analysis reports on participation rates, activity code selection, and other performance measure, and quarterly, collecting and editing school district financial data and developing the Medicaid administrative claim using e-SivicMACS. Training was provided for RMTS participants and financial staff was provided for project initiation and updates are provided annually.

District of Columbia, Child and Family Services Agency Web-Based Cost Allocation System Project: Mr. Hotton was a SQL Developer, specializing in the Claim module, for the project to configure and revise the SSG e-SivicCAP system to support the Agency's PACAP and develop the quarterly Title IV-E claim. The Title IV-E Automated Claiming System consolidates data from multiple sources, including District's financial systems, FACES (District's SACWIS), several other sources, and the SSG e-SivicRMS module. The system allow for the import and review of administrative expenditures, import of statistics (FTE, RMS, etc) for cost allocation, allow the Agency to make adjustments while providing the reason for the adjustment which is a key factor required during audits, provide for an approval process before the claim is submitted to ACF, maintain multiple versions of the claim, perform what-if analysis for Management decision making, and generate the CB-496 Claim Form.

Chicago Public Schools Medicaid Claiming and Supportive Services Project: Mr. Hotton provided implementation and support for the development and operation of the Chicago Public School (CPS) fee-for-service (FFS) Medicaid claiming, and associated services. The FFS services included identifying and verifying Medicaid eligibility through a proprietary eligibility matching process, utilizing SSG's MAXCapture web-based system to collect and document services for service providers and transportation companies, processing fee-for-service claims, processing the remittance advice (RA), and conducting reviews to ensure program compliance. Supportive services include providing training for school district administrative staff and service providers, collecting licensure information from State databases, developing annual cost reconciliation and rate development, cost report analysis of private agencies, support of CPS

Medicaid Administrative Claiming, policy analysis and assistance, and operation of a RMTS and quarterly claim development for Medicaid and Food Stamp (SNAP) administrative claiming for referral and eligibility assistance services provided by CPS administrative staff.

District of Columbia Public Schools Time Study and Cost Settlement Project: The Agency contracted with SSG to implement and administer a web-accessible RMS time study system to identify and document special education staff activities, provide centralized coding to improve accuracy and relieve DCPS of having to select activity codes. SSG also collect cost information and prepares annual cost settlement reports. Mr. Hotton is the time study project manager, assisting the Agency revise the SSG web based time study system to incorporate their requirements for quality assurance and integration with cost accounting. Mr. Hotton, on an ongoing basis, supports the operation and development time studies for DCPS and DCPCS (Charter Schools) contracted staff involved with special education direct services delivery and support.

District of Columbia, Child and Family Services Agency Federal Claiming Infrastructure Improvement Project: The Agency contracted with SSG to provide comprehensive revenue management and enhancement in Title IV-E, Medicaid, and other funding sources. The services being provided include improving the claiming infrastructure to support Medicaid reimbursement for residential congregate care, implementing Medicaid Targeted Case Management claiming for the new Office of Clinical Practice Nurse Care Coordination functions, identifying and implementing Title IV-E candidate for foster care, implementing three (3) time studies, development of an Agency Cost Allocation Plan (CAP), and assisting in the development of Title IV-E rates for residential treatment and private agency foster care programs. Mr. Hotton is the time study project manager, assisting the Agency revise the SSG web based time study system to incorporate their requirements for quality assurance and integration with cost accounting. Mr. Hotton, on an ongoing basis, supports the operation and development of the Agency and private agency Title IV-E administrative claim.

Missouri School-Based Billing Project: Building on experience gained in the St. Louis Special School District, the company launched a broad school-based billing program for more than 15 Missouri school districts. Mr. Hotton served as the Applications Developer for this follow-on project. Mr. Hotton was responsible for managing and processing incoming MMIS eligibility files and for implementing MMIS eligibility edits in the Medicaid claim generation process. He also added significant enhancements and modifications to the existing St. Louis billing system required to address the inclusion of new school districts as well as HIPAA-mandated data requirements for electronic claims submission. To accommodate district-specific variance in reference data, additional tables/data elements were required at the back end of the system. MAXCapture-I®, a web-based service data capture system, is currently used to collect services provided by therapists to special education students. The system contains a thin, full-featured user interface (browser based) and customized security features. It utilizes ASP.NET for presentation with business components built in C#.NET. The automated billing system generated claims for direct services under the state's existing fee-for-service option. Over the life of the project more than $57 million was obtained for Missouri school districts participating in the billing program.

Florida School District Medicaid Cost Recovery Project: During the development phase, Mr. Hotton served as Application Developer for this integrated billing system capable of generating and tracking direct service claims. The system is currently used in more than 17 Florida school districts, including Miami-Dade County, the nation's fourth largest school district. Based on prototypes of existing proprietary billing systems, Mr. Hotton designed and developed the new system to accommodate current districts and scale for future school-based business in the state. Mr. Hotton was also responsible for managing and processing incoming MMIS eligibility files and for implementing MMIS eligibility edits in the Medicaid claim generation process. MAXCapture-I®, a web-based service data capture system, is currently used to collect services provided by therapists to special education students. The system contains a thin, full-featured user interface (browser based) and customized security features. It utilizes ASP.NET for presentation with business components built in C#.NET. The relational database system uses various Microsoft technologies, including SQL and Visual Basic 6.0. Guided by the project's technical requirements, Mr. Hotton coded/modified all DTS packages, procedures, and triggers for the new system, and tested the billing processes prior to rollout. He continues to implement necessary

programming tasks for newly acquired billing districts and provides ongoing technical consultation services to field-based personnel and other business associates.

San Diego Unified School District (SDUSD) Billing Project: Mr. Hotton served as Lead Application Developer, Database Administrator, and Technical Support Liaison for SDUSD's school-based billing system. He was a member of the kick-off team that performed an initial assessment of the district's legacy billing system. Among his contributions to the project were consultations with stakeholders and technical staff to define technical requirements for the new billing system. In developing the new system, Mr. Hotton built upon the existing school-based billing software known as MedClass, adding a series of new components to enhance system functionality. This functionality included managing and processing incoming MMIS eligibility files as well as implementing MMIS eligibility edits in the Medicaid claim generation process. Mr. Hotton went on to serve as the primary technical contact for project personnel, working closely with SDUSD staff on a wide range of technical issues, including software maintenance and upgrade tasks.

New Mexico FIT KIDS Billing Project: Mr. Hotton served an Application Developer and Database Administrator/Developer for this project. The contract was awarded to develop web-based system to capture services entered by New Mexico Family Infant Toddler Program providers. The system allows for services to be billed to Medicaid, Private Insurance companies and the State General Fund. Guided by the project's technical requirements, Mr. Hotton coded DTS packages, procedures and triggers for the new system and tested the billing processes prior to rollout. Mr. Hotton was also responsible for managing and processing incoming MMIS eligibility files. He also implemented MMIS eligibility edits in the Medicaid claim generation process. He continues to implement necessary programming tasks and provides ongoing technical consultation services for field-based personnel and business associates.

New Mexico Direct Service School-Based Billing Project: Cooperative Educational Services (CES), a consortium that helps New Mexico school districts procure goods and services in a cost-effective manner, awarded a contract for Direct Service Claiming as well as Medicaid Administrative Claiming. Mr. Hotton designed and programmed the direct service billing system for the project. MAXCapture-I®, a web-based service data capture system, is used to collect services provided by therapists to special education students. The system contains a thin, full-featured user interface (browser based) and customized security features. It utilizes ASP.NET for presentation with business components built in C#.NET. Mr. Hotton developed and documented all billing operations, procedures for data file management, data loading, claims processing, and remittance posting and all back-end support and development of the system. This included the management and processing of incoming MMIS eligibility files. He was also responsible for implementing MMIS eligibility edits in the Medicaid claim process.

Chicago Public Schools (CPS) Reimbursement Recovery Services Project: Mr. Hotton served as an Application Developer for the CPS Reimbursement Recovery project. His contributions to the project include the creation and ongoing maintenance of the SQL database, developing enhancements and updates, and providing other technical services. In addition, Mr. Hotton was responsible for processing all input files received by the school district, performing all eligibility matches, producing all files used for Title XIX claiming, and generating all claim-related reports.

Gary Community Schools Corporation (GCSC) School Billing Project: Mr. Hotton served as Application Developer, Database Administrator, and Technical Support Liaison for the current GCSC school-based billing system. During the project development phase, Mr. Hotton modified the district's legacy school-based billing software (known as MedClass) and added a series of new components to enhance system functionality. Mr. Hotton is currently assisting with migration of the system to a web-based application and provides technical support as needed.

Connecticut Department of Children and Families Revenue Maximization Project: Mr. Hotton serves as Lead Application Developer and Data Analyst for this revenue maximization project. Central to the project is a claim reporting application. Current operational processes use data from the Child Welfare Eligibility System (MACWES) and other external, state-based information systems to support Title IV-E Maintenance

and Administrative Federal Reporting. Mr. Hotton provides technical oversight and quality assurance services for the monthly production of Turnaround Documents (TADs) and various management reports. Routine operations tasks involve multiple service/payment data sources that must be consolidated prior to processing. He also ensures accurate monthly processing of statewide data that identifies Title IV-E reimbursable services delivered to foster children in DCF protective custody. In addition to the project's monthly processing deliverables, several claim-related reports are produced on a quarterly basis.

Kansas Juvenile Justice Authority Targeted Case Management (JJA TCM) Project: Mr. Hotton served as an Application Developer for the Kansas JJA TCM project. He also provided database administration and performance tuning services along with technical support for the project. His contributions to the project include developing the software used to bill electronic claims on behalf of Kansas JJA, performing ongoing SQL database maintenance, developing software enhancements and updates, and providing technical support services. In addition, Mr. Hotton was responsible for processing all remittance advices received and for generating the project's standard management as well as ad hoc reports.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, New York, Systems Analyst, 2009 – Present

Maximus, Inc., Little Falls, New York, Application Developer, 1999 – 2008

FTL Information Technology, Inc., Utica, New York, Application Developer, 1998 – 1999

Education

B.S., Computer Science, (Honors in Mathematics), State University of New York Institute of Technology at Utica/Rome, 1999

Technical Experience

Operating Systems: Windows 2000/NT v3.5/4, Windows 3.x/95/98/ME/XP, and MS-DOS v5-6.22

Languages: Visual Basic 6.0/5/0/3.0, Visual Studio 6.0, Visual C++, Transact SQL, and HTML, Java

RDBMS: MS SQL Server Enterprise v7.0/2000, SQL Query Analyzer, Import/Export utilities, MS Access v2000/97/2.0, FoxPro 3.0., Oracle 9i

Tools: BPWin v2.5, ErWin v3.5/2.5/4.1, Seagate Crystal reports 7.0/8.5/9, Rational Rose v98, MerDoc v1.03, Visio v5.0a/2000, Visual Source Safe v6.0, PC Anywhere v9/10.5, Microsoft Office, Lotus Notes v5/v6, Wise Installer v4.0/v4.2, Eclipse v2.1/3.0, BEA WebLogic 8.1, Enterprise Architect 3.51

Chris Patton
MAC & Cost Settlement Team Member – Cost Data/Reports

Qualifications

Mr. Patton has more than 18 years of extensive experience in Fee for Service and Administrative Claiming under the Medicaid in Schools program. Specifically, Mr. Patton oversees Medicaid in Schools claiming for our district clients in the State of Florida, and other locations as needed. He also has extensive experience in providing business process outsourcing services to the healthcare and public sector environments.   He is knowledgeable about the health care industry, as well as an excellent team builder and communicator.

His range of experience includes the following:

- Assisted in the development of statewide Medicaid in Schools program procedures from program design through implementation, beginning in 1994
- State Plan Amendment development
- Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) plans for schools
- Administrative Outreach Claims (AOC) using a RMTS for schools
- Fee for Service in schools
- Quality Control systems for federal/state eligibility programs
- Revenue entitlement reviews of hospitals, laboratories, and other provider types
- Federal entitlement program policy and analysis
- Revenue maximization
- Medical care conversions
- Information system analysis, system design, development and implementation
- Staff development

Relevant Experience

Florida School Districts, **Revenue Maximization Project:** Mr. Patton provides revenue maximization services allowing school districts to access federal Medicaid reimbursement. He manages the Florida based office, where he is responsible for providing client services to Florida districts. This entails: initiating and maintaining working relationships with the Florida Agency for Health Care Administration (AHCA), the Florida Department of Education (DOE), and the Florida's fiscal agent; and assisting in development of State Plan Amendments. Mr. Patton helped establish and monitors direct service rates; developed and maintains charge capture procedures; developed and implemented all the support systems needed for claim reimbursement processes and procedures; evaluates the credentials of school staff against state requirements; establishes and maintains all claim documentation standards, and reviews the Florida Exceptional Education service delivery models for needed Medicaid in Schools reimbursement enhancements. Client county districts have included Orange (Orlando), Marion, Sarasota, Volusia, Polk, Hillsborough (Tampa), Duval (Jacksonville), and Miami-Dade, among others, for Fee for Service claiming.

Kentucky School-Based Billing Project: Mr. Patton is the Project Manager for the Kentucky school districts utilizing SSG services to obtain Medicaid funding from the Fee for Service program. He assists the Districts in the maintenance of student, service provider, student's authorized services, and service provider's license data. He also assists school districts in identifying and resubmission of claims as a result of the electronic RA reports from the Medicaid Agency, conducts annual re-training and assists in policy and operational issues.

Kentucky Medicaid Administrative Claiming Project: Mr. Patton is the Assistant Project Manager for the implementation and operation of the State's quarterly Medicaid Administrative Claim. SSG services include administering the web-accessible RMTS system (e-SivicMACS), providing central coding, collecting and editing school district financial data conducting independent random QA review of coded activities, quarterly

producing RMTS results, providing trend analysis reports on participation rates, and developing the Medicaid administrative claim.

Georgia Medicaid in Education, Revenue Maximization Project: Mr. Patton assisted with operations to realize federal funding under the Title XIX Medicaid program for school districts in the State of Georgia. The project involved developing, implementing, and monitoring systems and procedures to collect direct service delivery data and related claiming activities. He also prepared all necessary documentation required to comply with federal and state requirements.

North Carolina Medicaid in Education, Revenue Maximization Project: Mr. Patton assisted with operations to realize federal funding from the Fee for Service and Administrative Claiming (RMTS) program for school districts in the State of North Carolina. The project involved developing, implementing, and monitoring systems and procedures to collect direct service delivery and time study data and related claiming activities. He also prepared all necessary documentation required to comply with federal and state requirements.

Professional History

Sivic Solution Group LLC (SSG), New Hartford, NY, Project Manager, 2012-present

Cost Management Services, Tampa, Fl, Manager, 1994-1997 and 2003-2012

Deloitte and Touche Consulting, East Brunswick, NJ, Senior Consultant 1997-2003

Education

Shippensburg University, Shippensburg Pa., BA, Business Administration, 1994

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Suresh Muppala
Information Systems, Tech Assistance Team Lead

Qualifications

Mr. Muppala has over 20 years of systems development experience. He has provided technical oversight and management services for numerous application development projects. His range of experience includes the following:

- System analysis, system architecture, database design and development
- Technical leadership, guidance and support to the project team
- Data analysis and reporting tasks
- Data warehouse design, development, implementation

Relevant Experience

District of Columbia, Child and Family Services Agency Web-Based Cost Allocation System Project:
Mr. Muppala is Technical Team Lead overseeing a team configuring and revising the SSG e-SivicCAP system to support the Agency's PACAP and develop the quarterly Title IV-E claim. The Title IV-E Automated Claiming System consolidates data from multiple sources, including District's financial systems, FACES (District's SACWIS), several other sources, and the SSG e-SivicRMS module. The system allow for the import and review of administrative expenditures, import of statistics (FTE, RMS, etc) for cost allocation, allow the Agency to make adjustments while providing the reason for the adjustment which is a key factor required during audits, provide for an approval process before the claim is submitted to ACF, maintain multiple versions of the claim, perform what-if analysis for Management decision making, and generate the CB-496 Claim Form.

Chicago Public Schools Medicaid Claiming and Supportive Services Project: Mr. Muppala is Technical Team Lead overseeing a team in the development and operation of the Chicago Public School (CPS) fee-for-service (FFS) Medicaid claiming, and associated services. The FFS services included identifying and verifying Medicaid eligibility through a proprietary eligibility matching process, utilizing SSG's MAXCapture web-based system to collect and document services for service providers and transportation companies, processing fee-for-service claims, processing the remittance advice (RA), and conducting reviews to ensure program compliance. Supportive services include providing training for school district administrative staff and service providers, collecting licensure information from State databases, developing annual cost reconciliation and rate development, cost report analysis of private agencies, support of CPS Medicaid Administrative Claiming, policy analysis and assistance, and operation of a RMTS and quarterly claim development for Medicaid and Food Stamp (SNAP) administrative claiming for referral and eligibility assistance services provided by CPS administrative staff.

Kentucky Medicaid Administrative Claiming Project: Mr. Muppala is the Technical Team Lead overseeing a team in the development and implementation of a system (e-SivicMACS) to operate the State's quarterly Medicaid Administrative Claim. SSG services include administering the web-accessible RMTS system (e-SivicMACS), providing central coding, collecting and editing school district financial data conducting independent random QA review of coded activities, quarterly producing RMTS results, providing trend analysis reports on participation rates, and developing the Medicaid administrative claim.

Ohio County Financial Information System (CFIS) Web System Development Project: Mr. Muppala is the Technical Team Lead overseeing a large team in the development and implementation of a web-based system to assist the State Department of Jobs and Family Services and the Ohio Counties in the development of county budgets, reporting of county expenditures and draw downs based on these expenditures from the county budgets, and the overall management of county/state finances.

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The project had a very tight frame to develop and test the software, lead state and county staff in user acceptance testing, conduct county training, and provide operational support and warranty services. The system was developed to be extremely flexible, robust, highly secure and open to interface with external systems. SSG follows industry best practices, including using table-driven variable and parameters whenever possible to allow for minimal systems modifications.

District of Columbia Public Schools Time Study and Cost Settlement Project: The Agency contracted with SSG to implement and administer a web-accessible RMS time study system to identify and document special education staff activities, provide centralized coding to improve accuracy and relieve DCPS of having to select activity codes. SSG also collect cost information and prepares annual cost settlement reports. Mr. Muppala served as the Technical Team Lead for the revisions requested by the Agency and provides technical guidance to the project team for the ongoing supports of the project.

District of Columbia, Child and Family Services Agency Federal Claiming Infrastructure Improvement Time Study and Medicaid Billing Project: Mr. Muppala serves as the Technical Team Lead for several systems for the District of Columbia project to provide comprehensive revenue management and enhancement in Title IV-E, Medicaid, and other funding sources. e-TCMTrack was developed to identify, QA and claim Medicaid Targeted Case Management (TCM) services for the Office of Clinical Practice Nurse Care Coordination functions. Three (3) time studies were implemented, after significant customization to address time study validation, quality assurance, and random moment notification requirements. Mr. Muppala continues to serve as the Technical Team Lead for these ongoing operational systems.

e-SivicMACS Web-Based Medicaid Administrative Claiming (e-SivicMACS) Product: Mr. Muppala is Technical Team Lead for the e-SivicMACS software development project. He is responsible for the system specification, system architecture, and database design as well as leading the team's development efforts for this .NET framework system. The system utilizes ASP.NET (version 1.1) for presentation with business components built in C#.NET. The web-based system assists schools and other agencies with data capture of random moment sample (RMS) data, maintenance of an administrative claiming database to assist with preparation of the State's Administrative Claim, and comprehensive reporting functionality. The complete system will provide schools and other agencies with a comprehensive solution for the RMS data generation and capture, cost allocation functionality, and necessary MAC reporting.

MAXCapture-I® Web System: Mr. Muppala serves as Technical Team Lead for a web-based .NET service capture system designed especially for the school-based market. He is responsible for the specification, system architecture, database design, and leadership of the development effort. The system utilizes ASP.NET (version 1.1) for presentation with business components built in C#.NET. The system has a separate database connectivity layer, allowing connection to different databases without changes to the application's business logic. The development project encompasses security, student roster, service capture, claims reprocessing, and remittance advice (RA) reporting modules. The system has customized security features and a thin, full-featured user interface. Mr. Muppala led all design and development work including the customized security system, service capture, claim reprocessing, and RA report modules.

Arizona Medicaid Administrative Claiming and Fee-For-Service Program: Mr. Muppala serves as Technical Team Lead for the project, responsible for system analysis, system architecture, database design, technical guidance to team members, and technical support to the project team. The system, which incorporates complex business rules, was designed to capture special education services, process Medicaid claims, and support fiscal agent processes, including payments to providers. Medicaid-eligible students are identified using an extensive set of matching criteria. Claims are received from Local Educational Authorities (LEAs) and billing agents, processed, and submitted electronically to the State's medical assistance system in the mandated standard HIPAA format. As part of the project's scope, the system processes all electronic remittance advices and distributes payments to LEAs.

Florida Schools Medicaid Fee for Service Billing Projects: As a Technical Team lead, Mr. Muppala is responsible for system analysis, system architecture, database design, and development of comprehensive

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billing system. The system captures and maintains information on enrolled students, their Medicaid eligibility, and various types of services delivered. Medicaid-eligible students are identified using an extensive set of matching criteria. Service data captured from various sources including MAXCapture-I$^®$ (Web based service capture system used by service providers), MAXCapture-M$^®$ (Client Server based service capture system for data entry operators) and MAXCapture-S$^®$ (Scanning application to capture services) is processed using customized business rules engine specific to the state. Processed claims are submitted electronically in standard HIPAA format to the State's medical assistance system and the electronic RA from State's system is processed and updated into billing system. System also includes capability to generate various management reports. Mr. Muppala provides technical guidance to team members, technical support to the project team and is reponsible for establishing a quality assurance process to correct problems.

New Mexico Schools Medicaid Fee for Service Billing Projects: Mr. Muppala serves as Technical Team Lead for the project, responsible for system analysis, system architecture, database design, and development of comprehensive billing system. The system captures and maintains information on enrolled students, physician authorizations, Medicaid eligibility, service providers and provider licenses, and various types of services delivered. Medicaid-eligible students are identified using an extensive set of matching criteria. Service data captured from MAXCapture-I$^®$ is processed using customized state specific business rules and claims are submitted electronically to the State's medical assistance system in the mandated standard HIPAA format. The electronic RA from State's system is processed and various management reports are generated. Mr. Muppala provides technical guidance to team members, technical support to the project team and is reponsible for establishing a quality assurance process to correct problems.

South Carolina Schools Medicaid Fee for Service Billing Projects: As a Technical Team lead, Mr. Muppala is responsible for system analysis, system architecture, database design, and development of new billing system to replace existing legacy system. The new system was designed to maintain student information, process and maintain eligibility information, and capture various types of services delivered. System also incorporates eligibility verification process which includes submission of electronic file to State's Medical assistance system; process eligibility response file and maintain student Medicaid eligibility. Medicaid-eligible students are identified using an extensive set of matching criteria. Service data captured from various sources including MAXCapture-I$^®$ and MAXCapture-M$^®$ is processed using customized state specific business rules. Processed claims are submitted electronically in standard HIPAA format to the State's medical assistance system and the electronic RA from State's system is processed and updated into billing system. System also includes capability to generate various management reports. Mr Muppala provides technical guidance to team members, technical support to the project team and is responsible for establishing a quality assurance process to correct problems.

Missouri Schools Medicaid Fee for Service Billing Projects: Mr. Muppala serves as Technical Team Lead for the project, responsible for system analysis, system architecture, database design, and development of new billing system in place of old legacy system using MS Access DB. The system captures and maintains information on enrolled students and their Medicaid-eligibility; Service providers and their license; and captures various types of services delivered. System also incorporates eligibility verification process which includes submission of electronic file to State's Medical assistance system; process eligibility response file and maintain student Medicaid eligibility. Medicaid-eligible students are identified using an extensive set of matching criteria. Service data captured from various sources including MAXCapture-I$^®$ and MAXCapture-M$^®$ is processed using customized state specific business rules and claims are submitted electronically in the mandated standard HIPAA format. The electronic RA from Medicaid Agency is processed and various management reports are generated. Mr Muppala provides technical guidance to team members, technical support to the project team and is reponsible for establishing a quality assurance process to correct problems.

Kentucky School-Based Billing Project: Mr. Muppala serves as Technical Team Lead for the project, responsible for system analysis, system architecture, database design, technical guidance to team members, and technical support to the project team. The system maintains student, service provider, student's authorized services, and service provider's license data. Services captured from MAXCapture-I®, our web-based system

is processed using complex business rules and claims are submitted to State's medical assistance system in HIPAA format. The electronic RA from Medicaid Agency is processed and various management reports are generated.

Nevada Schools Fee for Service Billing Project: Mr. Muppala was responsible for maintenance, ongoing changes and technical support for this school-based billing system. The system captures and maintains information on students, services, and Medicaid eligibility for several school districts in the State of Nevada. The services data is matched against Medicaid eligibility to prepare the claims. Claims are then submitted via electronic bulletin board to the Medicaid fiscal agent. Mr. Muppala was the lead technical support for the project and responsible for the ongoing processing of school-based billings, processing of all project remittance advice, and database maintenance as well as customer technical support.

New Jersey Schools Fee for Service Billing Project: Mr. Muppala was responsible for software design, development, implementation, and technical support for this school-based billing system. The system captures and maintains information on students, services, and Medicaid eligibility for several school districts in the State of New Jersey. The services data is matched against Medicaid eligibility to prepare the claims. Claims are then submitted via electronic bulletin board to the Medicaid fiscal agent. Mr. Muppala was the lead technical support for the project and responsible for the processing of school-based billings, processing of all project remittance advice, and database maintenance as well as customer technical support.

District of Columbia Public Schools SBCH: Mr. Muppala was responsible for software design, development, implementation, and technical support for the Fee for Service, Per-diem, Eval-Re-eval, Dedicated Aide, TAT and Transportation billing components of this project, conducted on behalf of the District of Columbia's Public School system. He was also responsible for the remittance advice component, which processes electronic remittance advice received for all submitted claims and generates a series of standard project reports. In addition, Mr. Muppala was the lead technical support for the project and responsible for the ongoing processing of school-based billings, processing of all project remittance advice, and database maintenance as well as customer technical support.

HIPAA Compliance and NPI implementation Changes: Mr. Muppala served as technical lead responsible for the design, development and implementation of all HIPAA compliant changes as well as NPI related changes required to process/prepare claims and incoming remittance advice and eligibility inquiries for projects al claiming projects. Mr. Muppala is responsible for analysis, system architecture, database design, standards, development of common procedures, testing, quality assurance, and implementation. In addition Mr. Muppala provided technical guidance to team members and is responsible for technical support to the project team and fiscal agents during the HIPAA conversion and NPI changes implementation.

e-SivicMACS Web-Based Medicaid Administrative Claiming (MAC) Product: Mr. Muppala is Technical Team Lead for the e-SivicMACS software development project. He is responsible for the system specification, system architecture, and database design as well as leading the team's development efforts for this .NET framework system. The system utilizes ASP.NET (version 1.1) for presentation with business components built in C#.NET. The web-based system assists schools and other agencies with data capture of random moment sample (RMS) data, maintenance of an administrative claiming database to assist with preparation of the State's Administrative Claim, and comprehensive reporting functionality. The complete system will provide schools and other agencies with a comprehensive solution for the RMS data generation and capture, cost allocation functionality, and necessary MAC reporting.

MAXCARS+® Web-Based Cost Allocation and Rate System (CARS) Product: Mr. Muppala is Technical Team Lead for the MAXCARS+® software development project. He is responsible for the system specification, system architecture, and database design as well as leading the team's development efforts for this .NET framework system. The system utilizes ASP.NET (version 2.0) for presentation with business components built in C#.NET and SQL Server 2005 for data layer. The web-based system assists agencies with data capture of departments, activities, expenses and allocation basis; build/maintain cost allocation plans, run process allocation and generate real time reports. The system has an advanced security module to

protect the confidentiality of the data and can be configurable to meet the needs of different installations of the product.

Access to Recovery (ATR) Web-Based Product: Mr. Muppala serves as Technical Team Lead for a web system designed to track client assessments, service authorizations, and usage for voucher-based alcohol and drug recovery programs. Agencies that dispense funds for substance abuse treatment through federal vouchers must track voucher usage. The system captures client assessment information, treatment vouchers issued to providers, and actual voucher usage. Built on 3-tier architecture, the system's user interface is coded in VB.NET and ASP.NET with Java script. C# is used for the business layer and SQL Server 2000 is used for data layer. The system uses proprietary security module that can be configured to meet the needs of different installations of the product. System security uses SSL certificates from Verisign.

Maryland Revenue Maximization Services: Mr. Muppala served as the Technical Team Lead for the design and development of a system used to capture and maintain recipient, provider, service, and IV-E payment information for rehabilitation programs in Maryland. The captured data is then processed into claims, which are submitted electronically to the fiscal agent. Electronic remittance advice data is captured and maintained, and reports are provided to the project. Additionally, paid claims are compared to IV-E payment data to generate a IV-E offset. This system was developed to comply with HIPAA standards for Medicaid claim billing, and has processed over $140 million in claims to date.

Connecticut DCF Revenue Maximization Project: Mr. Muppala serves as Lead Application Developer for system modifications and enhancements required for the State of Connecticut Department of Children and Families (DCF) revenue maximization project. He directs the design and implementation of all technical enhancement and modification work required to facilitate project goals. The project uses data from the Child Welfare Eligibility System (MACWES) and other external state systems to support Title IV-E Maintenance and Administrative Federal Reporting. The Quarterly Title IV-E financial reports are produced and sent to DCF for recovery of federal entitlements.

Philadelphia Best Practices Template System: Mr. Muppala served as Technical Team Lead for Phases I and II of this systems development project that delivered a web-based Best Practices template system to the Commonwealth of Pennsylvania. Mr. Muppala was responsible for requirements analysis, technical architecture, creation of the data model, preparation of use cases/collaboration diagrams/classes in the Enterprise Architect data modeling software, and providing technical guidance during prototype development. In addition, Mr. Muppala served as the chief technical liaison between the software development and project teams during Phase III. Specifically, he provided technical support to these teams during preparation of the project's test plan and test cases, employed in system testing and user acceptance work tasks.

Maryland Child Care Administration Tracking System (CCATS): The Maryland Department of Human Resources (DHR) required a new web-based (J2EE-compliant) child care information system. The CCATS system supports childcare worker credentialing; documents licensing for childcare centers and homes; and tracks information about the purchase of childcare services for low-income families in the State. When completed, CCATS was accessed by eligible parents, childcare providers, case managers, and DHR staff members, among others. Mr. Muppala served as Technical Team Lead for design and development activities associated with the reporting component of the Credentialing and Licensing sub-systems. The development project used Business Objects (BO) Business Intelligence Tools, including the BO WebIntelligence Reporting Tools (Webi) and BO Full Client. A total of 50+ reports were delivered for both sub-systems.

Philadelphia TANF Invoice Tracking System: Mr. Muppala served as Technical Team Lead for this software development project contracted by the Philadelphia Department of Human Services (DHS). The system automates the TANF invoice submission and tracking processes, generates management reports, and provides reports to assist with disbursement of federal TANF funds. Mr. Muppala was responsible for technical architecture, database design, providing technical guidance to the team members, quality assurance procedures, testing, and implementation of the system at DHS.

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
SCHOOL BASED HEALTH SERVICES AND REIMBURSEMENT STRATEGIES
FOR MEDICAID SERVICES
RFQ BMS15014 – CRFQ 0511 BMS1500000001

SIVIC SOLUTIONS GROUP

VishnuSoft, LLC, Technical Project Team Lead, Little Falls, New York: Mr. Muppala served as a Technical Project Team Lead for this software consulting company specializing in ERP installations. Mr. Muppala was responsible for technical project implementations and enhancements.

CMC Ltd., Project Manager, Hyderabad, A.P, India: Mr. Muppala served as Project Manager for this "top five" global software development and implementation company in India, with offices in the U.S. and Europe. Mr. Muppala led a team of up to 35 IT professionals and managed projects related to retail banking, depository accounting, and financial services.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, New York, Senior Engineer, 2008 - Present

Maximus, Inc., Little Falls, New York

- ▪ Lead Application Developer, 2004 –2008
- ▪ Application Developer, 2002 – 2004

VishnuSoft LLC, Technical Project Team Lead, Little Falls, New York, 2000 – 2002

CMC Ltd., Project Manager, Hyderabad, A.P, India, 1988 – 2000

Education

Post Graduate, Diploma, Computer Applications, Central University, India - City: Hyderabad, State: Andhra Pradesh, 6/98

M.S., Electronics, S.V. University, India – City: Tirupati, State: Andhra Pradesh, 6/86

Technical Experience

Hardware: HP 9000, NCR 3550, NCR 3450, DEC-VAX 4200, ND-110, ICIM, IBM-370, 68020-based systems

Operating Systems: UNIX, VAX/VMS V5.5, UNOS, TME-40, SINTRAN-III, SVS, DOS, Windows, and Windows NT

Programming languages: ABAP, COBOL, FORTAN, Pro*COBOL, C, Pro*C, SQL, PL/SQL, UNIX Shell, Assembly language of 8086, CICS, VB

Internet: ASP.NET, ASP 2.0, 3.0, XML, SOAP, HTML, DHTML, VBScript, and Java Script

Database and Software Tool: Oracle, SQL Server, INGRES 6.4, Oracle*CASE, YOURDON CASE Tool kit, Infragistics Web Components, Turbo Analyst, Visual source safe, Eclipse v2.1/3, Merdoc, ERwin v3.5/4, Enterprise Architect v3/4, Business Objects 6, Crystal Reports v8.5/9

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Nilesh Joshi
Information Systems, Information Systems, Tech Assistance Team Member - Web Development

Qualifications

Mr. Joshi is a senior .NET developer/architect with over 10 years of significant software development life cycle (SDLC) experience in the IT industry, implementing software products, B2B/B2C and client server applications. He has been involved in all stages of program development from design and coding to implementation and maintenance tasks. He has excellent communication skills with experience in communicating with business to gather requirements and in analysis/design. His experience includes the following:

- Extensive knowledge and experience of AGILE, WATERFALL concepts and methodologies
- Insurance domain on systems like CAS, Metavance, CCA and WebStrat as well as the Financial domain
- Skills in MS Office Suite, MS Visio gathering user requirements and functional documentation
- Liaison between the development team and business users, performing analysis to determine and verify business requirements and functional design
- Skills in object-oriented analysis, design, designing class libraries for encapsulating large business objects
- Good knowledge of implementing Design Patterns & Practices
- Strong hands on experience having architected an application used by 10,000 users
- Microsoft reporting and integration services (SSRS and SSIS); Test Driven Development (TDD) using NUnit & Microsoft Unit Test framework using Test First and Code First approaches; Enterprise Application Blocks (Logging, Security, Caching), .NET Automation framework, FxCop customization; and .NET development for Citrix Systems using Virtual Channel and ICO

Relevant Experience

Kentucky Medicaid Administrative Claiming Project: Mr. Joshi is the .NET Lead for the development and operation of the e-SivicMACS system for the State's quarterly Medicaid Administrative Claim. SSG services include administering the web-accessible RMTS system (e-SivicMACS), providing central coding, collecting and editing school district financial data conducting independent random QA review of coded activities, quarterly producing RMTS results, providing trend analysis reports on participation rates, and developing the Medicaid administrative claim.

District of Columbia, Child and Family Services Agency Web-Based Cost Allocation System Project: Mr. Joshi is the .NET Lead for the project to configure and revise the SSG e-SivicCAP system to support the Agency's PACAP and develop the quarterly Title IV-E claim. The Title IV-E Automated Claiming System consolidates data from multiple sources, including District's financial systems, FACES (District's SACWIS), several other sources, and the SSG e-SivicRMS module. The system allow for the import and review of administrative expenditures, import of statistics (FTE, RMS, etc) for cost allocation, allow the Agency to make adjustments while providing the reason for the adjustment which is a key factor required during audits, provide for an approval process before the claim is submitted to ACF, maintain multiple versions of the claim, perform what-if analysis for Management decision making, and generate the CB-496 Claim Form.

Ohio County Financial Information System (CFIS) Web System Development Project: Mr. Joshi is the .NET Lead for the development and implementation of a web-based system to assist the State Department of Jobs and Family Services and the Ohio Counties in the development of county budgets, reporting of county expenditures and drawdowns based on these expenditures from the county budgets, and the overall management of county/state finances. The system was developed to be extremely flexible, robust, highly secure and open to interface with external systems. SSG follows industry best practices, including using table-driven variable and parameters whenever possible to allow for minimal systems modifications.

Mr. Joshi worked in an iterative development environment and designed and developed the application in C#. He built code for the Business Object Layer (BO's) classes using C#. The BO's are responsible for interacting with the data access layer and also hold all business processing logic. He guided the team in resolving technical issues and following coding standards. Among the other programming tasks Mr. Joshi performed were the following:

- Built code for the Data Access Layer (DAL) classes using C#. These classes are designed using design abstraction methodology.
- Developed components on top of existing redistributable n-Tire framework for Authentication, Authorization, Caching & Common components.
- Developed & Implemented Custom web user controls for modules viz. Alerts & Messages, Draws, Reports etc.
- Consumed existing Data Encryption Algorithms in application security, configuration file encryption of connection strings & user settings.
- Developed unit tests for testing
- Developed WCF Service & deployed over SSL for the purpose of data exchange and data import functionality
- Performed Project Lead Activities involving Code Reviews, Application Integration, Application Builds and Releases etc.

Desktop Integration Guidance (DIG): Mr. Joshi was the Senior .NET Developer for this project by Humana Inc. Among the programming tasks Mr. Joshi performed were the following:

- Worked in an Agile environment and designed and developed the application in C# and VB.NET
- Built code for the Business Object Layer (BO's) classes using VB.Net. The BO's are responsible for interacting with the database and also hold all business processing logic
- Developed managed wrapper for unmanaged code libraries like Windows API, IBM EHLLAPI
- Designed and implemented software deployment, upgrades methodologies as an enterprise level solution
- Designed and implemented enterprise level exception and error handling concepts
- Developed Single Sign-On (SSO) application for signing into Windows based (Windows messaging), Web based (MSHTML DOM) and AS400 (IBM EHLLAPI) based systems
- Used SOAP to implement Web Services and consumed and published XML web services in the application
- Worked on multi-threaded applications and fine-tuned performance and memory using dotTrace Profiler
- Developed Reports using SQL Reporting Services (SSRS)
- Developed OCR library using Microsoft Office Document Imaging (MODI) in SDK
- Developed COM interfaces for managed code to work with WINBATCH
- Designed and developed a server using Citrix Virtual Channel to communicate between desktop and virtual applications using Windows MetaFrame API and ICO API
- Designed and developed Data Encryption Libraries in SDK for security of credentials and data
- Developed unit tests for creating controller classes using Microsoft Unit Tests. Also created dummy data for testing

Senior Product and Language Library: Mr. Joshi was the Senior .NET Developer for this project by Humana Inc. Among the programming tasks Mr. Nietes performed were the following:

- Worked in an Agile environment and designed and developed the application in C#

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- Built code for the Business Object Layer (BO's) classes using VB.Net. The BO's are responsible for interacting with the database and also hold all business processing logic
- Developed SSIS Packages responsible for ETL Jobs and document generation jobs
- Designed and implemented enterprise level exception and error handling concepts
- Developed Single Sign-On (SSO) application using Microsoft Security Application Block, C#, ASP.NET 3.5
- Written ASP.NET pages using User Interface Process application block
- Written WCF Services and consumed and published WCF services in the application
- Developed Reports using SQL Reporting Services (SSRS)
- Designed and developed Data Encryption Libraries in SDK for security of credentials and data
- Designed and developed ASP.NET MVC application for Rules Engine using WF rules engine
- Developed Controller classes and extended Models by creating repository classes
- Developed Views (Index, Details, Edit and Delete) in rules engine application
- Developed unit tests for creating controller classes using Microsoft Test Project and Test Framework
- Designed & developed several composite user controls, server controls & validation controls

Vertically Integrated Process for Exchange Rates (VIPER): Mr. Joshi was the Senior .NET Developer for this project by Thomas Cook. Among the programming tasks Mr. Joshi performed were the following:

- Worked in Waterfall / Test Driven Development environment and designed and developed the application in C#.
- Worked on migration of existing Power Builder 6.0 application to .NET 3.5 Win Form Client/Server application
- Designed and wrote solution document of the project, .N-Tire application framework, Business Objects, Data Access Layer Entities, re-usable components and WCF services for service layer of the application using .NET Framework 3.5, C#, Win Forms, LINQ and Microsoft Office Object Library
- Implemented Microsoft Enterprise Library Application Blocks (Exception Handling, Logging, Data Access)
- Developed various sales reports using Crystal Reports & Visual Studio 2008
- Wrote stored procedures in and using Oracle 10g and Oracle Developer
- Wrote Unit Test cases using Microsoft Test Projects and NUnit
- Guided team in resolving technical issues and implemented Microsoft best coding practices
- Created various software quality documentation (QA Analysis Reports, RTM, LLD, Code review reports, Check Lists etc)
- Performed code reviews using FxCop engine in Visual Studio 2008.
- Wrote customized Code Analysis Rules for FxCop using FxCop API.

Mr. Joshi also performed the following roles on earlier projects:

Claim Status Update Notification and Closed Claim Notification: .NET Lead for these projects by Carillion.

Vendor Database: .NET Lead for this project by Al-Futtaim Carillion.

IWeb – Client Link (Sales & Trading) Application: .NET Tech Lead for this project by Morgan Stanley.

Spectrum: .NET Consultant for this project by Tech Mahinda.

Treasury Agent – Bank Cash Management Website Solutions: Senior Software Engineer for this project by Wachovia Bank.

Custom Software Solutions (EasyStore):.Software Engineer for this project by Calchem India.

Customized Software and Network Solutions: Team Lead / Developer for this project by BEC Chemicals.

Installation and Support of Servers and Controllers:.Customer Support Engineer for this project by Bank of India.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, New York, Senior .NET Developer, September 2011 - Present

Humana Inc., Jacksonville, Florida and Louisville, Kentucky, Senior .NET Developer/Tech Arch, December 2009 – September 2011

Thomas Cook, Pune, India, Senior .NET Developer, April 2009 – November 2009

Carillion Pune, India, .NET Lead, February 2009 – April 2009

Al-Futtaim Carillion, Pune, India, .NET Lead, September 2008 - February 2009

Morgan Stanley, Pune, India, .NET Tech Lead, August 2007 – September 2008

Tech Mahindra, Pune, India, .NET consultant, May 2007 – August 2007

Wachovia Bank, JP Morgan Chase, India, senior software Engineer, February 2006 - May 2007

Calchem India, Software Engineer, December 2003 – January 2006

BEC Chemicals, Roha, India, Team Lead / Developer, July 2002 – November 2003

Bank of India, Canara Bank, Mumbai, India, Customer Support Engineer, February 2002 - June 2002

Education

B.S., Engineering, concentration in Electronics Engineering, Mumbai University, India, 2001

Technical Experience

GUI's:	Visual Basic 6.0, Winforms, Windows Presentation Foundation (WPF), Silverlight
Internet Skills:	ASP.NET (Webforms & MVC 2/3), C#, VB.NET, ADO.NET, AJAX, ASP, HTML, XHTML, CSS, IIS, XML, XSL, XSLT, XPath, Razor Pages,
.NET Framework:	2.0/3.5/4.0, WPF, XAML, WCF, WCF Web API, ASMX Web Services, WSDL, SOAP, LINQ, Entity Framework
Scripting:	JavaScript, DHTML, HTML Document Object Model (DOM), JQuery, JQuery plugins, JSON. JS Frameworks like SignalR, KnockoutJS
Internet Design:	Adobe Flex, Adobe Photoshop, Adobe Flash MX
Office Automation:	VBA, MS Excel VBA, MS Word VBA, VSTO
Reporting:	Crystal Reports, Adobe Flex Charts, ASP.NET Charting
Virtualization:	Citrix Metaframe API, ICO Client API
Other Tools:	TFS, Tortoise SVN, VSS, eRoom, SharePoint, WinBatch, FxCop, NUnit, NMock
IDE:	Visual Studio 2010/2008/2005/2003, Eclipse, Adobe Flex Builder, Stylus Enterprise Studio, TOAD, Oracle Developer
Database:	MS SQL SERVER 2005/2008, MS Access 2003, Oracle 8i/10g, Sybase

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Certifications

- Certified as **Microsoft Certified Systems Administrator, MCSA in Windows 2000** since 2002.
- Certified as **Microsoft Certified Systems Engineer, MCSE in Windows 2000** since 2002.
- **.NET Framework 3.5 Fundamentals** certification from Brainbench since July 2012 to June 2015
- **C# 4.0** certification from Brainbench since July 2012 to June 2015
- **ASP.NET 3.5 Fundamentals** certification since July 2012 to June 2015

Elmer Nietes
Information Systems, Technical Assistance Team Member - Database Development

Qualifications

Mr. Nietes has over eleven years of experience as a systems analyst. He has been involved in all stages of program development, from design and coding to implementation and maintenance tasks. His experience includes the following:

- Legacy database migration/integration
- Client/Server program development
- Data Warehouse/Data Mart development
- Analytical and reporting capabilities for decision support

Relevant Experience

District of Columbia, Child and Family Services Agency Web-Based Cost Allocation System: Mr. Nietes was the SQL Lead, specializing in the Allocation module, for the project to configure and revise the SSG e-SivicCAP system to support the Agency's PACAP and develop the quarterly Title IV-E claim. The Title IV-E Automated Claiming System consolidates data from multiple sources, including District's financial systems, FACES (District's SACWIS), several other sources, and the SSG e-SivicRMS module. The system allow for the import and review of administrative expenditures, import of statistics (FTE, RMS, etc) for cost allocation, allow the Agency to make adjustments while providing the reason for the adjustment which is a key factor required during audits, provide for an approval process before the claim is submitted to ACF, maintain multiple versions of the claim, perform what-if analysis for Management decision making, and generate the CB-496 Claim Form.

Kentucky Medicaid Administrative Claiming: Mr. Nietes was a key implementation team member of implementing the e-SivicMACS system to operate the State's quarterly Medicaid Administrative Claim. SSG services include administering the web-accessible RMTS system (e-SivicMACS), providing central coding, collecting and editing school district financial data conducting independent random QA review of coded activities, quarterly producing RMTS results, providing trend analysis reports on participation rates, and developing the Medicaid administrative claim.

Ohio County Financial Information System (CFIS) Web System Development: Mr. Nietes is the SQL Lead for the development and implementation of a web-based system to assist the State Department of Jobs and Family Services and the Ohio Counties in the development of county budgets, reporting of county expenditures and draw downs based on these expenditures from the county budgets, and the overall management of county/state finances. The project had a very tight frame to develop and test the software, lead state and county staff in user acceptance testing, conduct county training, and provide operational support and warranty services. The system was developed to be extremely flexible, robust, highly secure and open to interface with external systems. SSG follows industry best practices, including using table-driven variable and parameters whenever possible to allow for minimal systems modifications.

State of Kansas, Juvenile Justice Authority (JJA) Title IV-E Claiming: JJA administers and manages the placement of juvenile offenders in out-of-home placements. As such, the agency is entitled to reimbursement from the federal government for certain direct and indirect costs associated with these placements. This project involved the generation of the Title IV-E claim for JJA. The claim was generated on a quarterly basis. Mr. Nietes maintained the quarterly production process and provided the maintenance and enhancement of the process and development of ad hoc reports requested by the agency.

Cost Allocation System (e-SivicCAP) Product: Mr. Nietes assisted in the analysis, testing and debugging of the SSG web-based cost allocation system to support PACAP development and claiming. Mr. Nietes was also involved in testing of the product from usability to user acceptance testing and performed screen modules and

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reports testing, including loading of test data and coding, maintenance, and modification of process for loading the test data.

Web-based Random Moment Sampling (RMS) Module of e-SivicMACS Product

Mr. Nietes performed programming tasks including coding of stored procedures, design and development of reports. He was responsible for loading of the initial data of all the clients prior to the automation of the loading process and provided technical assistance to customers. Mr. Nietes continued to be responsible for the ongoing operation of RMSs in Arizona, Missouri, and Florida schools and in 350 Ohio social services county programs.

Florida School District Medicaid Cost Recovery Project – Mr. Nietes performed programming work, including database design, coding of DTS package and SQL scripts to process attendance and scanned captured data.

New Mexico FIT KIDS Billing Project: New Mexico awarded a contract to develop a web-based system to capture services entered by New Mexico Family Infant Toddler Program providers. The system allows for services to be billed to Medicaid, Private Insurance companies and the State General Fund. Mr. Nietes performed analysis, data mapping and coded interfaces in SQL script for loading legacy data to the new structure.

State of Kansas, Department of Social and Rehabilitative Services (SRS) Title IV-E Claiming Project: Mr. Nietes provided maintenance and performed operational process for this Title IV-E claiming project. He assisted in the design and performed support and development of ad hoc reports requested by the customer including retrieval of historical claim data for the Office of Inspector General (OIG) audit. Mr. Nietes created data transfer services (DTS) packages for loading operational encounter data and later applied these enhancements to production scripts.

State of New York, Office of Children and Family Services (OCFS): OCFS is responsible for child welfare services throughout New York State. For this project, Mr. Nietes provided programming services to implement modifications to existing OCFS information systems. The project involved the integration of legacy data from an established case tracking system into a newer data warehouse. Mr. Nietes developed procedures for loading information from the Child Care Review System (CCRS)—containing data on preventive, foster care, child protective and adoption services—to various tables in the data warehouse.

New York State Department of Civil Service, NYSTEP System (Reporting Group): Mr. Nietes provided analysis and programming services for a data extract project involving the New York State Electronic Personnel (NYSTEP) system. This electronic system processed civil service personnel transactions and provided agencies with various types of work force data. For this project, Mr. Nietes analyzed possible methods for performing the standardized data extract. He subsequently designed database tables; coded functions for data extraction, cleansing, and conversion; and created SQL loader scripts and UNIX shell scripts for the weekly, monthly, and quarterly extracts. In addition, he completed documentation modules for the UNIX scripts and production control.

Bureau of Treasury of the Philippines: Mr. Nietes co-managed the maintenance aspects of the Bureau's Investment Management Application System-A (IMAS-A). Among the programming tasks Mr. Nietes performed were the following: modifying standard system forms; designing and coding investment report programs; and testing all system revisions and modifications. Maintenance tasks were accomplished using Oracle Developer 2000 Forms Designer and Oracle Report Designer.

Government Services Insurance System: Mr. Nietes worked with the Policy Loan (PL) subsystem, part of a larger, Management Services Information System (MSIS) containing information on the civil service workforce and other government-based programs. He designed, coded, and maintained database procedures, programs, and screen layouts using Oracle Developer 2000 Forms Designer as well as Oracle Reports Designer. Testing was a substantial part of this development project. Mr. Nietes performed unit and system testing, user acceptance tests, and redundancy testing for data conversions. Following launch of the

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subsystem, Mr. Nietes worked extensively with end users, gathering information about their "hands-on" experience with the new application system. As a result of user feedback, he used Designer 2000 to analyze and modify database procedures, perform SQL statement optimizations, and re-design standard program triggers.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, New York, Software Engineer, January 2009 - Present

Maximus, Inc., Reston, Virginia, Application Programmer, September 1998 - December 2008

Open Systems Philippines Corporation, Application Programmer, April 1997 - September 1998

Education

B.S., Mathematics, concentration in Computer Programming, Polytechnic University of the Philippines, Manila, 1993

Technical Experience

Operating Systems: Windows 2000/NT 4, Windows XP

Language: PL/SQL, SQL+, Transact SQL, SQL Query Analyzer

RDBMS: MS SQL Server Enterprise v7.0/2000, MS Access v2000, Oracle 7/8i

Tools: Seagate Crystal reports 8.5/9/XI, Visual Source Safe v6.0, Office 2000, Business Objects v4.1

Various technical seminars and workshops, including:

- Data Warehousing: Design and Implementation, Albany, New York, March 2002
- Administration Skills for Microsoft SQL Server 7.0, Institute of Advanced Computer Technology (I-ACT), Makati, Philippines, July 2001
- MS Windows NT Administration, Institute of Advanced Computer Technology (I-ACT), Makati, Philippines, July 2001
- Oracle SQL, SQL*Plus, PL/SQL, Oracle Developer 2000, Oracle Forms (v 4.5), Oracle Reports (v 2.5); "in-house" training provided by Open Systems Philippines Corporation, 1997
- Computer Systems Design and Programming, AMA Computer Learning Center; two-year computer programming curriculum; attended full time; received certificate of completion, 1995

Sergey Bubnov
Information Systems, Tech Assistance Team Member – Network/Technical Assistance

Qualifications

Mr. Bubnov has more than 12 years of information technology experience, with specialty in network and implementation setup of web servers, data base servers and data loading . Mr. Bubnov's experience includes conversion analyst, data analysis, data processing, internet software engineer, and database programmer and administrator.

Relevant Experience

Kentucky Medicaid Administrative Claiming: Mr. Bubnov provides network and server support for the e-SivicMACS system to operate the State's quarterly Medicaid Administrative Claim. SSG services include administering the web-accessible RMTS system (e-SivicMACS), providing central coding, collecting and editing school district financial data conducting independent random QA review of coded activities, quarterly producing RMTS results, providing trend analysis reports on participation rates, and developing the Medicaid administrative claim.

Chicago Public Schools Medicaid Claiming and Time Study: Mr. Bubnov provides network and server support for the development and operation of the Chicago Public School (CPS) fee-for-service (FFS) Medicaid claiming and the RMTS for SNAP. The FFS services included identifying and verifying Medicaid eligibility through a proprietary eligibility matching process, utilizing SSG's MAXCapture web-based system to collect and document services for service providers and transportation companies, processing fee-for-service claims, processing the remittance advice (RA), and conducting reviews to ensure program compliance. The RMTS and quarterly claim development for Medicaid and Food Stamp (SNAP) administrative claiming is to capture the cost for referral and eligibility assistance services provided by CPS administrative staff.

State of New Mexico Schools Billing: Mr. Bubnov provided data analysis and data processing tasks for the State of New Mexico schools billing project. The data analysis activities focused on automating data processing systems used to prepare claims on Fee for Service basis for the State of New Mexico. The claim processing system includes data capture modules, data integration module and remittance advice processing module and Medicaid eligibility module. A set of reports are generated weekly and quarterly for the State to reflect the claimed amounts and the number of claimed services.

State of Florida Schools Billing: Mr. Bubnov is the Claims Operations Lead for the State of Florida schools billing project. The data analysis activities focused on automating data processing systems used to prepare claims on Fee for Service basis for the Florida school districts. Currently, claim processing system includes data capture modules, data integration module and remittance advice processing module and Medicaid eligibility module. A set of reports get generated weekly and quarterly for the State to reflect the claimed amounts and the number of claimed services.

State of South Carolina Schools Billing: Mr. Bubnov provides data analysis and data processing tasks for the State of South Carolina schools billing project. The data analysis activities focused on automating data processing systems used to prepare claims on Fee for Service basis for the South Carolina school districts. Currently, claim processing system includes data capture modules, data integration module and remittance advice processing module and Medicaid eligibility module. A set of reports get generated weekly and quarterly for the State to reflect the claimed amounts and the number of claimed services.

Philadelphia (PA) TANF Invoicing Tracking System: Mr. Bubnov served as the data conversion analyst for the invoice tracking system developed for the Philadelphia Department of Human Services (DHS). The system entered invoice data, tracked invoice transmittals and paid dollar amounts, and produced management reports, including those needed for quarterly TANF claiming. Mr. Bubnov performed an analysis of the legacy data structures, mapped existing data sets to the new data model, and prepared all SQL data

transformation packages for data loading and production activities. Prior to installation at the DHS site, Mr. Bubnov performed extensive testing to ensure accurate data migration and valid processing by the new data warehouse application. The TANF tracking system streamlined DHS processes related to data collection and aggregation, thereby speeding recovery of TANF funds from the Federal government.

State of Arizona Schools Billing: Mr. Bubnov provided data analysis and data processing tasks for the State of Arizona schools billing project. The data analysis activities focused on automating data processing systems used to prepare claims on Fee for Service basis for the State of Arizona. Claims processing includes data capture modules, data integration module and remittance advice processing module. A set of reports get generated weekly, monthly and quarterly for the State to reflect the claimed amounts and the number of claimed services by different categories.

State of Indiana Title IV-E Revenue Maximization: Mr. Bubnov provided data analysis and data structuring tasks for the State of Indiana's revenue maximization project. The data analysis activities focused on automating data processing systems used to prepare claims related to the foster care and adoption programs provided by the State of Indiana. The project is part of a broader revenue maximization initiative designed to increase the State's receipt of federal revenue and improve key aspects of its child welfare system. Currently, a review of legacy data structures is underway. Next steps include an integration of eligibility case reviews with submitted IV-E quarterly claims to determine if additional federal revenues are due the State.

Internet Software Engineer: Mr. Bubnov developed C/C++ data mining applications for Solaris/NT servers with TCP/IP sockets, IPC and advanced data structures, composed complex client/server OLTP/OLAP applications (C/C++/IPC) to work with Oracle, Informix industrial databases. Designed Business Objects universes and reports, migrated corporate OLAP applications from Informix 7.30 to Oracle 8i, 9i database backend.

Database Programmer/Administrator: Mr. Bubnov performed the following for a high-end retail chain.

- Developed n-tier applications for web sites. Integrated web-based applications with payment gateways (real-time transactions).
- Developed client/server report applications to request server-side data repositories. Skills used included C/C++, Perl/DBI, multi-server environment.
- Implemented full life cycle development process (design, coding, testing) on new business requirements, creating and implementing technical requirements (new development, bug fixes, profiling), maintenance and 24/7 technical support.
- Compiled, installed and configured network daemons on different platforms, including HTTP/Web servers, Ftp servers, Mail servers, SSH servers (Solaris, FreeBSD, Linux).

Database Programmer/Analyst: Mr. Bubnov provided the following for a prominent government health care research institute:

- Designed and implemented C/C++ applications with quantitative analysis elements to estimate attributive risk of diseases at population level.
- Developed, coded and applications for the hospital registration system which covered several regions and tracked ~1,000,000 registered cases.
- Planned, designed, and supported object oriented and component-based applications to work with online databases using DB2 and Oracle.
- Designed data conversion and integrating applications with embedded SQL using C/C++ and Perl on UNIX. Developed complex SQL transactions to extract/transform/load data.

Senior-level Developer: Mr. Bubnov participated in several projects on behalf of the European Commission, the World Health Organization, the International Agency for Research on Cancer, and the Radiation Effects Research Foundation. He received a grant from the U.S. Department of Energy to deliver a presentation on large-scale automated registration systems at the 1998 annual meeting of the American Association for the Advancement of Science (AAAS) in Philadelphia, Pennsylvania.

Professional History

Sivic Solutions Group, LLC (SSG), New Hartford, New York, Senior Engineer, 2009 - Present

Maximus, Inc., Reston, Virginia, Applications Developer, 2002 – 2008

WorldCom Inc, White Plains, NY, Internet Software Engineer, 2000 – 2002

D.G. Jewelry of Canada LTD, Toronto, ON, Canada, Database Programmer/Administrator, 1999 – 2000

Medical Radiological Research Center (Software Division, Russian National Chernobyl Registry), Moscow, Russia, Database Programmer/Analyst, 1994 – 1999

Education

M.S., Applied Mathematics, Institute of Nuclear Power Engineering, Moscow, Russia, 1994

Technical Experience

Languages: C/C++, OOAD, CVS, OLAP, OLAP, Business Objects, data mining, Perl/DBI, Korn shell scripting, IPC, quantitative analysis, SmallTalk/VisualAge, Java, awk, sed, Fortran

RDBMS: Oracle, Informix, DB2, SqlServer, MySQL, MS Access, ODBC

Internet and Network technologies: Apache/SSL, SSI, CGI, SSH, FTP, POP, SMTP, news

Operating Systems: UNIX (Solaris, AIX, Linux, FreeBSD), Windows 9x/NT/2000, OS/2, MS DOS, Sun sparc servers, IBM RS6000, PC's

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B. APPENDIX B: REQUIRED FORMS

1. Addendum Number 1
2. Addendum Number 2
3. Addendum Number 3
4. Addendum Number 4
5. Purchasing Affidavit
6. Vendor Preference Certificate
7. West Virginia CRFQ-001 Form
8. Certification and Signature Page

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS1500000001

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

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

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

[X] Addendum No. 1   [   ] Addendum No. 6

[   ] Addendum No. 2   [   ] Addendum No. 7

[   ] Addendum No. 3   [   ] Addendum No. 8

[   ] Addendum No. 4   [   ] Addendum No. 9

[   ] Addendum No. 5   [   ] Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Sivic Solutions Group, LLC
_____
Company

Siva Kakuturi, President
_____
Authorized Signature

12/26/2014
_____
Date

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

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12/26/2014
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Date

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Revised 6/8/2012

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: _SIVIC SOLUTIONS GROUP, LLC ; SIVA KAKUTURI PRESIDENT_

Authorized Signature: _____ Date: _12/18/2014_

State of _New York_

County of _Oneida_ , to-wit:

Taken, subscribed, and sworn to before me this _18th_ day of _December_ , 20_14_.

My Commission expires _april 28_ , 20_18_.

AFFIX SEAL HERE

NOTARY PUBLIC _Melody K. Fancett_

Purchasing Affidavit (Revised 07/01/2012)

MELODY K. FANCETT
Notary Public, State of New York
Reg. # 01FA6302085
Appointed in Oneida County
My Commission Expires 04/28/20 18

State of West Virginia
VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

1. **Application is made for 2.5% vendor preference for the reason checked:**
   ____ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
   ____ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
   ____ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,

2. **Application is made for 2.5% vendor preference for the reason checked:**
   ____ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

3. **Application is made for 2.5% vendor preference for the reason checked:**
   ____ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

4. **Application is made for 5% vendor preference for the reason checked:**
   ____ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,

5. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**
   ____ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,

6. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**
   ____ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules*.**
   ____ Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Sivic Solutions Group   **Signed:** _Siva Kakuturi_

Date: 12/26/2014   **Title:** President

Purchasing Divison
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Request for Quotation
34 — Service - Prof

Proc Folder: 26405

Doc Description: Addendum#4: SCHOOL BASED HEALTH SERVICES

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2014-12-18	2014-12-30 13:30:00	CRFQ 0511 BMS1500000001	5

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON   WV   25305

US

VENDOR

Vendor Name, Address and Telephone Number:

Sivic Solutions Group. LLC, 118 Sylvan Way, New Hartford, NY 13413

Siva Kakuturi, President, (315) 868-9777

FOR INFORMATION CONTACT THE BUYER

Robert Kilpatrick
(304) 558-0067
robert.p.kilpatrick@wv.gov

Signature X _____   FEIN # 16-1555030   DATE 12/26/2014

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

FORM ID : WV-PRC-CRFQ-001

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-5052	PROCUREMENT OFFICER - 304-356-5052
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES	BUREAU FOR MEDICAL SERVICES
CAPITOL ST, RM 251	350 CAPITOL ST, RM 251
CHARLESTON WV 25301-3709	CHARLESTON WV 25301-3709
US	US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Base Year One - Mandatory Services				

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Mandatory Services: Section 4.1.1 through 4.1.8, all-inclusive annual cost

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-5052	PROCUREMENT OFFICER - 304-356-5052
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES	BUREAU FOR MEDICAL SERVICES
350 CAPITOL ST, RM 251	350 CAPITOL ST, RM 251
CHARLESTON WV 25301-3709	CHARLESTON WV 25301-3709
US	US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Optional Year 2 - Mandatory Services				

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Mandatory Services for Optional/Renewal Year 2: Section 4.1.1 through 4.1.8, all-inclusive annual cost

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-5052	PROCUREMENT OFFICER - 304-356-5052
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES	BUREAU FOR MEDICAL SERVICES
350 CAPITOL ST, RM 251	350 CAPITOL ST, RM 251
CHARLESTON WV 25301-3709	CHARLESTON WV 25301-3709
US	US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Optional Year 3 - Mandatory Services				

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Mandatory Services for Optional/Renewal Year 3: Section 4.1.1 through 4.1.8, all-inclusive annual cost

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-5052	PROCUREMENT OFFICER - 304-356-5052
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES	BUREAU FOR MEDICAL SERVICES
350 CAPITOL ST, RM 251	350 CAPITOL ST, RM 251
CHARLESTON WV 25301-3709	CHARLESTON WV 25301-3709
US	US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Optional Year 4 - Mandatory Services				

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Mandatory Services for Optional/Renewal Year 4: Section 4.1.1 through 4.1.8, all-inclusive annual cost

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-5052	PROCUREMENT OFFICER - 304-356-5052
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES	BUREAU FOR MEDICAL SERVICES
CAPITOL ST, RM 251	350 CAPITOL ST, RM 251
CHARLESTON WV 25301-3709	CHARLESTON WV 25301-3709
US	US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Additional Services Hourly Rate - Base Year One	5000.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Additional Services Hourly Rate for Base Year One: All inclusive hourly rate to perform Additional Services per Specifications Section 4.1.9 and per an approved Statement of Work (SOW).

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Additional Services Hourly Rate - Base Year Two	5000.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Additional Services Hourly Rate for Base Year Two: All inclusive hourly rate to perform Additional Services per Specifications Section 4.1.9 and per an approved Statement of Work (SOW).

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	Additional Services Hourly Rate - Base Year Three	5000.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Additional Services Hourly Rate for Base Year Three: All inclusive hourly rate to perform Additional Services per Specifications Section 4.1.9 and per an approved Statement of Work (SOW).

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
8	Additional Services Hourly Rate - Base Year Four	5000.00000	HOUR		

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Additional Services Hourly Rate for Base Year Four: All inclusive hourly rate to perform Additional Services per Specifications Section 4.1.9 and p̲   approved Statement of Work (SOW).

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-5052	PROCUREMENT OFFICER - 304-356-5052
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES	BUREAU FOR MEDICAL SERVICES
350 CAPITOL ST, RM 251	350 CAPITOL ST, RM 251
CHARLESTON WV 25301-3709	CHARLESTON WV 25301-3709
US	US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
9	Prior Year Settlement	11.00000	EA		

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Prior Year Settlement - Lump Sum, All-inclusive Cost per Settlement Year, per Specification Section 4.1.10

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

CERTIFICATIONAND SIGNATURE PAGE

By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Sivic Solutions Group. LLC
_____
(Company)

Siva Kakuturi, President
_____
(Authorized Signature) (Representative Name, Title)

(315) 868-9777, (315)733-9669, 12/26/14
_____
(Phone Number) (Fax Number) (Date)

SIVIC SOLUTIONS GROUP

West Virginia Department of
Health and Human Resources

**School Based Health Services
and Reimbursement Strategies
for Medicaid Services**

RFQ# BMS15014

CRFQ 0511 BMS1500000001

12/30/2014 13:30
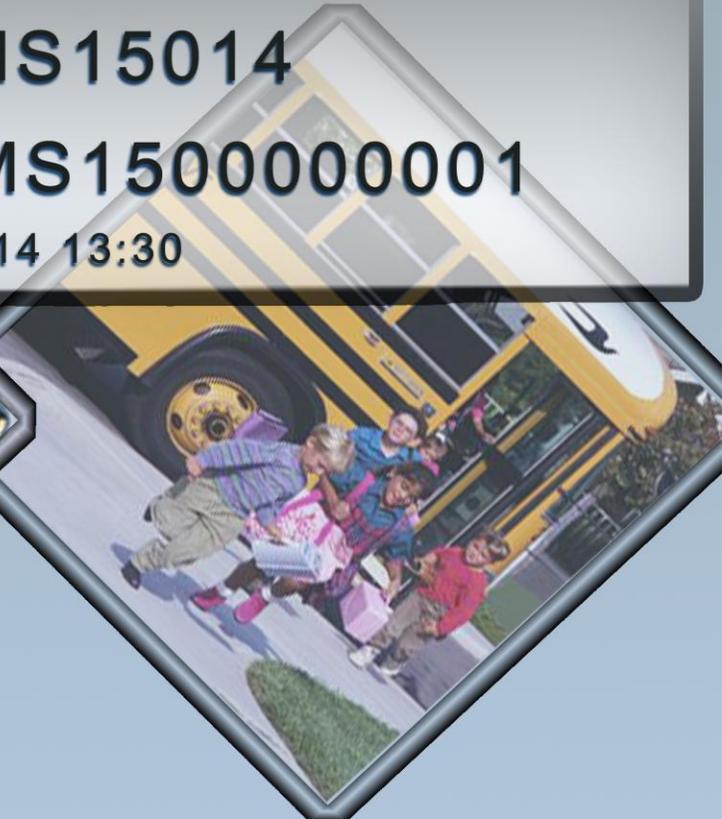
December 26, 2014

Department of Administration
Attn: Robert Kilpatrick
2019 Washington St. E
Charleston, WV 25305

Re: Cost Proposal for RFQ BMS15014 – CFRQ 0511 BMS1500000001: School Based Health
        Services and Reimbursement Strategies for Medicaid Services

Dear Mr. Kilpatrick:

Sivic Solutions Group (SSG) is pleased to present our Price Proposal to the West Virginia Department of
Health and Human Resources (DHHR), Bureau for Medicaid Services (BMS) to the Request for
Quotation, and look forward to providing the requested services to the State. Our proposal provides
DHHR/BMS an experienced company, and an exceptional team with an excellent solution and the best
value price to address the need for effective and compliant Medicaid School-Based Health Services
(SBHS) Program.

I certify that I am authorized to make representations for and bind Sivic Solutions Group, LLC to all
statements, services and prices contained in our proposal.

We look forward to providing the requested services to the Department. Thank you.

Sincerely,

Siva Kakuturi, President
Sivic Solutions Group, LLC

COST PROPOSAL

Sivic Solutions Group (SSG) provides the West Virginia Department of Health and Human Resources (DHHR), Bureau for Medicaid Services (BMS) a very cost effective price that reflects our working experience in providing Random Moment Sampling, Administrative Claiming and Cost Settlement services to multiple clients. We thoroughly understand the scope of services and look forward to providing services to the State and the LEAs.

This section presents Sivic Solutions Group's price proposal to provide Random Moment Time Study (RMTS), Medicaid Administrative Claiming (MAC), and Cost Reconciliation/Cost Settlement services to the West Virginia Department of Health and Human Resources (DHHR), Bureau for Medicaid Services (BMS) and the state's LEAs.

With the onsite commitment from our Project Manager and Deputy Project Manager, our training and monitoring reviews, SSG will ensure that WV LEAs receive superior technical support.

With our superior systems capabilities, experienced staff, and with our commitment for having onsite project oversight and technical assistance, we offer the State the best team at the best value.

SSG offers DHHR/BMS the best quality and most cost effective solution.	
✓	The benefits of the experienced staff of a large firm, while obtaining the lower cost and dedicated staff of a smaller firm
✓	A highly experienced team with qualifications in Medicaid Claiming Services for clients across the country in twelve States
✓	Veteran staff who have in-depth knowledge of Medicaid Administrative Claiming
✓	HIPAA compliant facility in Utica, New York with computing capacity and staffing
✓	Superior web based state of the art e-SivicMACS system will be configured to the requirements of Time Study, Administrative Claiming and Cost Settlement
✓	e-SivicMACS was developed using Open technologies, which is proven to integrate well with state and district systems
✓	A company built on the core vision of providing the best customer service

Our Proposed Price Reflects Our Desire to Provide Value Services to DHHR/BMS

Sivic Solutions Group (SSG) is able to provide the Department and the WV LEAs a very cost effective solution because, with our investment in infrastructure and with staff who have worked together on average for more than ten (10) years, we offer a team without the administrative overheads of a multi-faceted company. We also have proven state of the art information systems, including our e-SivicMACS claiming system, which more efficiently provides the necessary information to the State.

SSG is able to offer a very cost effective solution due to lower overhead, and more knowledgeable staff, thus a more efficient Team.

In summary, SSG offers the lowest possible price due to our in-depth knowledge of the program, efficiency of our systems and productivity of our proposed staff. Our e-SivicMACS is highly configurable and meets the requirements of the State, which minimizes the startup cost. In addition, we are offering the State an incentive of lower startup cost without compromising the quality of our services.

If you have any questions about any components of our proposed price or our technical solution, we would be very pleased to answer your questions and meet with you at any time.

SSG CONFIDENTIAL

Exhibit A: Cost Bid Sheet

Section A: Mandatory Services

	Base Year One	Optional Year 1	Optional Year 2	Total Cost
Mandatory Services: Section 4.1 – 4.8	$525,000	$525,000	$525,000	
A. Sub-total	$525,000	$525,000	$525,000	$1,575,000

Section B: Optional Services

	Base Year One	Optional Year 1	Optional Year 2	Total Cost
Optional Services : Section 4.9 (Assumes 5,000 hours for bid evaluation)	5000 hours	5000 hours	5000 hours	
Hourly Rate bid	$92	$92	$92	
B. Sub-total Optional Services Amount (5,000 * Hourly Rate)	$460,000	$460,000	$460,000	$1,380,000

Section C: Prior Year Settlements

	Base Year One			Total Cost
Section 4.10				
C. Sub-total	$128,480			$128,480

	Base Year One	Optional Year 1	Optional Year 2	Total Cost
Section D. Grand Total:	$1,113,480	$985,000	$985,000	$3,083,480

Notes:

1.) Section D: Grand Total will be used for purposes of bid evaluation.

2.) Contract services will be paid in twelve equal installments for all Mandatory Services.

3.) Payment for Optional Services will be based on an approved Statement of Work .

4.) Payment for Prior Year Cost Report Settlements will be based upon an approved Statement of Work. Bidders are required to bid entire cost in Year 1 for purposes of bid evaluation only.

5.) All amounts bid shall include all general and administrative expenses, including travel, training and supplies necessary to provide the services required in this solicitation.

Sivic Solutions Group
_____
(Company)
Siva Kakuturi, President
_____
(Representative, Name, Title)
(315) 868-9777   (315) 733-9669
_____
(Contact Phone/Fax Number)
12/26/2014
_____
(Date)
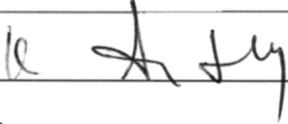
Purchasing Divison
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Request for Quotation
34 — Service - Prof

Proc Folder: 26405

Doc Description: Addendum#4: SCHOOL BASED HEALTH SERVICES

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2014-12-18	2014-12-30 13:30:00	CRFQ 0511 BMS1500000001	5

BID RECEIVING LOCATION

BID CLERK

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PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON   WV   25305

US

VENDOR

Vendor Name, Address and Telephone Number:

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Siva Kakuturi, President, (315) 868-9777

FOR INFORMATION CONTACT THE BUYER

Robert Kilpatrick

(304) 558-0067

robert.p.kilpatrick@wv.gov

Signature X _____   FEIN # 16-1555030   DATE 12/26/2014

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FORM ID : WV-PRC-CRFQ-001

Proc Folder: 26405

Doc Description: Addendum#4: SCHOOL BASED HEALTH SERVICES

Proc Type: Central Master Agreement

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Siva Kakuturi, President, (315) 868-9777

FOR INFORMATION CONTACT THE BUYER

Robert Kilpatrick

(304) 558-0067

robert.p.kilpatrick@wv.gov

Signature X   **FEIN #** 16-1555030   **DATE** 12/26/2014

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

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON　　　　WV 25301-3709 US	PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON　　　　WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Base Year One - Mandatory Services				$525,000

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Mandatory Services: Section 4.1.1 through 4.1.8, all-inclusive annual cost

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON　　　　WV 25301-3709 US	PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON　　　　WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Optional Year 2 - Mandatory Services				$525,000

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Mandatory Services for Optional/Renewal Year 2: Section 4.1.1 through 4.1.8, all-inclusive annual cost

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON　　　　WV 25301-3709 US	PROCUREMENT OFFICER - 304-356-5052 HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON　　　　WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Optional Year 3 - Mandatory Services				$525,000

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Mandatory Services for Optional/Renewal Year 3: Section 4.1.1 through 4.1.8, all-inclusive annual cost

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-5052	PROCUREMENT OFFICER - 304-356-5052
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES	BUREAU FOR MEDICAL SERVICES
350 CAPITOL ST, RM 251	350 CAPITOL ST, RM 251
CHARLESTON WV 25301-3709	CHARLESTON WV 25301-3709
US	US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Optional Year 4 - Mandatory Services				$525,000

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Mandatory Services for Optional/Renewal Year 4: Section 4.1.1 through 4.1.8, all-inclusive annual cost

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-5052	PROCUREMENT OFFICER - 304-356-5052
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES	BUREAU FOR MEDICAL SERVICES
350 CAPITOL ST, RM 251	350 CAPITOL ST, RM 251
CHARLESTON WV 25301-3709	CHARLESTON WV 25301-3709
US	US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Additional Services Hourly Rate - Base Year One	5000.00000	HOUR	$92	$460,000

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Additional Services Hourly Rate for Base Year One: All inclusive hourly rate to perform Additional Services per Specifications Section 4.1.9 and per an approved Statement of Work (SOW).

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-5052	PROCUREMENT OFFICER - 304-356-5052
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BUREAU FOR MEDICAL SERVICES	BUREAU FOR MEDICAL SERVICES
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CHARLESTON WV 25301-3709	CHARLESTON WV 25301-3709
US	US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Additional Services Hourly Rate - Base Year Two	5000.00000	HOUR	$92	$460,000

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Additional Services Hourly Rate for Base Year Two: All inclusive hourly rate to perform Additional Services per Specifications Section 4.1.9 and per an approved Statement of Work (SOW).

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-5052	PROCUREMENT OFFICER - 304-356-5052
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES	BUREAU FOR MEDICAL SERVICES
350 CAPITOL ST, RM 251	350 CAPITOL ST, RM 251
CHARLESTON WV 25301-3709	CHARLESTON WV 25301-3709
US	US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	Additional Services Hourly Rate - Base Year Three	5000.00000	HOUR	$92	$460,000

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Additional Services Hourly Rate for Base Year Three: All inclusive hourly rate to perform Additional Services per Specifications Section 4.1.9 and per an approved Statement of Work (SOW).

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-5052	PROCUREMENT OFFICER - 304-356-5052
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES	BUREAU FOR MEDICAL SERVICES
350 CAPITOL ST, RM 251	350 CAPITOL ST, RM 251
CHARLESTON WV 25301-3709	CHARLESTON WV 25301-3709
US	US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
8	Additional Services Hourly Rate - Base Year Four	5000.00000	HOUR	$92	$460,000

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Additional Services Hourly Rate for Base Year Four: All inclusive hourly rate to perform Additional Services per Specifications Section 4.1.9 and per an approved Statement of Work (SOW).

INVOICE TO	SHIP TO
PROCUREMENT OFFICER - 304-356-5052	PROCUREMENT OFFICER - 304-356-5052
HEALTH AND HUMAN RESOURCES	HEALTH AND HUMAN RESOURCES
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CHARLESTON WV 25301-3709	CHARLESTON WV 25301-3709
US	US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
9	Prior Year Settlement	11.00000	EA	$11,680	$128,480

Comm Code	Manufacturer	Specification	Model #
85100000			

Extended Description :

Prior Year Settlement - Lump Sum, All-inclusive Cost per Settlement Year, per Specification Section 4.1.10

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions