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HHAexchange



**West Virginia Department of Health and
Human Resources Bureau for Medical Services
CRFP 0511 BMS2000000001
Electronic Visit Verification (EVV)**

**HHAeXchange
Technical Proposal**

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFP 0511 BMS2000000001

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

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

Addendum Numbers Received:

(Check the box next to each addendum received)

<input checked="" type="checkbox"/> Addendum No. 1	<input checked="" type="checkbox"/> Addendum No. 6
<input checked="" type="checkbox"/> Addendum No. 2	<input checked="" type="checkbox"/> Addendum No. 7
<input checked="" type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input checked="" type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input checked="" type="checkbox"/> Addendum No. 5	<input type="checkbox"/> Addendum No. 10

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

HHAeXchange

Company



Authorized Signature

03/03/2020

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Name, Title)

Greg Strobel, President & CEO

(Printed Name and Title)

One Court Square, 44th Floor, Long Island City, NY 11101

(Address)

(201) 895-6191 / (718) 679-9273

(Phone Number) / (Fax Number)

gstrobel@hhaexchange.com

(email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated 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.

HHAeXchange

(Company)

 GREG STROBEL, CEO

(Authorized Signature) (Representative Name, Title)

Greg Strobel, President & CEO

(Printed Name and Title of Authorized Representative)

03/03/2020

(Date)

(201) 895-6191 / (718) 679-9273

(Phone Number) (Fax Number)

March 12, 2020

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Senior Buyer
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Re: HHAeXchange Response to West Virginia CRFP 0511 BMS2000000001 – Electronic Visit Verification

Dear Ms. Ingraham,

HHAeXchange (HHAX) is an industry-leader in Electronic Visit Verification (EVV) and Aggregation. Our solution prevents inappropriate billing/payment, safeguards against fraud, waste, & abuse (FWA), is least burdensome to recipients and providers, configurable to meet all of West Virginia's requirements, improves program oversight, and enhances quality of services for members. The HHAX team shares West Virginia's values in our commitment to improving healthcare operations, containing costs, and protecting the integrity of healthcare programs. We are well qualified and eager to support the State in achieving its mission in this important evolution of home healthcare.

We are a large, national provider of EVV services and currently handle more than 105 million EVV transactions each year, processing more than \$12.4 billion annually in Medicaid and related agency claims for more than 510,000 members a month. For four years running, Fortune has listed HHAX as one of the 5000 fastest-growing businesses, an accomplishment shared by only 4% of companies. In 2015, we received top honors in the "Fraud & Abuse Detection/Prevention" category as well as overall award of Best in Show for the "Fiercest Product and Service." The Fierce Innovation Awards recognize pioneering technologies and solutions that will catapult the health payer industry into exciting new realms.

The Department of Health and Human Resources, Bureau for Medical Services (DHHR) will need a qualified vendor with proven subject matter expertise to provide comprehensive oversight and management of authorizations and electronic documentation of service delivery. HHAX oversees billions of dollars in Medicaid claims every year and has the expertise, which includes an incredible team of senior-level, highly experienced, and competent industry experts who can successfully complete this project on time and on budget with a superior solution. After reviewing and responding to this RFP in full, HHAX can meet or exceed every cope of work requirement.

HHAX will serve as the prime vendor on this contract, fully accountable for all contractual obligations and has the required experience, as demonstrated by currently working closely with the New York State Office of the Medicaid Inspector General (OMIG), Office of Long-Term Living (OLTL) in Pennsylvania, and the Agency for Health Care Administration (AHCA) in Florida. In NY, HHAX holds the honor of being one of the few companies selected by OMIG for the Verification Organization (VO) designation. OMIG requires that agencies billing Medicaid provide evidence to a VO that the claims meet the highest standards for accuracy and compliance. As part of our solution for OMIG, we deployed a custom portal and trained OMIG staff, with ongoing refresher and new hire training as needed.

Additionally, the nation's largest MCOs (Centene, WellCare, Humana, AmeriHealth, UnitedHealthcare, UPMC, Molina, and others) independently evaluated and selected HHAX for the provision of EVV and related functionality. HHAX currently provides an open system EVV solution for all three Managed Care Organizations (MCOs) participating in the Pennsylvania Community Health Choices Program (PA CHC). HHAX has successfully onboarded over 43,000 lives, with an additional 15,000 lives currently deploying in the State's final phase of implementation; giving us over 58,000 member lives in just one state. We also have strong relationships with national provider agencies like Simplura, parent company to Panhandle Support Services in West Virginia, and AccentCare. Our proven track record across states, MCOs, and providers offers DHHR the most comprehensive qualifications.

Our payer management system combines a secure, robust member and authorization system with complete EVV remote data acquisition and aggregation, which will provide the State with a comprehensive jurisdictional view into healthcare services, from authorization to claim payment. We will deliver the following benefits to the State:

- Ensuring timely service delivery for members, including real-time service reporting and monitoring;
- Reducing the administrative burden on providers associated with scheduling and hard copy timesheet processing;
- Accommodating the lifestyles of members and their families and the way in which they manage care;
- Prioritizing an open model approach, which will accommodate service provider business decisions and preserve existing investments in EVV systems; and,
- Generating cost savings from the prevention of fraud, waste, and abuse.

By selecting our team, the State will partner with an industry-leading company and receive an expert program management team with thorough and extensive knowledge of both West Virginia and the industry. HHAX understands State and Federal laws, regulations, and administrative rules and procedures that affect this engagement. We will remain current on any changes in the program that will affect our work.

I have the authorization to commit HHAX to all statements, including services and pricing, contained in our proposal. We are excited about the opportunity to partner with West Virginia, and we look forward to the next phase of the RFP process. Please do not hesitate to contact me with any questions.

Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink that reads 'Greg Strobel'.

Greg Strobel
President & CEO

gstrobel@hhaexchange.com
(201) 895-6191

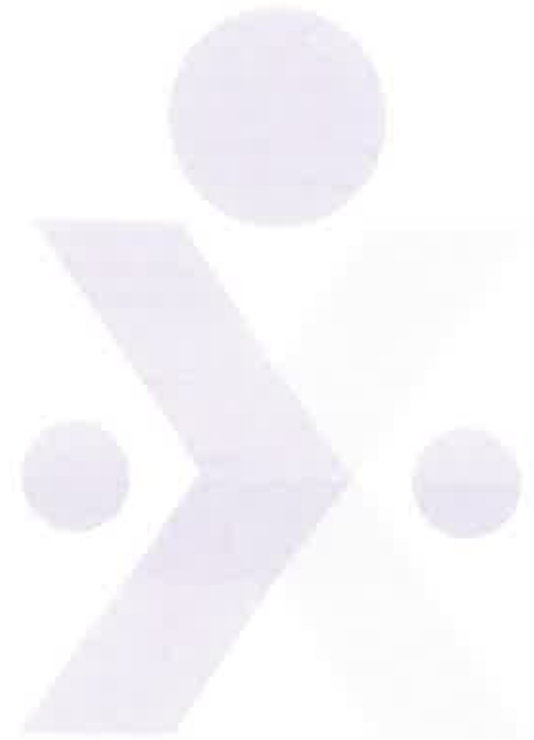


Table of Contents

EXCEPTIONS TO CRFP 0511 BMS2000000001	1
EXECUTIVE SUMMARY	5
ATTACHMENT 3: VENDOR QUALIFICATIONS	14
1. Organization Overview	14
2. Mandatory Qualifications	15
3. Existing Business Relationship with the State	22
4. Business Disputes	22
5. References.....	22
6. Financial Stability.....	27
ATTACHMENT 4: PROJECT ORGANIZATION AND STAFFING APPROACH	29
1. Initial Staffing Plan.....	29
2. Key Staff, Resumes, and References	42
ATTACHMENT 5: INITIAL WORK PLAN.....	55
ATTACHMENT 6: MANDATORY REQUIREMENTS	56
1. Visit Verification	56
2. Security Management.....	57
3. Project Management	60
4. Hardware and Infrastructure.....	61
5. Data Sources, Delivery, and Display.....	62
6. CMS Certification	63
ATTACHMENT 7: BUSINESS SPECIFICATIONS APPROACH.....	65
1. Visit Verification	65
2. Program Management.....	77
3. Program Integrity.....	90
ATTACHMENT 8: TECHNICAL SPECIFICATIONS APPROACH.....	99
1. Data Sources, Delivery, and Display.....	99
2. Data Quality	123
3. Hardware and Infrastructure.....	140
4. Security Management.....	159
ATTACHMENT 9: IMPLEMENTATION SPECIFICATIONS APPROACH	193
1. Project Management Methodology.....	193
1.3 Work Plan.....	211
1.4 Issue Management.....	214
1.5 Risk Management	215
1.6 Quality Management	216
1.7 Change Management	219
1.8 Organizational Change Management.....	220
2. Implementation Methodology	221
3. Deployment Methodology	230
4. Training	239
5. CMS Certification.....	247
ATTACHMENT 10: MAINTENANCE AND OPERATIONS SPECIFICATIONS APPROACH	250
1. Operations.....	250
2. Solution Backup, Disaster Recovery, and Failover	263
APPENDIX 1: DETAILED SPECIFICATIONS	267
APPENDIX 2: MANDATORY REQUIREMENTS	268
APPENDIX 3: DRAFT INITIAL WORK PLAN.....	269

EXCEPTIONS TO CRFP 0511 BMS2000000001

Per Item 11 in the State's "INSTRUCTIONS TO VENDORS SUBMITTING BIDS," HHAexchange is providing the below exceptions. As a cloud-based SaaS offering, HHAX has limited our exceptions to critical items we feel will need further discussion and clarification with the state prior to contract signing.



Homecare Software Solutions, LLC d/b/a HHAexchange ("HHAexchange") hereby submits the following exceptions to be considered part of our proposal to West Virginia Department of Health and Human Resources Bureau for Medical Services CRFP 0511 BMS2000000001, and will be included in any offer or award for CRFP 0511 BMS2000000001.

RFP Section	RFP Provision	HHAexchange Exception
Appendix 6 Section 2.1.2 (Page 219)	<p>Section 2.1.2 states:</p> <p>"DHHR owns all "Work Product" (or "Deliverables") the Vendor produces under this Contract, including any software modifications, and documentation, with all rights, title, and interest in all intellectual property that come into existence through the Vendor's work being assigned to DHHR. Additionally, the Vendor waives any author rights and similar retained interests in Work Product. The Vendor must provide DHHR with all assistance reasonably needed to vest such rights of ownership. The Vendor will retain ownership of all tools, methods, techniques, standards, and other development procedures, as well as generic and preexisting shells, subroutines, and similar material incorporated into any Deliverables ("Pre-Existing Materials"), if the Vendor provides the non-exclusive license described in the next paragraph."</p>	<p>Section 2.1.2 shall be replaced with:</p> <p>"Vendor reserves all intellectual property rights and any other rights and licenses in and to the Solution and any derivative works thereof, including all Work Product, changes, modifications, or improvements made or developed with regard to the Solution, whether or not made or developed at DHHR's request. DHHR acknowledges that the Solution contains Vendor trade secrets. DHHR will not, and will not allow or enable any third party to, derive source code from, copy, market, export, translate, reverse engineer, transmit, merge, modify, adapt, share, host, hyperlink to, frame, store, disclose, license, rent, sell, loan, lease, sub-license or otherwise transfer or distribute the Solution or any component of the Solution or any customer username or password."</p>
Appendix 6 Section 2.1.3 (Page 219)	<p>Section 2.1.3 states:</p> <p>"The Vendor will grant DHHR a worldwide, non-exclusive, royalty-free, perpetual license to use, modify, and distribute all Pre-Existing Materials that are incorporated into any Deliverables rather than grant DHHR ownership of the Pre-Existing Materials. DHHR may distribute such PreExisting Materials to third parties only to the extent required by governmental funding mandates. The Vendor may not include in any Deliverables any intellectual property unless such has been created under this Contract or qualifies as Pre-Existing Materials. If the Vendor wants to incorporate any Pre-Existing Materials into Deliverables, the Vendor must first disclose that desire to DHHR in writing and seek DHHR's approval for doing so in advance. DHHR will not be obligated to provide that approval, unless the Vendor disclosed its intention to do so in their Proposal."</p>	<p>Section 2.1.3 shall be deleted.</p>

Appendix 6 Section 2.1.4 (Page 219)	<p>Section 2.1.4 states:</p> <p>“DHHR, at its sole discretions, may make all Work Product available to the general public without any proprietary notices of any kind.”</p>	<p>Section 2.1.4 shall be replaced with:</p> <p>“All Work Product is Confidential Information of Vendor subject to the terms and conditions of this Agreement.”</p>
Appendix 6 Section 2.1.5 (Page 220)	<p>Section 2.1.5 states:</p> <p>“DHHR is entitled to the source material for Work Product that includes custom materials such as software, scripts, or similar computer instructions developed for DHHR. Scripts and similar functionality may not be locked or otherwise protected from access by DHHR, unless DHHR has any passwords or other tools necessary to access the material. Source material must include annotations or comments according to industry standards. Further, DHHR is entitled to any working papers the Vendor has developed during the performance of the Project that would reasonably assist DHHR in using the Deliverables that include source materials, or that would help DHHR protect its interests in the Deliverable, or update, modify, or otherwise maintain the Deliverable. This also includes all design and architectural materials, such as schemas.”</p>	<p>Section 2.1.5 shall be deleted.</p>
Appendix 6 Section 2.2.1.1 (Page 220)	<p>Section 2.2.1.1 states:</p> <p>“DHHR shall retain all right, title and interest in and to all content and all property, data, and information furnished by or on behalf of DHHR or any Agency, and to all information that is created under this Contract, including, but not limited to, all data that is generated under this Contract as a result of the use by the Vendor, DHHR, or any third party of any technology systems or knowledge bases that are developed for DHHR and used by the Vendor hereunder, and all other rights, tangible or intangible.”</p>	<p>The bolded portion of Section 2.2.1.1 shall be deleted:</p> <p>“DHHR shall retain all right, title and interest in and to all content and all property, data, and information furnished by or on behalf of DHHR or any Agency, and to all information that is created under this Contract, including, but not limited to, all data that is generated under this Contract as a result of the use by the Vendor, DHHR, or any third party of any technology systems or knowledge bases that are developed for DHHR and used by the Vendor hereunder, and all other rights, tangible or intangible.”</p>
Appendix 6 Section 3 (Page 221 to 225)	N/A	<p>Section 3 shall include the following language</p> <p>“DHHR and Vendor agree that Vendor’s Confidential Information, Documentation, Solution and any derivative works thereof, including all Work Product, changes, modifications, or improvements made or developed with regard to the Solution, whether or not made or developed at DHHR’s request, do not constitute Commercial Materials or Commercial Software hereunder.”</p>

Appendix 6 Section 3.3.1 (Page 222)	Section 3.3.1 states: “The Vendor must provide or arrange Enterprise perpetual software licenses for all Commercial Software necessary to meet the specifications of the Contract.”	Section 3.3.1 shall be deleted.
Appendix 6 Section 3.3.4 (Page 223)	Section 3.3.4 states: “NOTE: DHHR will retain all licenses, software, and systems procured through the RFP.”	Section 3.3.4 shall be deleted.

Executive Summary

HHAExchange (HHAX) is a leading cloud-based Software as a Service (SaaS) healthcare software vendor for the homecare industry focused on Long-Term Services and Support (LTSS). Our system dynamically links Medicaid agencies to their networked homecare providers, enabling improved communication, visit verification, increased compliance, and overall operational effectiveness.

“The system is a dream to use, easy to understand, and holds a lot of data that makes day to day use streamlined and effective.”

— Heather Velez, COO, Panhandle Support Services

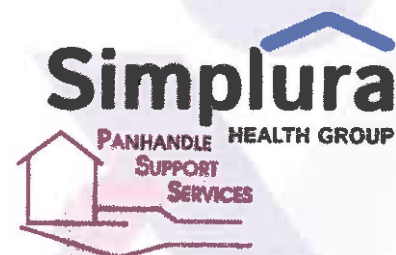
As a provider of comprehensive electronic visit verification (EVV) since 2008, HHAX has an in-depth understanding of, and experience working with, the unique challenges of State Medicaid programs. Our EVV will ensure that the State is always in compliance with the 21st Century Cures Act. DHHR can feel confident that we are the vendor of choice based on our prior customer success and award-winning platform. We offer a strong legacy of growth as shown by our recognition as one of the fastest growing companies recognized by Inc. magazine.

HHAX will be an active partner to DHHR. We will coordinate kickoff meetings and any necessary stakeholder sessions to clarify goals, requirements, and ensure we have strong stakeholder understanding and buy-in. We are uniquely positioned to serve DHHR through an experienced project team that has served State Medicaid programs, managed care plans, and homecare providers. HHAX's project team brings extensive knowledge of the entire homecare ecosystem. We understand the goals of this RFP and several members of our project team have worked closely with West Virginia Medicaid on large complex systems and legislatively driven compliance projects in previous roles. Our expertise from both our payer (agency and health plan) and provider experience allow us to work closely with the State to streamline implementation, proactively plan for challenges, and set the State up for success.

In order for the State to implement and operate a successful EVV program, data, analytics, and reporting must be front and center to allow for quick remedies of issues, strong oversight, and long-term compliance. Any solution selected needs to have a strong business intelligence tool. This goes beyond simply providing data and exportable reports. This tool needs to be dynamic, allowing for real-time insight, with clickable drilldown abilities. The raw data is crucial, and the big picture helps drive decision making, but it is the connection of the two that creates a sustainable and successful program.

HHAX started in the home healthcare market supporting providers who deliver home and community-based services. Over time, to support the need for the providers to communicate regularly with their payers, we developed a communications portal that allows the provider and payer to communicate directly in real time with each other on a common platform. As we identified additional functions to ease the process, we added more EVV and claims submission functions to our tool. In addition, we developed a Care Team Portal that allows the member and other approved representatives of the member's care to view visits/services provided.

Today, HHAX provides a common platform that allows members, caregivers, and payers to all interact on a real-time basis. Starting from the on-boarding of members and caregivers, assignment of authorization, scheduling and service delivery with EVV; to claims



Familiarity with the State. Simplura, one of HHAX's national partners and parent company to Panhandle Support Services, brought us into West Virginia. Our experience with Panhandle Support Services gives us familiarity with West Virginia and the State's Medicaid rules and requirements.

submission and 835 remittance/acceptance, we provide a comprehensive suite of functions to assist with the care and communication to this community. Our EVV platform provides multiple solutions to meet the individual needs for members and their caregivers, while meeting the least intrusive technology mandate.

Aligning with DHHR

HHAX applauds the decision to establish an open-model approach for West Virginia. We focus on open model states, as we believe that advancing EVV technology and programs are best served in a model that allows Provider Agencies to not only prioritize based on their budgets, but also to research and evaluate new or improved offerings.

PARTNERSHIP FOR MEDICAID HOME-BASED CARE

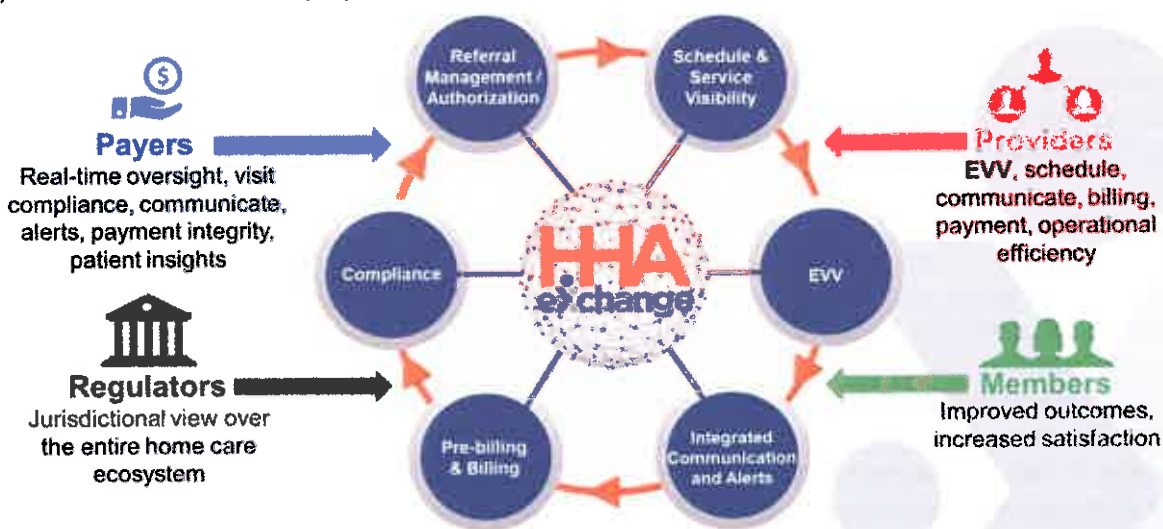


**NO MATTER THE CHANGES TO MEDICAID AND HOME BASED CARE,
WE KNOW HOW THEY CAN BEST BE IMPLEMENTED**

As an acting member of the Partnership for Medicaid Home-based Care (PMHC), HHAX is dedicated to improving the quality and integrity of home and community-based services.

HHAX is an active member of the Partnership for Medicaid Home-based Care (PMHC). PMHC is comprised of organizations representing homecare agencies, associations, Managed Care Organizations (MCOs) and other payers, and business affiliates who are united to improve the quality and integrity of home and community-based services (HCBS). We work in partnership with other EVV vendors, key stakeholders, and leading advocacy organizations whose core initiative is to advance quality home-based care as a person-centered solution for federal and state governments.

HHAX has developed a solution that benefits the members, Direct Care Workers (DCWs), providers, and the State of West Virginia. The following graphic highlights the different areas of our offering and where key stakeholders come into play:



A vertically integrated "Single Source of Truth"

Additionally, HHAX offers an industry-leading seven languages, with the ability to add new languages upon request, within our mobile application. Our communication and training details will go out in the State's required languages.

With roughly 17,000 lives estimated, and 6,701 EVV impacted lives, West Virginia will have the benefit of our previous and recent lessons learned from our successful large-scale deployments in these two states. HHAX has the staff and experience needed for a successful EVV deployment in West Virginia.

HHAX's Unique EW Solution



Our EVV platform supports all requirements of the 21st Century Cures Act and includes the following features:

- A dynamic web-based solution using flexible and configurable rules that operates with multiple internet browsers
- Multiple forms of EVV available including mobile GPS, telephony, Fixed Object (FOB), and Bluetooth Beacon
- An Open Platform/Open Model approach allowing for seamless self-service integration with other third party EVV systems already in use by Providers
- Unique internal communications network allows secure, compliant communications with provider agencies
- Ability to uniquely broadcast referrals and authorizations automatically, and then have full, real-time visibility into the services provided
- The implementation of HHAX Business Intelligence (BI) tools for comprehensive performance analytics covering clinical, financial, and operational metrics

With over 20 years of experience providing leadership and managing service delivery teams, Christie is a team-oriented leader with a passion for delivering excellent client service. As a Certified Fraud Examiner (CFE), Christie brings an added level of expertise to complement HHAX's built in features that help prevent fraud, waste, and abuse. Additionally, she is a Certified Public Accountant with audit specialties in GAGAS, Federal Single Audit, state program compliance and non-profits. Most recently Christie lead our Florida and Pennsylvania EVV implementations across all of our large Medicaid MCOs.

HHAX trains MCO client SIU UNITS on using HHAX as a research tool. Recently an SIU auditor followed up on how she used the system for portions of her audit, saving the provider the time and energy of mailing paper copies of visits and supporting detail.

Nathan has over 12 years of experience in Medicaid. At HHAX, he Leads initiatives and oversees HHAeXchange solutions in the homecare industry for payers looking to gain EVV compliance, capture value-based data, and ensure payment and program integrity in order to improve their provider networks.

HHAX National Experience

I have worked with many vendors over the years and HHAeXchange is by far one of the best partners I have ever had.

- Josh Sloop, Product President and COO, PA Health and Wellness

9 | Page

Pennsylvania Success



In addition to NY, HHAX currently provides an open system EVV solution for all three Managed Care Organizations (MCOs) participating in the Pennsylvania Community Health Choices Program (PA CHC). More important than the fact that **all three PA MCOs selected HHAX EVV from among our competitors**, we are most proud of the fact that we successfully onboarded over 250 LTSS providers and more than 13,000 PA LTSS Medicaid Members in one phase in Southwest Pennsylvania in just a few short months. We rolled out an additional 700 providers, covering more than 30,000 lives, in January 2019, with the final 250 providers, and their lives, just recently rolling out in January 2020. For providers using an existing EVV tool or software, HHAX integrated more than 31 unique EVV tools on behalf of 350+ providers.

In Florida, HHAX is working with four MCOs, covering 1,000 providers across the state, which is more than 90% of the lives in the state, to provide free EVV use for all providers. The MCOs will have full jurisdictional view of their providers, gaining network oversight, compliance, operational efficiency, and payment integrity. HHAX is aggregating the data for all of our MCO clients to submit to Florida's Agency for Health Care Administration

(AHCA), and we meet regularly with AHCA to ensure program success.

Our strategic national relationships with both regional and national MCOs give us a unique viewpoint into the Medicaid LTSS market. We understand the caregiver, payer, and provider sides, allowing our future upgrades to the system to target all stakeholder needs in the ecosystem. HHAX strives to balance all of the needs of the homecare ecosystem. HHAX provides a balance to the complexity found in adhering to the federal EVV mandate to reduce fraud and the overall goal of improving outcomes for the growing number of chronic patients in need of homecare services. We create this balance with the most comprehensive SaaS platform for integrated homecare management.

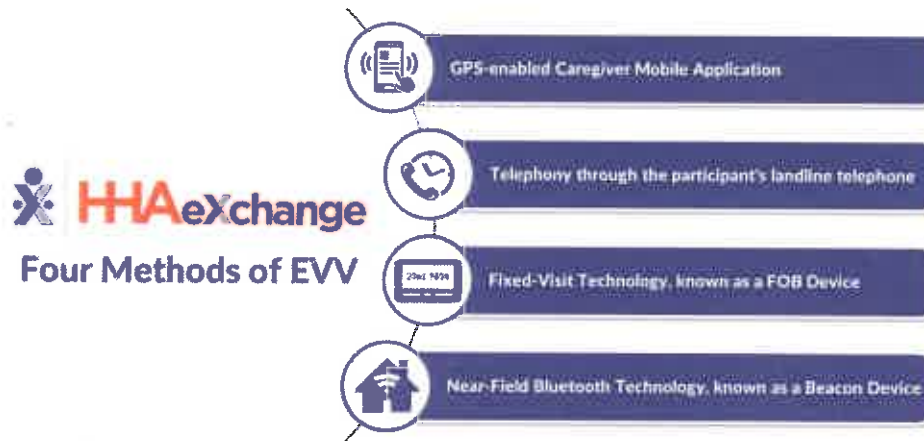
The solution we are proposing in response to this RFP provides payers with oversight and prevents fraud, waste, and abuse, while helping providers to better meet Medicaid requirements and stay within authorizations to ensure prompt delivery of payments.

Our Proposed EVV Solution That Meets DHHR's SOW Requirements

We believe DHHR will need a qualified vendor with proven subject matter expertise to provide comprehensive oversight and management of DHHR members and their services, regardless of the provider. HHAX oversees billions of dollars in Medicaid claims every year and has the expertise to successfully complete this type of project.

Our system provides an end-to-end solution for EVV and scheduling with integrated authorization management and automation of timesheets. This solution will provide DHHR with a "window" into the day-to-day activities and compliance of members and DCWs that will augment the ability to identify fraud, waste, and abuse, while ensuring DCWs are providing quality care and services. Currently, HHAX manages EVV exception reporting and serves as an Aggregator of homecare activity in this manner for the State of New York, providing HHAX with credible experience in this area of State EVV, oversight, and compliance monitoring services. As the chosen vendor for all 3 MCOs in Pennsylvania, HHAX is also

responsible for aggregating the data from these three different companies and providing it to the state. As with many health and human services programs, DHHR may not be the direct operator of all service programs but will still desire/require the jurisdictional view of all activity and compliance. HHAX will provide the State with this ability through our EVV aggregation tools. HHAX is the pioneer in aggregating this type of data, and understands the needs and complexities involved in delivering such a solution to DHHR.



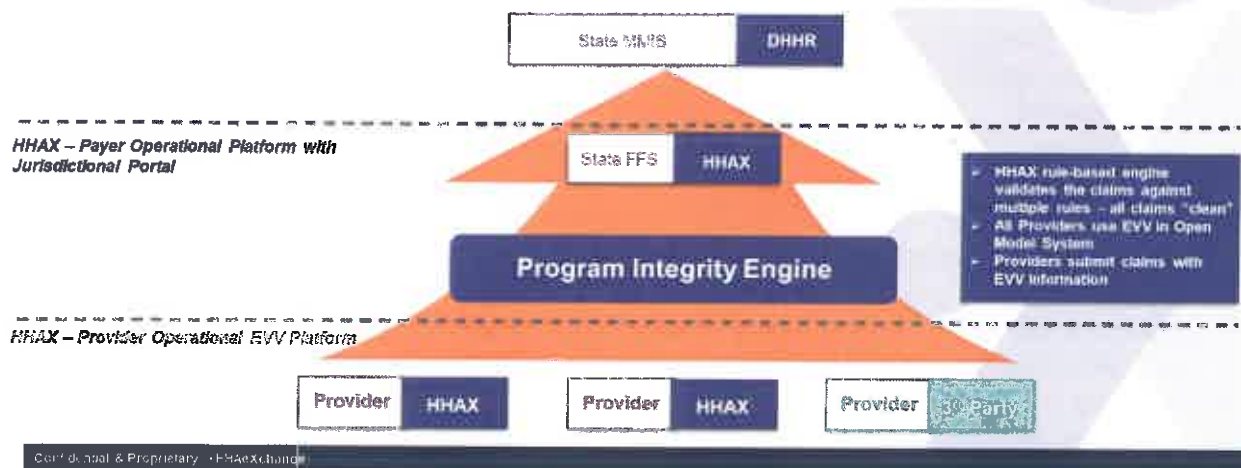
HHAXchange provides an industry-leading four means of collecting EVV data at the point of care.

Summary Benefits of a State Jurisdictional Monitoring Solution:

- One primary integrated EVV solution for oversight and compliance monitoring of all service programs
- Provider choice for EVV
- Unified and simplified processes and training for providers and workers
- Simplifies rollout and avoids additional disruption of multiple EVV rollouts

The diagram below depicts HHAX's proposed model for the delivery of EVV by DHHR, as well as the movement and availability of program integrity data for DHHR:

West Virginia Plan Integrity with HHAexchange Integrated HHAexchange Platform



We can utilize our jurisdictional system to generate important monitoring statistics. Additionally, we can integrate EVV data collected from all service providers into DHHR's Enterprise Data Warehouse (EDW) to create these compliance metrics.

The State can utilize data in the HHAX system to support the following:

Value Based Payment (VBP) Engine Support

DHHR can utilize data collected across all service programs to develop a scoring methodology to determine compensation adjustments based on weighted value metrics.

Red Flag Report

DHHR can set minimal standards and produce red flag lists where a Provider(s) falls below a set threshold for a specified period.

Member Census by Provider

For each Provider, show the active members covered and allow for drill down to Member lists and Member record.

Trending Reports

Show key performance characteristics for contrasting time frames.

Conflict Reports

Reports cases where workers are simultaneously "clocked-in" at multiple locations.

Utilization Report

Custom reporting comparing diagnosis with Service Plans or duties performed to help flag outlier care levels – either under or over utilization.

Exception Reporting

Detailed reports itemizing the rates of exceptions, the types of reasons used to clear, and timeframes to clear. Additional information regarding the identity of the worker and individual clearing.

Summary Recommendation

The state will need to select a vendor committed to an Open System model. Further, it is critical that the evaluation committee look for the following additional features in the selected vendor's proposed approach:

- Compliance with the 21st Century Cures Act in time for the Good Faith Effort Exemption January 2021 deadline
- EVV compliance across all State Providers that deliver personal care waiver services, including agencies and Direct Care Workers (DCWs)
- Aggregation with any other 3rd party EVV systems already in place across providers
- Utilization of a proven interface between the State and chosen vendor for Authorizations, Membership, and Eligibility
- Use of a supplemental services portal for other special Medicaid services such as Meals, Pest Services, Counseling, Wheelchair Ramps, etc.
- Providing and aggregating all collected data, by the selected vendor, and sending that data directly to the State

- A Business Intelligence tool that allows detailed drilldown, providing visibility into how the network of providers are performing, including billing, authorizations, compliance, among other elements. The tool needs to be interactive and dynamic, allowing real-time visibility into provider performance.

We believe DHHR has a unique and unprecedented opportunity to set the standard and raise the bar nationally on how to achieve EVV compliance and how to monitor Long-Term Services and Supports (LTSS).

As part of a strong State oversight and compliance program, HHAX recommends that minimum Provider Report Card Grading occur in the following areas:

Report Card Grading:

- EVV rate
- Key exception rates (missed visits, truncated visits)
- Service Plan Compliance by Category Summary
- Service Plan Compliance by Category Detail
- Correlation of scheduled hours vs actual
- Percentage of active members with overdue assessments
- Percentage of active members with no Service Plan on file
- Percentage of active members with an expired Service Plan

Final Thoughts

States have serious financial risk if the provider communities do not uphold compliance requirements. At HHAX, we believe that achieving optimal compliance and minimal risk occurs by actively managing the entire homecare ecosystem. The essential controls and pre-claim checks that occur before billing as part of the HHAX system is only the start of an effective strategy.

To ensure that providers are fully utilizing the system and their own ability to self-monitor and continuously improve, the State in turn needs to monitor the provider networks, perform peer-to-peer comparison and constantly interact to improve performance.

These important activities and the resulting value are not “just” about mitigating fraud, waste, and abuse. Lowering the incidence of missed or truncated visits and deviations from service plans result in higher quality care. In addition, through the gathering and aggregation of clinical data through these processes, it is likely that the State will gain new insight into the care being given and will be able to drive policy, set rates, and consider new value-based payment methodologies.

As a cloud SaaS software offering, we designed our solution with scalability, client specific configuration, and upgradeability at its core. Unlike other offerings in the market, HHAX’s EVV is our primary solution. Our founders understood the gap in Medicaid management and built a solution from the ground up, focused on the core issues faced by the industry. Where other offerings were developed as secondary solutions, which can result in a deprioritized offering, HHAX is focused on being an EVV solution. This is our concentration, which means that we target all of our investments, research, and development at making the offering faster, easier to use, and adaptable to meet your needs.

ATTACHMENT 3: VENDOR QUALIFICATIONS

1. Organization Overview

This section of the Vendor's Technical Proposal should include details of the Vendor and subcontractor overview.

1.1. The Vendor's Technical Proposal should include: organization overview, corporate background, Vendor's experience in public sector, and certifications.

1.2. Vendor Overview

1.2.1. Provide all relevant information regarding the general profile of the Vendor. Vendors are NOT to change any of the pre-filled cells in the following tables.

Table 18: Vendor Overview

Vendor Overview	
Company Name	Homecare Software Solutions, Inc. d.b.a. HHAeXchange (HHAX)
Name of Parent Company (If Applicable)	Cressey & Company
Industry (North American Industry Classification System [NAICS])	HHAX's NAICS Code is 541512 – Computer Systems Design Services
Type of Legal Entity	HHAX is a Limited Liability Company (LLC)
Company Ownership (e.g., Private/Public, Joint Venture)	Private
Number of Full-Time Employees	HHAX currently employs 394 FTEs. As an EVV and Aggregator solution, all of these FTEs are focused on the solution we are proposing to DHHR.
Last Fiscal Year Company Revenue	In 2018, HHAX had Revenue of \$25,027k. Preliminary numbers for 2019 have Revenue increasing to \$39,327k.
Last Fiscal Year Company Net Income	In 2018, HHAX reported Net Income of (\$15,216)k. Of note, HHAeXchange was purchased by Cressey & Company. This net income includes transaction costs related to the purchase.
% of Revenue From State and Local Government Clients in the United States	HHAX aggregates for our MCO clients in Pennsylvania and Florida, providing all necessary Cures Act data to the state as well as being a Verification Organization in New York. HHAX does not currently have any revenue from State and Local government clients in the United States.
% of Revenue From IT Design and Implementation Services	HHAX receives approximately 4% of revenue from IT Design and Implementation Services
Number of Years in Business	12 years, established in 2007.
Number of Years Vendor has been Providing the Type of	Since 2007, 12 years, HHAeXchange has been at the forefront of delivering industry-leading homecare management solutions by

Services Specified in the request for proposal (RFP)	helping payers and providers achieve operational efficiency, increased compliance, and improved member outcomes.
Number of Employees Providing the Type of Services Specified in the RFP	394
Headquarters in the United States	HHaExchange is headquartered at One Court Square, 44th Floor, Long Island City, New York 11101
Locations in the United States	Outside of the headquarters in New York, HHaExchange also has a support center in Miami, Florida and an office in Dallas, Texas.

1.3. Subcontractor Overview

HHaExchange can provide all the required features and functionalities to meet the State's needs. We will not need to subcontract for this opportunity.

2. Mandatory Qualifications

This section details the mandatory qualifications. The Vendor must complete this section to demonstrate that it has the experience needed to meet requirements set forth in this RFP.

2.1 Table 20: Mandatory Qualifications below lists each mandatory qualification, the Vendor must note whether it meets the qualification and provide narrative demonstrating fulfillment of the requirement.

2.2 The Vendor must list each project experience separately and completely every time it is referenced.

Table 20: Mandatory Qualifications

Mandatory Qualification Item(s)	Provide A Brief Narrative To Demonstrate Fulfillment Of Requirement
The Vendor must demonstrate experience within the last three (3) years as the prime contractor for at least three (3) federal, state, local government or private healthcare entities where the proposed solution of similar size and scope is currently being or has been implemented.	<p>HHAX has the necessary experience of successfully implementing our solution as a prime vendor to similar size and scope clients to West Virginia. In Pennsylvania alone, we initially deployed to over 13,000 members in the State's phase 1 implementation in 2018. Since then, HHAX has completed phase 2 (Jan 2019) and is currently completing implementation for the final phase 3.</p> <p>All three managed care organizations (MCOs) in Pennsylvania (PA Health and Wellness; UPMC Health Plan; and AmeriHealth Caritas), independently chose HHAX to help them comply with Pennsylvania's mandate for a compliant EVV solution. Each plan has over 25,000 members active in our system currently, with HHAX currently supporting 92,942 members across the entire state.</p>

In order to balance the needs of the three MCOs, and ensure a smooth roll-out, we appointed an HHAX project lead and invited key individuals from each MCO for weekly check-ins. HHAX then led all of the implementation efforts across the State from start-to-finish, including provider registration and onboarding, in-person info sessions, live and recorded webinars, and the development of a HHAX hosted support center for the State's providers.

The MCOs have reduced FWA across their provider networks by leveraging HHAX's advanced reporting and business intelligence, giving them actionable data at a 30,000-foot view, as well as on an individual provider level. The MCOs get real-time insights into the services provided to their members, including EVV compliance, underutilized authorizations, missed & short visits, billing, and more.

Under HHAX's open model approach, the State's providers were able to choose between using the HHAX EVV platform, their existing EVV solution, or a quick-visit entry tool for providers transitioning off of paper. By offering multiple forms of EVV, as well as integrations to other EVV solutions, HHAX has strengthened the relationship between the MCOs and their provider networks.

Improved Member Care

	<p>With reporting on the utilization of the authorization as well as missed and short visits, the MCOs are now able to identify non-compliant or poor-performing providers immediately. Armed with this data, the MCOs work with individual providers on compliance and reward those that are providing services accorded to the member's authorization. Additionally, using our case broadcasting tool, they can broadcast open member cases to their entire provider network and match providers based on specific member requirements.</p> <p>In addition to Pennsylvania and overlapping with the phase 3 implementation, HHAX began deploying to Florida and four of the Statewide national plans (Humana, Molina, Staywell, and Sunshine Health Plan). Our Florida implementation is ongoing, but we currently support 36,921 active members throughout the State of Florida.</p> <p>HHAX, during this same time, was also selected by all five MCOs (AmeriHealth Caritas, Blue Cross and Blue Shield of North Carolina, UnitedHealthcare, WellCare, and Carolina Complete Health) covering managed care in North Carolina. While North Carolina has delayed the transition to managed care, HHAX has begun discovery and design implementation work with all five MCO clients.</p> <p>HHAX is the premiere homecare management software solution for the Medicaid LTSS population. We act as the single source of truth in connecting payers, providers, and members through our intuitive web-based platform, enabling unparalleled communication, transparency, and visibility.</p> <p>As part of the HHAX EVV deployment in New York State, HHAX has maintained the status of a NYS Medicaid Verification Organization (VO) since 2012. We were and continue to be active in assuring that Medicaid providers, who receive Medicaid reimbursements including reimbursements through managed care programs exceeding \$15M, are compliant with</p>
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	<p>the VO requirements. These mandates are outlined in NYS statute Chapter 59 of the Laws of 2011.</p> <p>Currently, HHAX manages the VO services for many clients billing Medicaid and provides reports and portal access to New York State Medicaid employees to validate services and provide required documentation on exception reporting and identify metrics related to quality of care. In this capacity, HHAX serves as an aggregator of data on behalf of the State of New York.</p> <p>Several of our VO clients also manage their own, subcontracted vendor networks. HHAX manages the services for the providers in these networks and has greatly expanded the reach that HHAX has in NY state. HHAX has a dedicated VO Department that works directly with the provider agencies in lieu of a required annual audit attestation exercise. Our internal VO department also handles all onboarding of new provider agencies and new subcontracting vendor providers.</p> <p>In addition, HHAX serves three large NYS Managed Long Term Care (MLTCs) companies. These clients bring added complexity as serving an MLTC involves supporting Licensed Home Care Services Agencies (LHCSAs) that offer home care services to clients who pay privately or have private insurance coverage. We also support Consumer Directed Personal Assistance Program (CDPAP) lives for our clients in NYS, including for VNSNY, Elderplan, ElderServe, and Freedomcare (the largest CDPAP only agency in the State).</p>
The Vendor must demonstrate at least three (3) years' experience in Medicaid and Health and Human Services.	<p>Since our founding in 2007, HHAX has been solely focused on Medicaid and Health and Human Services. Our core solution, including investments and new modules, are designed specifically for Medicaid.</p>
The Vendor must include at least three (3) references from projects performed within the last three (3) years that demonstrate the Vendor's ability to perform the scope of work described in the RFP. Vendors may only use one (1) reference per project performed. DHHR	<p>HHAX has provided four (4) references from projects performed within the last three (3) years that demonstrate our ability to perform the scope of work described in this RFP.</p>

<p>strongly prefers three (3) references from different state engagements where the proposed solution is currently or has been implemented. Note, because this item is a mandatory requirement, it will not be scored.</p>	<p>The four (4) references provided in item 5 of this section are from:</p> <ul style="list-style-type: none"> • Staywell Health Plan, a WellCare plan and a current MCO client in the state of Florida; • Molina Healthcare, a current MCO client in the state of Florida; • UPMC, a current MCO client in the State of Pennsylvania; and • Visiting Nurse Service of New York (VNSNY), a current MLTC client in the state of New York. <p>For all of the provided references, HHAX has deployed our EVV tools as well as our claims and billing modules as needed. We aggregate the provider network data for all of these large health plans and provide them insight and visibility into their provider network.</p>
<p>The solution proposed by the Vendor must have been previously implemented successfully in a State environment.</p>	<p>As mentioned above in our previous past 3 years' experience response, HHAX currently provides an open system EVV solution for several national Medicaid Managed Care Plans, including Centene (PA Health and Wellness parent), Centene's Florida Sunshine Plan, WellCare's PA, FL, HI, NJ, and NC plans, UPMC, AmeriHealth PA and NC, Humana FL, Molina FL, among others. Our national contracted partnerships have directed us to work with individual MCO Plans in each state for the provision of EVV and complementary SaaS system functionality to connect homecare Payers, Providers, and clients.</p> <p>In addition to our MCO work in Pennsylvania and Florida, HHAX is also working closely with both State's Medicaid agencies. In Pennsylvania, we work closing with the Office of Long-Term Living (OLTL) to ensure that all necessary MCO reports are being received. Through these discussions, HHAX learned that a Missed Visit report was needed for the State, which we are now submitting for all three MCOs. The three MCOs also tasked HHAX with aggregating their networks and submitting all State required data on their behalf. While the State has elected to use another vendor as an aggregator, they are simply receiving the data after HHAX has</p>

aggregated it for all the MCOs.

In Florida, we work very closely with the Agency for Health Care Administration (AHCA). The State's chosen aggregator is only aggregating data for the small number of fee for service members; the MCOs are not submitting their data to this aggregator. Because of this setup, HHAX is acting as an aggregator on behalf of our MCO clients to ensure compliance with all State requirements. Discussions are ongoing to determine if we will integrate directly with the State, or simply submit data files to the State's MMIS vendor.

New York State Office of the Medicaid Inspector General

Outside of Pennsylvania and Florida, HHAX has been heavily involved with the Medicaid market in New York State since the early days of our founding. HHAX serves as a designated Verification Organization, providing an OMIG jurisdictional portal with Conflict and Exception reporting. HHAX serves many of the State's MLTC plans (WellCare, NYC Health & Hospitals - H&H, Visiting Nurse Service of New York - VNSNY, ElderServe Health, Elderplan, among others) and **over 65% of New York State providers** (All Metro/Simplura, Freedom Care, and others). In New York alone, HHAX supports over **1.38 Million EVV visits a week**. This coverage from Medicaid down to the provider gives HHAX a unique view into the entire Medicaid environment.

A specific area of the homecare market that HHAX is focused on serving in NY is the Consumer Directed Personal Assistance Program (CDPAP). While other vendors have developed a module or self-directed suite that is separate from their standard offering, HHAX approached this population wanting to treat them the same but allow them to choose what parts of the solution they do or do not need. Similar to any other member, the member's demographics are captured and the caregiver record (often a family member) is created, and then it is up to the two of them to determine when they meet. Our system has scheduling capabilities, but as

	<p>consumer directed is focused on flexibility and ensuring members can be wherever they need to be whenever they want, the HHAX system can automatically create a schedule after visits occur from the EVV data in the system. This provides the necessary detail for billing and review/approval purposes, while not burdening the member upfront with a rigid schedule. In addition, we developed a Family Portal that allows the member and other approved individuals to view visits and services provided.</p> <p>To support the diverse needs of the New York population, HHAX offers a fully integrated and proprietary EVV solution that captures EVV via Telephony in 30+ languages, a Mobile App in 7+ languages, a FOB Device, and a Bluetooth Beacon Device. We have designed our system to be compatible with assistive technology and provide alternatives via web connectivity, Interactive Voice Response (IVR) applications, mobile application technology, or fixed device services.</p>
<p>The Vendor must have at least three (3) years' experience in operation of the proposed solution with similar size and scope to the State's in compliance with all Federal and State regulations.</p>	<p>As a Medicaid focused solution, HHAX has more than the required three (3) years' experience in operation of the proposed solution with similar size and scope. We ensure complete compliance with all Federal and State regulations. We understand that while there are similarities between States, each State will have different regulations. Our experience deploying our solution in Florida, Pennsylvania, and New York has proven our ability to configure and apply state specific rules and regulations.</p> <p>In addition to the above referenced states, we have also deployed our offering in Arkansas, DC, Delaware, Georgia, Massachusetts, Michigan, Missouri, New Jersey, Ohio, Virginia, and West Virginia. Whether deployed with a Medicaid MCO or a Provider Agency, we have to adhere to the specific State's rules and regulations. We are confident in our ability to operate in compliance with West Virginia's regulations, especially given our provider deployment with Panhandle Support Services in the State already.</p>

3. Existing Business Relationship with the State

3.1 3.1 Describe any existing or recent (within the last five [5] years) business relationships the Vendor or any of its affiliates or proposed Subcontractors have with the State, the State's counties, and/or the State's local municipalities.

3.2 <Response>

HHAX does not have any existing or recent (within the last five [5] years) business relationships with the State of West Virginia.

4. Business Disputes

4.1 Provide details of any disciplinary actions and denote any that are pending litigation or Terminated for Cause or Convenience and associated reasons. Also denote any other administrative actions taken by any jurisdiction or person against the Vendor. List and summarize all judicial or administrative proceedings involving your sourcing activities, claims of unlawful employment discrimination, and anti-trust suits in which you have been a party within the last five (5) years. If the Vendor is a subsidiary, submit information for all parent companies. If Vendor uses Subcontractors, associated companies, or consultants that will be involved in any phase of this project, each of these entities will submit this information as part of the response.

4.2 <Response>

HHAExchange has not had any business disputes and will not be using subcontractors for the DHHR engagement.

5. References

The Department of Health and Human Resources (DHHR) will conduct reference checks to verify and validate the past performance of the Vendor and its proposed Subcontractors.

5.1 Vendor (Prime) References Form

5.1.1 Include at least three (3) references from projects performed within the last three (3) years that demonstrate the Vendor's ability to perform the scope of work described in this RFP.

5.1.2 The Vendor should provide three (3) different clients/projects in order to demonstrate its experience.

5.1.3 Vendor should include project description, contract dates, and contact information (customer points of contact, addresses, telephone numbers, and email addresses).

5.1.4 The Vendor should explain whether it performed the work as a prime contractor or as a subcontractor.

5.1.5 The Vendor should provide a response using Table 21: Vendor References. The Vendor may add additional Reference Tables as necessary.

Vendors are NOT to change any of the pre-filled cells in the following tables.

Table 21: Vendor References

Table 21: Vendor References				
Vendor Information				
Vendor Name: HHAeXchange		Contact Name:	Christie Watson	
		Contact Phone:	614-560-9383	
Customer Information				
Customer Organization: Staywell Health Plan		Contact Name:	Alice Johnson	
		Contact Title:	Sr. Dir. Product	
Customer Address: 8300 NW 33rd St #400, Miami, FL 33122		Contact Phone:	(602) 359-6746	
		Contact Email:	Alice.Johnson@wellcare.com	
Project Information				
Total Vendor Staff:				
Project Objectives: Implement EVV solution across provider network and ensure high provider adoption.				
Project Description: Implement an open system EVV solution. The MCO will have full jurisdictional view of their providers, giving them network oversight, compliance, operational efficiency, and payment integrity.				
Vendor's Involvement: Staywell Health Plans EVV solution in FL was implemented in phases to align with the states EVV mandate. The implementation scope expanded to include a secondary portal for Staywell Health Plans Coastal Care MMA population and the initial development to stand up an Invoice Portal for support services (meals, Ramp build, etc.). HHA provided the EVV solution and was responsible for all project initiation, stakeholder engagement, requirements analysis, IT integration, configuration and testing, payer and provider training, and solution deployment and adoption. The system went live 11/1/18 and providers went live in three waves 12/1/18, 1/1/19 and 2/1/19.				
Project Benefits: Since HHA was contracted will all MCOs in the state of FL, the providers benefited in having one solution to manage their authorizations, schedule and service members, and bill each MCO while ensuring services provided are EVV compliant. Staywell Health Plan benefited by gaining improvements in program oversight that reduced FWA, improved outcomes, and increased operational effectiveness.				
Key Personnel				
Name: Christie Watson		Role: VP Payer Client Success		
Name: Daniel Spurlock		Role: Client Success Market Leader		
Name: Daniel Jakubovitz		Role: Project Manager		
Name: Fatima Sheikh		Role: Director, Implementation Services – Project Management and Provider Adoption.		
Name: Mark Putter		Role: VP Training		
Name: Rory Walker		Role: Director, Implementations – Integration & Configuration		
Project Measurements:				
Estimated one-time costs: \$79,550		Actual one-time costs: \$79,550		
Reason(s) for change in one-time cost:				
Original Value of Vendor's Contract:		Actual Total Contract Value:		
Reason(s) for change in value:				
Estimated Start & Completion Dates:		From:		To: 4/1/2019
		7/1/2018		

Actual Start & Completion Dates:	From: 7/1/2018	To: 5/1/2020
Reason(s) for difference between Estimated and Actual dates:		
If the Vendor performed the work as a Subcontractor, the Vendor should describe the scope of subcontracted activities:		

Vendor Information	
Vendor Name: HHAeXchange	Contact Name: Christie Watson
	Contact Phone: 614-560-9383
Customer Information	
Customer Organization: Molina Healthcare	Contact Name: Hector Feliciano
	Contact Title: VP Gov Contracts
Customer Address: 8300 NW 33rd St #400, Miami, FL 33122	Contact Phone: 787-565-4260
	Contact Email:
Project Information	
Total Vendor Staff:	
Project Objectives: Implement EVV solution across provider network and ensure high provider adoption.	
Project Description: Implement an open system EVV solution. The MCO will have full jurisdictional view of their providers, giving them network oversight, compliance, operational efficiency, and payment integrity.	
Vendor's Involvement: The Molina Healthcare EVV solution in FL was implemented in a single phase to align with the states EVV mandate. The implementation scope expanded to include a secondary portal for the Molina Healthcare Coastal Care MMA population. HHA provided the EVV solution and was responsible for all project initiation, stakeholder engagement, requirements analysis, IT integration, configuration and testing, payer and provider training, and solution deployment and adoption. The system went live 11/1/19 to meet the states 12/1/19 compliance mandate.	
Project Benefits: Since HHA was contracted with all statewide MCOs in the state of FL, 80% of Molina Healthcare's provider Network already utilized our system through another MCO, the providers benefited by having one solution to manage their authorizations, schedule and service members, and bill each MCO while ensuring services provided are EVV compliant. Molina Healthcare benefited by gaining improvements in program oversight that reduced FWA, improved outcomes, and increased operational effectiveness.	
Key Personnel	
Name: Christie Watson	Role: VP Payer Client Success
Name: Daniel Spurlock	Role: Client Success Market Leader
Name: Daniel Spurlock	Role: Project Manager
Name: Fatima Sheikh	Role: Director, Implementation Services – Project Management and Provider Adoption.
Name: Mark Putter	Role: VP Training
Name: Rory Walker	Role: Director, Implementations – Integration & Configuration
Project Measurements:	
Estimated one-time costs: \$55,440	Actual one-time costs: \$55,440
Reason(s) for change in one-time cost:	

Original Value of Vendor's Contract:		Actual Total Contract Value:	
Reason(s) for change in value:			
Estimated Start & Completion Dates:	From: 3/01/2019		To: 8/1/2020
Actual Start & Completion Dates:	From: 5/01/2019		To: 2/1/2020
Reason(s) for difference between Estimated and Actual dates:			
Client took time to evaluate alternate vendor.			
If the Vendor performed the work as a Subcontractor, the Vendor should describe the scope of subcontracted activities:			

Vendor Information			
Vendor Name: HHAeXchange		Contact Name:	Christie Watson
		Contact Phone:	614-560-9383
Customer Information			
Customer Organization: UPMC		Contact Name:	Andrea Farrell
		Contact Title:	Director, Ancillary and LTSS Network
Customer Address: 600 Grant St. Pittsburgh, PA 15219		Contact Phone:	412-454-5685
		Contact Email:	
Project Information			
Total Vendor Staff: 15			
Project Objectives: Implement an EVV solution that is common across all PA MCOs to ensure provider adoption.			
Project Description: Implement an EVV system prior to the CMS mandate. HHAeXchange provides an aggregation of all CHC member and authorization data for easy access by the respective providers, so they can schedule, perform EVV and bill. UPMC can see and manage the provider network using the software.			
Vendor's Involvement: HHAeXchange's staff provided the software and was responsible to uphold the project plan, meet with key stakeholders, gather and document requirements, lead integration activities, complete configuration and testing. HHA was also responsible to lead deployment and provider adoption through information sessions, in-person training, and individualized remote training.			
Project Benefits: HHA is contracted with all MCOs in Pennsylvania, so Providers servicing CHC members log into one system to see member and authorization data, communicate securely with the MCOs, and bill for services. UPMC has insight into the EVV data affecting its members, so policies can be put in place around proper use of EVV.			
Key Personnel			
Name: Christie Watson		Role: VP Payer Client Success	
Name: Colby Hassfurth		Role: Manager, Payer Client Success	
Name: Kevin DiStefano		Role: Project Manager	
Name: Rory Walker		Role: Director, Implementations – Integration & Configuration	

Name: Fatima Sheikh		Role: Implementation Specialist – Provider Adoption	
Name: Mark Putter		Role: VP Training	
Project Measurements:			
Estimated one-time costs: \$382,500		Actual one-time costs: \$382,500	
Reason(s) for change in one-time cost:			
Original Value of Vendor's Contract:		Actual Total Contract Value:	
Reason(s) for change in value:			
Estimated Start & Completion Dates:	From: 8/28/2017		To: 1/1/2019
Actual Start & Completion Dates:	From: 8/28/2017		To: 1/1/2020
Reason(s) for difference between Estimated and Actual dates: OLTL delayed Phase 2 go-live of members moving to managed care from 7/1/2018 to 1/1/2019 and Phase 3 go-live of members moving to managed care from 1/1/2019 to 1/1/2020. The project plan was adjusted to align with these dates from the state.			
If the Vendor performed the work as a Subcontractor, the Vendor should describe the scope of subcontracted activities:			

Vendor Information			
Vendor Name: HHAeXchange		Contact Name:	Greg Strobel
		Contact Phone:	201 895 6191
Customer Information			
Customer Organization: Visiting Nurse Service of New York (VNSNY)		Contact Name:	Sal Bastardi
		Contact Title:	VP, Corporate Admin
Customer Address: 220 East 42nd Street, 6Fl. New York, NY 10017		Contact Phone:	212-609-4421
		Contact Email:	
Project Information			
Total Vendor Staff:	4-5 dedicated staff plus 5-7 support staff during implementation. 2-3 dedicated staff plus Integration, EDI Support, Client Support, plus many more staff for post Go-live.		
Project Objectives: Implement HHAX SaaS software to streamline Assignment of Services to Homecare Providers, Accountability of rendered Services, and EVV and Billing compliance.			
Project Description: HHAeXchange Payer Management Platform (Authorizations/EVV/Billing)			
Vendor's Involvement: Integration with third party vendors including Sandata, Arrow, Homecare Homebase, Altruista Health (Guiding Care), TMG (Facets), Peoplesoft, and Workday.			
Project Benefits: Efficiencies in Assignment of Services, Delivery of Services, Tracking Visit Confirmation (EVV) for delivery of Services, and Compliance and Billing.			
Key Personnel			
Name: Fatima Abbas		Role: Director, Implementation	
Name: Jee Lee		Role: Project Manager, Implementation	
Name: Rory Walker		Role: Director, Integration	

Name: Tanzeel Sahibzada		Role: Client Success Manager		
Project Measurements:				
Estimated one-time costs: \$43,750 (Implementation Fee) \$30,274 (Interface Fee)		Actual one-time costs: \$21,875 (Implementation Fee) \$15,137 (Interface Fee)		
Reason(s) for change in one-time cost: HHAeXchange discounted Implementation and Interface fees by 50%.				
Original Value of Vendor's Contract: \$510,000/Year/15,000 members		Actual Total Contract Value: \$510,000/Year/15,000 members		
Reason(s) for change in value: Original and Actual paid for membership was as expected				
Estimated Start & Completion Dates:	From:	September 2017	To:	Hospice 2/2018 CHHA 5/2018 Choice 10/25/2018
Actual Start & Completion Dates:	From:	September 2017	To:	Hospice 2/2018 CHHA 5/2018 Choice 10/25/2018
Reason(s) for difference between Estimated and Actual dates: N/A				
Project was delivered on time.				
If the Vendor performed the work as a Subcontractor, the Vendor should describe the scope of subcontracted activities: N/A				

5.2 Subcontractor References (if applicable)

5.2.1 If the Vendor's proposal includes the use of subcontractor(s), provide three (3) references for each subcontractor.

5.2.2 DHHR prefers references that demonstrate where the Prime and Subcontractors have worked together in the past.

This is not applicable to the HHAX proposed solution. We will provide all discussed elements of the solution directly, with no subcontractors.

6. Financial Stability

The Vendor should provide the following components for this section:

6.1 Dun & Bradstreet (D&B) Ratings

6.1.1 The Vendor should provide the industry standard Dun & Bradstreet (D&B) ratings that indicate its financial strength and creditworthiness, assigned to most U.S. and Canadian firms (and some firms of other nationalities) by the U.S. firm D&B. These ratings are based on a firm's worth and composite credit appraisal. Additional information is given in credit reports (published by D&B) that contain the firm's financial statements and credit payment history.

6.1.2 <Response>

HHAX's D-U-N-S # is 07-870-4831.

HHAX has provided our current ratings below. It is important to note that a lot of the information D&B is providing is inaccurate. HHAX was founded in 2007, which contradicts D&B's years in business rating of "Young", which D&B defines as less than 5 years. The company size is also well out of date, showing between 10-49 employees, when HHAX is north of 400.

HHAX's D&B Ratings are as follows:

- Employee Size: 1R
- Risk Indicator: 4
- Viability Rating: 7
- Viability Score: 5
- Data Depth Indicator: B

In 2019, Cressey & Company (Cressey), a leading private investment firm focused exclusively on investing in and building leading healthcare businesses, made a growth-oriented investment in HHAX.

This partnership will only help strengthen the company and improve our long-term prospects. Cressey is fully supportive and aligned with our vision to continue building premier enterprise homecare platforms serving both providers and payers. The team, including the executive staff will remain the same and the company will continue to operate with the same business and growth plan.

Based in Chicago, Illinois, Cressey & Company LP ("C&C" or the "Firm"), HHAX's parent company, is an experienced private investment firm focused on building leading healthcare services and healthcare technology businesses. Senior members of the C&C team have been partners with one another for nearly 20 years, and C&C has a talented and experienced organization that supports the Firm and its investment partnerships.

The Firm's investment philosophy is to partner with high-quality healthcare organizations to create long-term value. Since inception, C&C has raised approximately \$2.0 billion in equity capital, and the Firm is currently investing from its current fund, Cressey & Company Fund VI LP ("C&C Fund VI"), which, including related vehicles, represents total commitments of \$1.1 billion. C&C's investor base is strong and stable, comprised of a variety of reputable organizations, including endowments, pension funds, insurance companies and asset managers that have supported the Firm for many years. For more information on C&C, please see the Firm's website (www.cresseyco.com).

C&C formalized its partnership with HHAexchange ("HHAX" or the "Company") in December 2018 through an investment made via C&C Fund VI. Since that time, C&C has supported HHA with capital and advice as HHAX executes its strategic plan. C&C is enthusiastic about its partnership with HHAX and remains committed to further supporting HHAX in the coming years through continued counsel and additional investments.

ATTACHMENT 4: PROJECT ORGANIZATION AND STAFFING APPROACH

1. Initial Staffing Plan

2.1 As part of the Vendor's bid response, the Vendor should provide an Initial Staffing Plan. In addition to the requirements described in Appendix 1: Detailed Specifications, the Vendor's narrative description of its proposed Initial Staffing Plan should include the following:

- 2.1.1 A succinct description of the Vendor's proposed project team and should exhibit the Vendor's ability and capability to provide knowledgeable, skilled, and experienced personnel to accomplish the Scope of Work (SOW) as described in this RFP.**
- 2.1.2 A detailed proposal for providing all resources necessary to fulfill the requirements as specified in this RFP. This includes details covering both key and support staff.**
- 2.1.3 Organization charts for implementation and maintenance stages showing both the Vendor staff and their relationship to DHHR staff that will be required to support the project. The organization chart should denote all key staff for this project, and a summary of each key member's high-level responsibilities.**
- 2.1.4 A narrative describing tools and processes used to screen available staff to fill positions. In addition, a narrative describing the process for replacing key staff within defined timeframes and procedures for backfilling key staff during any transition.**
- 2.1.5 Resumes (maximum two pages each) for the key staff and any additional staff members the Vendor will have assigned to this project including their licenses, credentials, and experience. DHHR considers the key staff resumes as a key indicator of the Vendor's understanding of the skill sets required for each staffing area.**
- 2.1.6 A letter of intent for each proposed staff member not currently employed by the Vendor. Each letter of intent should be signed by the named individual, indicating that the individual is willing to accept employment if the Vendor is awarded the contract.**
- 2.1.7 A description and organizational diagram of the proposed staffing for each phase of the project.**
- 2.1.8 Identification of subcontractor staff, if applicable.**

2.2 <Response>

HHAX structures our EVV Project team—composed of accomplished, highly qualified Project Management and Operational personnel with significant Medicaid and EVV experience—to provide delivery of a high-quality, effective, and secure verification system that meets or exceeds all requirements outlined in DHHR's Request for Proposals (RFP).

HHAX's service-delivery approach allows us to assign the correct resources in the most-efficient manner to ensure that we deliver measurable value to our clients. We developed our staffing model based on best practices gleaned over the past twelve years while implementing and operating similar EVV projects, including the New York State Office of the Medicaid Inspector General, our statewide

deployment for all the manage care lives in Pennsylvania, and our deployment to the largest MCOs in Florida.

The extensive experience of the HHAX team in performing scopes of work (SOWs) similar to the requirements of the DHHR RFP provides us with the knowledge to identify, plan, and manage issues or problems. Our proposed Project team has multiple years of experience in managing complex technology and EVV engagements with both state Medicaid programs and Managed Care Organizations, all designed to protect the integrity of their programs. This experience and our national best practices prepare us to handle potential and actual problems.

Some of the advantages associated with our staffing approach include the following:

- **Enhanced Training with Best Practices**
 By having a core team of individuals who perform similar tasks, we can achieve greater consistency of results through enhanced training and professional development. Supervisors are better able to monitor the output of team members, take immediate corrective action, and confirm ongoing compliance with client- and project-based protocols.
- **Reliable Availability of Personnel**
 With a pool of individuals trained to perform the same tasks, we can efficiently manage fluctuating volumes and negate the effect of unplanned leave and employee turnover on our ability to deliver project services.

Maintaining Sufficient Staffing Levels

The HHAX team proposes a highly qualified and knowledgeable group of professionals that will enable us to conduct a successful Implementation phase and provide all project deliverables in accordance with contract requirements. Our access to a large population of qualified personnel with experience in data management, provider training, technology adoption, and payment integrity affords us flexibility in managing project resources.

We have selected personnel based on our experience with large-scale system deployments involving many diverse provider and payer stakeholders and the knowledge that a successful implementation and ongoing operation require sufficient personnel and resources as well as a proven Staffing Support Plan.

We will maintain sufficient staffing levels to secure successful implementation within the specified timeframe and for the ongoing operation of the EVV system throughout the duration of the contract.

To support the needs of our clients, the HHAX team depends on the talents of more than 300 employees focused on delivering Homecare Software, Cost Containment, and Payment Integrity solutions. We offer a comprehensive Project team that includes Project Management personnel and Implementation and Operational specialists qualified to perform the requested services as well as a team of advisors to provide additional project support and consultation. The personnel we have assigned to the DHHR EVV contract include the most experienced HHAX leaders who have implemented electronic visit verification systems.

HHAX sets up an **Executive Oversight Committee** for every large EVV engagement. The Committee meets weekly between Project Kickoff and throughout the Implementation phase to go through project milestones and any arising issues.

We take pride in our high levels of quality and customer service. A large part of our success is in the assignment of contract-specific team members who know and understand contract requirements and who are knowledgeable of State processes and systems.

Executive Oversight Committee

HHAX leverages a seasoned Executive Oversight Committee for all of our large EVV engagements. The Committee meets weekly between Project Kickoff and throughout the Implementation phase to go through project milestones, and any arising issues. **Christie Watson**, Vice President of Payer Client Success, will act as the accountable project executive that will ensure all day-to-day DHHR work meets or exceeds contract requirements. Other proposed members of our Executive Oversight Committee include **Greg Strobel**, President and CEO; **Stephen Vaccaro**, President, Provider Division; **Ken Ernsting**, COO; **Lou Tseng**, CTO; **Jacob Sabastian**, CIO and point of escalation for architecture and solution support; **Adrian Salas**, CSO and IT and Security Lead; **Kim Glenn**, SVP of Payer Solutions and key contact during the contract negotiation period for this project; **Brian Portewig**, VP of Client Implementation & Adoption **Scott Schwartz**, SVP Provider Division; **Mark Putter**, Vice President of Training and Education;

DHHR Project Key Staff

HHAX has put together a core team of three highly qualified individuals to manage this engagement end to end, from Project Kickoff to the Implementations Phase through the Operations Phase. **Nathan Burgess**, Director of Client Success, will lead this core team as DHHR's Account Manager; **John Brooks**, DHHR Project Manager; and **Sharada Kondaveeti**, Senior QA Manager for DHHR project will serve as the core staff that will oversee every aspect of this project. This team works together in a cohesive way on a daily basis. We share additional information on our Key staff's experience and qualifications on the pages that follow, including resumes for these three positions.

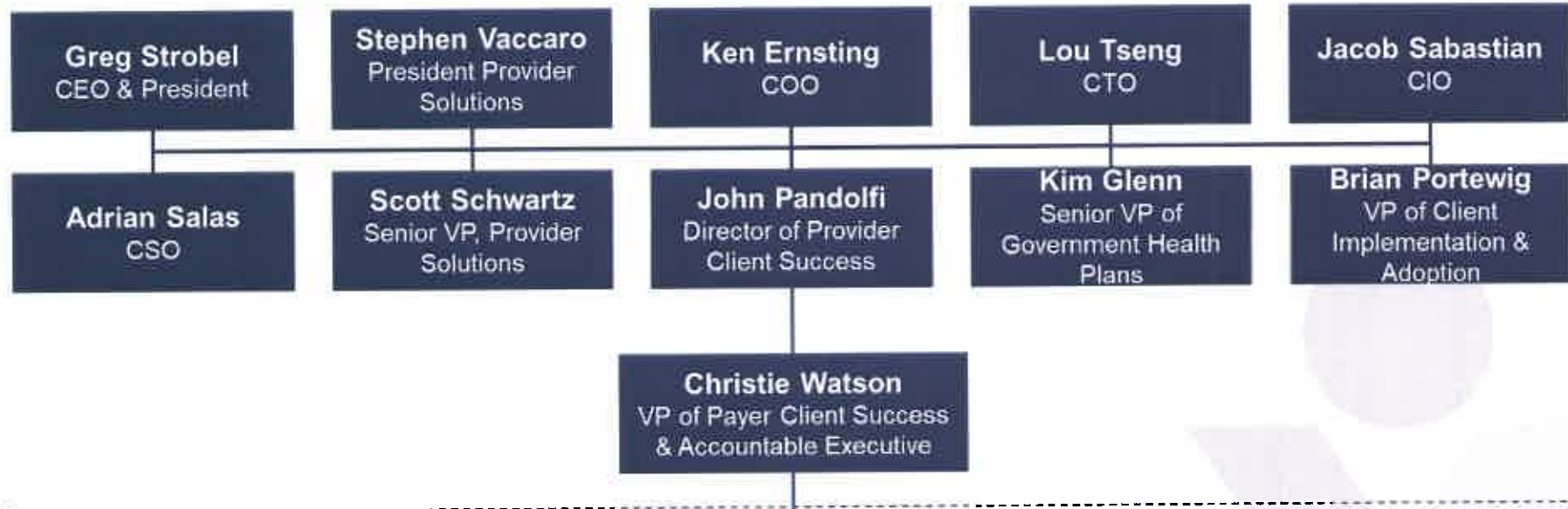
Name	Role	Contact Information:
Nathan Burgess	Account Manager	(980) 521-3743 nburgess@hhaexchange.com
John Brooks	Project Manager	205-533-1987 jbrooks@hhaexchange.com
Sharada Kondaveeti	QA Manager	(512) 925-3286 skondaveeti@hhaexchange.com

Additional Project Team Resources

In addition to our Executive Oversight Committee and supporting our Key Staff, we will pull in expertise as needed from all avenues within HHAX. The organizational charts we supply in the following pages will highlight some of these roles, including **David Allen**, Director of Business Planning for Government Health Plans; **Fatima Abbas**, Implementation Director; **Rory Walker**, Integration Director; **Daniel Potocki**, Lead EVV Technologist; **Peter Mintzer**, Platform Product Manager; **Daniel Spurlock**, Provider Engagement and Onboarding Manager; and **Johny Jerome**, Lead Trainer.

On the following pages, HHAX has provided organizational charts for the DHHR engagement. These charts cover our Executive Oversight Committee, Implementation Team, and Operations Team; as well as highlight how our Key staff is managing the entire engagement. We will work with DHHR after award to finalize the staffing plan as needed.

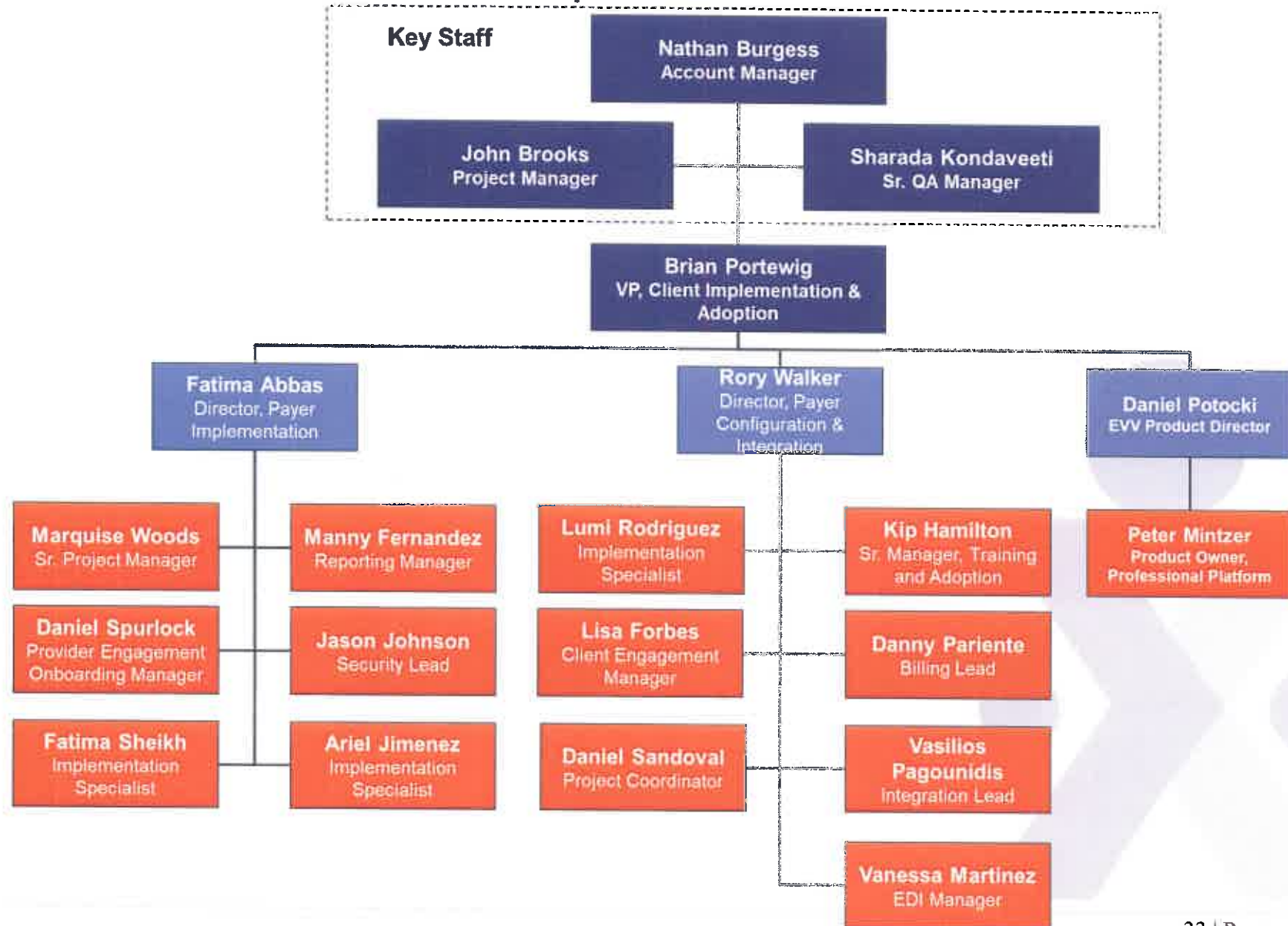
Executive Oversight Committee



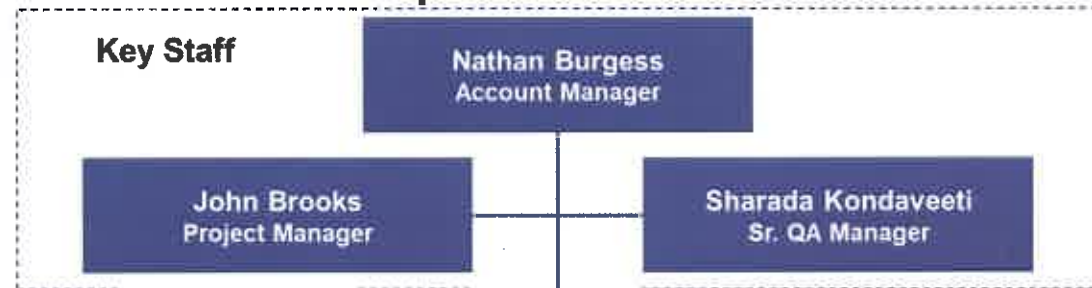
Key Staff



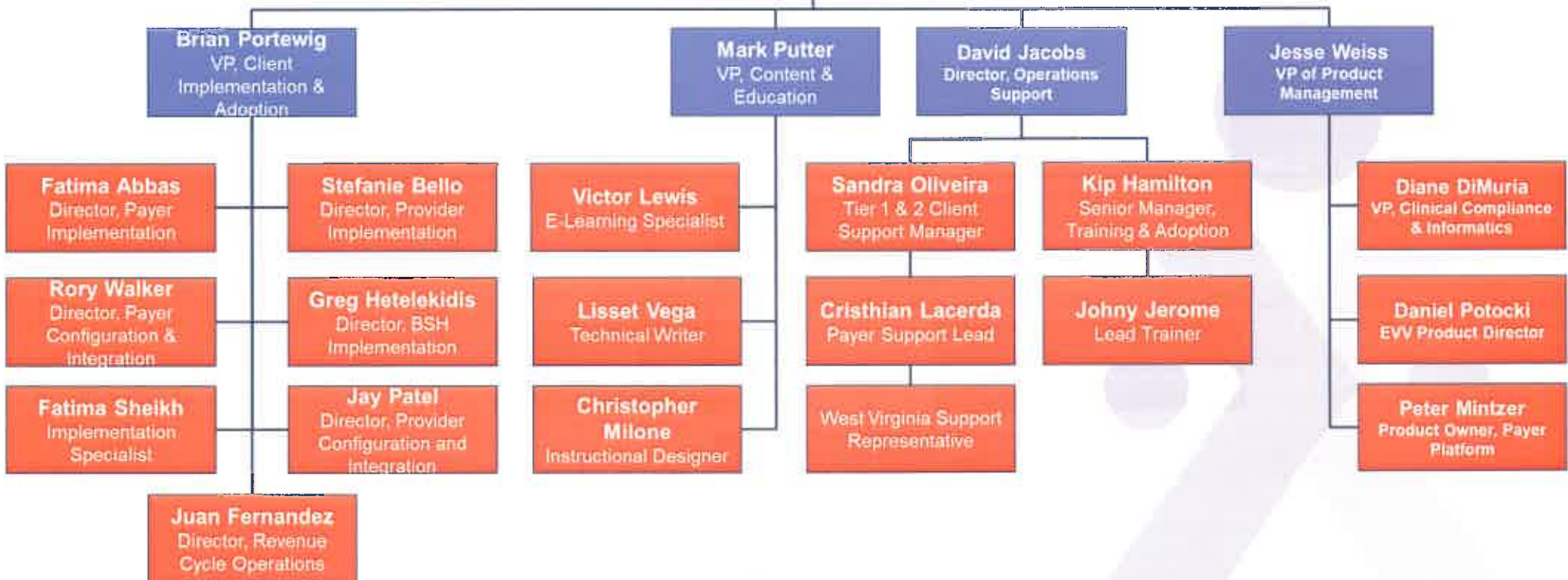
Implementation



Operations



Ken Ernst
Chief Operating Officer



In the below section, we have highlighted members of the project team that are critical to a successful project. In addition, we have provided resumes for certain Key Personnel as required by the DHHR RFP. Once awarded, HHAX can provide additional resumes for all project team members at DHHR request.

Our Proposed Project Team

The HHAX team is committed to providing a project team composed of experienced and knowledgeable professionals to provide the EVV services requested by the Agency. Our proposed project personnel, including our Executive Oversight Committee and Key Personnel, are highly qualified, and they have demonstrated their program expertise in applying day-to-day project management skills to support this project. Our project team members offer EVV experience that other vendors cannot match, coming from our significant experience serving all stakeholders in the EVV ecosystem – including Medicaid agencies, MCOs, providers, and DCWs. The personnel named on the organizational chart, supplied above, already have an in-depth understanding of Medicaid program data files, processes, deliverables, business rules, regulations, and national best practices.

Greg Strobel, President and CEO, has nearly 30 years of healthcare, managed care, and homecare experience. As a “hands on” leader, he will provide continuous executive oversight and technical guidance to ensure that we are meeting and exceeding all requirements of this engagement. He has many client references that can be contacted to attest to his involvement with our large clients. He will serve as a very active and engaged executive advisor on this project. He oversees many of our current large-scale projects and provides strategic direction for ground-level activities. His strong expertise in similar programs and service-delivery environments ensures that he possesses the knowledge, experience, and technical expertise to deliver a successful project.

As President and CEO, Greg drives strategy and operations for the company, helping to develop new efficiencies for payers, providers, DCWs, and members in today’s rapidly changing healthcare environment. Greg is especially focused on ensuring all homecare providers can help reduce readmissions and lower overall healthcare costs for members.

Prior to HHAX, Greg served as the President of MedAssets’ \$300 million Revenue Cycle Management Division. In that role, he led all aspects of product management, client services, support, and sales. Prior to his time at MedAssets, he held several senior management positions at McKesson, Provider Technologies, Health Management Systems, and Ernst & Young. Greg holds a BS in Computer Science and Business Administration from Millersville University of Pennsylvania.

Stephen Vaccaro, President, Provider Division, has almost 30 years of experience in the government healthcare services and technology industry. Mr. Vaccaro possesses a unique understanding of the interrelatedness of payer and provider operations. He has extensive expertise in Revenue cycle processes, operational workflows and metrics, technology solutions, cost reporting, member eligibility, claim billing and adjudication, reimbursement, accounts receivable management, and payment-acceleration processes. He also has a proven record of successfully implementing value-oriented solutions, including consultative services and targeted technology solutions, for payer and provider clients.

Prior to joining HHAX, Stephen was Senior Vice President and Program Integrity General Manager at Health Management Systems, Inc. (HMS), where he was responsible for successfully building its Program Integrity vertical into an \$80M enterprise for payer clients in the state Medicaid, Medicaid Managed Care, and commercial health space, which included WV Medicaid as a client.

Steve holds an MBA from Hofstra University as well as a BA in Economics and Applied Math & Statistics from the State University of New York at Stony Brook.

Ken Ernsting, Chief Operating Officer, is a senior executive in the information technology and services industry, with experience and success in virtually all areas, including General Management, Operations, Marketing, Product Management, Sales, and Business Development. He brings significant management experience in developing, implementing, and leading initiatives associated with major product deployments; establishing and achieving target metrics for productivity monitoring and evaluation; process alignment; and new product positioning and roll-out. Both the Implementation and Operations teams proposed on this engagement report to Ken.

Prior to joining HHAX, Ken was Executive Vice President and Chief Operating Officer for ABILITY Network. In this role, he was responsible for all internal operations of ABILITY, as well as leading efforts associated with future growth strategies and operational efficiencies. Before ABILITY, Ken held executive positions at Sage Healthcare where he oversaw the consolidation of 7 subsidiaries of Emdeon/WebMD.

Ken holds a Bachelor of Liberal Studies, Interdisciplinary Studies, summa cum laude, and was the recipient of the Academic Excellence Award for the Metropolitan College School of Liberal Studies.

Lou Tseng, Chief Technology Officer, leads HHAExchange's strategic technology vision, overseeing the development of the company's innovative client solutions, infrastructure, and security.

Lou has been in the healthcare IT field for the past twenty years and has led technology teams across engineering, professional data services, and cloud operations. Prior to joining HHAExchange, Lou held leadership roles at healthcare companies including MedAnalytics, AthenaHealth, and Harris-CAREfx Healthcare.

Lou comes to HHAExchange with a background in both payor and provider markets and has focused heavily on building and developing high technology client solutions for fast-growing organizations.

Lou earned his undergraduate degree at National Taiwan University and his master's degree in MIS from the University of Arizona.

Lou will provide DHHR with escalation support for architecture and solution support. With control over HHAX's roadmap for future features and platform evolutions, DHHR will have a direct line to ensure that any future needs are properly addressed and mapped out to ensure timely delivery.

Jacob Sebastian, Chief Information Officer, leads HHAExchange's strategic technology vision, overseeing the product roadmap, system architecture, development, and integration. Having joined the company as one of its first employees, Jacob has been integral in scaling the product to support the HHAExchange's continued growth.

Jacob has more than 20 years of experience developing mission critical applications. He has authored several books and articles on database management systems and has been a recipient of Microsoft's MVP award for eight successive years.

Prior to joining HHAeXchange, Jacob held leadership roles at a variety of software development companies including Saltriver Infosystems and Pioneer Systems. Jacob holds a Masters Degree in Information Security from the University of Liverpool (UK).

Adrian Salas, Chief Security Officer, leads his team in ensuring the secure development and oversight of HHAX's information and technology infrastructure. He will serve as the IT and Security Leader on this project team. Adrian brings more than a decade of IT and management experience to HHAX, overseeing the company's physical security needs, as well as digital and electronic security requirements. Adrian is focused on ensuring that HHAX's security requirements add value, while providing a competitive advantage. He spearheaded our successful attainment of HIPAA, HITECH, HITRUST, SOC2 Type II, and SCO1 Type II certifications.

Adrian has spearheaded our security certifications, including becoming the industry's first HITRUST certified EVV platform. Adrian will support DHHR in obtaining CMS certification, any architecture integrations, and road mapping for future MITA change compliance.

Adrian joined HHAX in 2014 as the company's Infrastructure Manager. Prior to HHAX, Adrian held several IT management positions including Director of Information Technology, IT Infrastructure Manager, IT Network Manager, and IT Operations Manager.

Adrian holds a Bachelor of Science degree in Information Technology from Western Governors University and a Master of Professional Studies in Information Sciences, Cybersecurity, and Information Assurance from Penn State University.

Scott Schwartz, Senior Vice President, Provider Division, brings more than 15 years of leadership experience in founding and managing SaaS-based companies and large-scale complex projects. In his role as SVP, Scott is responsible for overseeing and expanding the HHAX provider clients using the Enterprise platform. Scott currently manages our Panhandle provider account in Parkersburg WV where we have taken over this large provider's business operations. During the implementation phase of our project with WV, Scott and his team will play a key role in our WV provider onboarding and training. He develops training collateral, stakeholder outreach and other content support during the implementation of new EVV projects. Additionally, his provider focused team is responsible for training materials, scheduling information sessions and in-person training, as well as ensuring we achieve all mutually agreed to milestones for the project related to project content and collateral.

Prior to joining HHAX, Scott co-founded Campsite, a SaaS CRM technology for camps and schools, successfully taking the company from concept to \$3M in recurring revenue in just under three years. A proven leader and team builder, Scott has held senior positions at a variety of companies including OrderGroove, StoryHunter, and Indian Head Camp. Scott graduated from the University at Buffalo with a Bachelor of Science degree in mechanical engineering and holds a MA in childhood education from Adelphi University.

Christie Watson, Vice President of Payer Client Success, leads teams across HHAX in the design, delivery, and support of our payer software solution. Working with both national and regional payers, Christie is laser-focused on client needs and the development and implementation of our payer software solution.

Christie will serve as the Accountable Executive for the DHHR contract. Her expertise will ensure the establishment of clear lines of communication. In addition, she will serve as oversight for implementation and integration to complete all agreed to milestones on time. Acting as the accountable executive, Christie will ensure that all day-to-day DHHR work meets or exceeds contract requirements. She will also serve as an executive level escalation point, if necessary.

With over 20 years of experience providing leadership and managing service delivery teams, Christie is a team-oriented leader with a passion for delivering excellent client service. As a Certified Fraud Examiner (CFE), Christie brings an added level of expertise to complement HHAX's built in features that help prevent fraud, waste, and abuse. Additionally, she is a Certified Public Accountant with audit specialties in GAGAS, Federal Single Audit, state program compliance and non-profits.

Prior to joining HHAX, Christie was Director of Audits and Special Projects at Health Management Systems. Christie graduated from Ohio Northern University with a BSBA with high distinction in Accounting and Management.

Brian Portewig, Vice President, Client Implementation & Adoption, works across both payer and provider clients, overseeing HHAX's client onboarding programs, driving client engagement, and ensuring customer success. With 15+ years of experience in healthcare software and consulting, Brian brings a passion for building exceptional teams and a positive culture to HHAX.

Prior to joining HHAX, Brian worked at healthcare analytics leader, MedeAnalytics, for almost a decade in a variety of client and professional service roles, most recently serving as its Vice President of Client Services. Prior to joining MedeAnalytics, Brian spent six years with Triage Consulting Group, where he managed a team of consultants working on large provider engagements.

Brian holds a BA in Business Administration from Southwestern University, and a MBA in Finance from Texas Tech University.

Mark Putter, Vice President, Education and Training, brings 27 years of experience with training and developing content and materials for end user training. Mark manages HHAX's online learning management system (LMS). He is experienced in implementation and operations of statewide EVV systems, facilitated implementations, and provided user support and training.

As Vice President, Education and Training, Mark will oversee program communications, training plans, and content created for the DHHR project. His team will work with DHHR staff, as well as the HHAX implementation team and Scott Schwartz's provider team, to ensure clear and consistent communications are used to drive adoption and overall program success.

In his roles Mark has supported multiple proprietary enterprise systems and provided project management and leadership for state-wide technology rollouts to meet governmental healthcare mandates. He authored and programmed computer-based training (CBT) modules on usage of proprietary systems for the nation's largest health care receivables management company.

Prior to joining HHAX, Mark was Senior Vice President of Training and Documentation at Sandata Technologies. Mark graduated from Dartmouth College with a BA in Economics and a minor in Computer Science.

Kim Glenn, Senior Vice President of Government Health Plans, will serve as a Senior Medicaid Policy and FWA Advisor bringing almost 30 years of dedicated and related expertise to this engagement. She has worked with over 35 states during her career to implement large scale, complex technology and service engagements. She is a subject matter expert in electronic visit verification, value-based payments, managed care contracting, compliance, Medicaid policy and legislation, billing, cost containment, program integrity, FWA, and Medicaid program oversight. Most recently Ms. Glenn developed and implemented a product for Medicaid agencies to oversee every contractual obligation related to their contracted MCOs, including Electronic Visit Verification activities. She has worked extensively with many Medicaid stakeholders to secure FFP funding through Advanced Planning Document preparation and put in place the right contract management tools to oversee the growing managed care spend in the physical, behavior, and long-term care sectors.

Prior to joining HHAExchange, Kim worked at Health Management Systems, Inc (HMS) as a Senior Vice President overseeing the State Government Services Division where she managed the national Medicaid book of business including extensive work with DHHR.. Before that she had executive positions at Public Consulting Group, Inc. and Deloitte and Touche. She graduated from Colgate University with a double major in political science and economics.

Nathan Burgess, Director, Payer Client Success and DHHR Account Manager, is an experienced healthcare professional with a proven track record in Information Technology, Operations and Program Management. He has an extensive background managing all aspects of product delivery including business development, strategic partnerships, feasibility analysis, implementation, data integration, operational analysis and optimization, and account management. In his key staff role as DHHR's Account Manager, Nathan will oversee all aspects of the DHHR engagement, including coordinating implementation and operations handoffs. He will be focused on helping DHHR to gain EVV compliance, capture value-based data, and ensure payment and program integrity in order to oversee your provider networks.

Nathan will provide on-site guidance for DHHR from the project kickoff meeting through implementation, and the ongoing operations phase of the project as well as ensuring the timely and successful delivery and provider/caregiver adoption of our solutions. On a continual basis, Nathan will review and align our platform's functional and reporting capabilities with any changes in the market landscape due to legislation or policy changes at the Federal or State level.

Prior to HHAX, Nathan held Director level positions in Government services, including managing project development and account management at Health Management Systems (HMS). Nathan holds a B.A. in Software & Information Systems from the University of North Carolina at Charlotte.

HHAX has provided Nathan's resume in Section 3 of Attachment 4 below as he has been designated a key member of our project team

John Brooks, PMP, DHHR Project Manager, is the senior project manager at HHAExchange as is responsible for creating a Project Management Office to manage internal Corporate Initiatives. He also creates standard project deliverables and project status dashboards for our Executive team. John brings project management expertise for numerous Corporate Initiatives such as (1) Creating an EVV Support Team for FL and PA EVV mandates, (2) establishing a Universal Patient Record; and (3) relocating the Corporate office.

Previously, John was tasked with the creation of a Project Management Office (PMO) to manage projects supporting Corporate strategic and operational initiatives and goals. Merged Project Management Body of Knowledge (PMBOK) principles with existing corporate Agile Development Best Practices to successfully implement internal projects. Created project deliverables, project status dashboards, and other project management processes necessary for the management of projects.

For DHHR, John will lead and coordinate all of the project team members, ensuring communications and project deliverables are tracked and delivered on time. John has been designated as a key member of our project team.

HHAX has provided John's resume in Section 3 of Attachment 4 below.

Sharada Kondaveeti, Senior Quality Assurance Manager, is a dedicated and innovative engineering leader with proven leadership abilities in Quality Assurance, Testing Strategies, Release Planning and Management, IT Project Management, and Team Leadership with focus on delivery of high-quality technology and automated solutions in the healthcare industry. She brings comprehensive experience in QA methodologies, release process, and use of Agile development cycles. Sharada has a keen ability to lead quality assurance operations, validate quality processes with establishment of product specifications and quality attributes, measurements for production, plus identifying and continually updating quality assurance procedures in alignment with business goals.

Sharada brings extensive QA Testing experience and has expertise in leading development and execution of test strategies with preparation of test environments, modification and reuse of test environments, and test data as needed for regression testing, integration testing, functional, staging, end-to-end (E2E) and production testing.

Sharada will fill the key staff position of QA Manager for the DHHR project, ensuring that all testing and quality assurance activities use best practices, are tracked and reported on, and are delivered on time.

Prior to joining HHAX, Sharada held multiple QA positions, including QA Engineer, QA Lead, and QA/Reports Manager at VisionWeb, eMDs, and XO Group, Inc. Sharada brings a Bachelors in Commerce and a Masters in Commerce from Osmania University, India, a Post Graduate Diploma in Computer Science from Rajiv Gandhi Institute, India, and a MS in Information Technology from Western Governors Univ, Utah.

HHAX has provided Sharada's resume in Section 3 of Attachment 4 below.

Daniel Potocki, Lead EVV Technologist, brings over 8+ years of experience within the Healthcare IT space. He has shown a proven ability to drive product adoption, with a strong focus on process efficiency and user experience. Daniel oversees a team of dynamic Product Owners working with more than 12 development squads. He provides strategic roadmap direction and ensures release success for EVV and Mobile solutions reaching over 450k end users.

With EVV as a core function within our solution, Daniel drives HHAX's evolution and product enhancements. Working with our development team, he ensures that we continue to improve the speed of our offering, while also further enhancing our EVV capabilities.

As the Lead EVV Technologist for DHHR, Daniel will engage with West Virginia stakeholders from the early stages of the project. Through demonstrations and tutorials, Daniel will drive adoption of the HHAX solution in West Virginia. He will also be heavily involved with feedback and future enhancements to the HHAX system.

Prior to joining HHAX, Daniel was a Technical Documentation Specialist for EC Infosystems. Daniel graduated from American University with a BA in Communications.

Fatima Abbas, Director, Payer Implementation, brings 11 years of experience in project management and EVV systems. She has extensive experience providing project and operations management in large scale projects at regional and national level related to onboarding MLTSS members onto the HHAX and Sandata platforms. Fatima quickly achieves credibility and rapport with leaders and staff at all levels based on a broad range of personal frontline operations experiences.

She is a leader known for strategic and focused approach, for limiting risk, creating lean teams, and establishing creative strategies for optimizing project deliverables in a Healthcare Technology implementation environment. With the assistance of technology solutions such as HHAX, Fatima has helped improve clinical outcomes, operational performance, and financial results for the Home Healthcare industry, Managed Care Organizations, and Acute/Ambulatory Care services.

As Payer Implementation Director, Fatima ensures successful and focused client engagement in delivering the Payer platform to State Medicaid and large Managed Care Organizations (MCO) payers related to EVV. She works closely with providers to ensure a successful connection in HHAX as it pertains to electronic visit verification, billing, and compliance requirements.

For the DHHR project, Fatima will coordinate implementation elements, ranging from onboarding activities, information sessions, and a wide range of activities that will ensure a successful deployment of our solution for all stakeholders.

Prior to joining HHAX, Fatima was the Director of Payer Implementation Services at Sandata Technologies. Fatima graduated from the University of Houston with a BS in Technology Leadership and a minor in Training and Development.

Daniel Spurlock, Provider Engagement and Onboarding Manager, brings 14 years of extensive experience managing teams, driving positive change, developing solutions, integrating new technology and managing client relationships. He is responsible for facilitating provider EVV training, user adoption, and identifying market specific system enhancements. Daniel provides market support to the implementation team, manages provider portal implementation, and system access.

For DHHR, Daniel will be a liaison between providers and HHAX. He will serve as an escalation point for support team issues and provider complaints. Daniel will work with our software development teams to drive system enhancements.

Prior to joining HHAX, Daniel was Director, Client Integration Management for Conifer Health Solutions. Daniel graduated from Western Governors University with a BS in Business Management. He has a Project Plus Certification from ComptTIA.

Johny Jerome, Lead Trainer, brings Over 7 years of Billing/ Collections/ Account Receivables and Client Services experience, 10 years of leadership experience and 5 years of experience with SaaS software platforms. Johny has extensive knowledge in Coding, Billing, and Collection practices in protocols both for electronic (EDI) and paper invoices to all managed long-term care payers. He oversees the generation of electronic billing files and payment posting through electronic remittance and manual entry, as well as monitoring the preparation of invoices for services rendered, while ensuring that all payments are accounted for and properly posted.

For DHHR, Johny will be the lead trainer for DHHR users and deployment to West Virginia providers. With support from additional training staff, Johny will be active in ensuring that providers understand the solution and adopt quickly, while supporting your back-office users as they learn and become familiar with the HHAX system.

Prior to joining HHAX, Johny was a Lead Java Application Analyst for Kliger Weiss Info Systems. Johny graduated from Queens Community College with a BS in Computer Science.

Staffing Conclusion

The full breadth and depth of the HHAX team will support our Project team members. If the need for additional personnel to support this engagement arises, we will efficiently realign our staffing resources in order to continue to meet the needs of this project. The Management team, supported by our Executive Oversight Committee, will deploy the most-effective approaches to achieve the RFP objectives, and we will allocate the correct resources to this engagement.

Our approach to project management includes establishing clear lines of authority that facilitate the communication and distribution of relevant information and management of quality issues. As our Operations or Executive team identifies issues related to policy, business processes, systems, or applications, we communicate concerns to our Project teams. In the event that the State or our Project team members identify an issue or concern, we will take appropriate actions to resolve the problem. Our Project Management team will be available to work internally and, as necessary, will collaborate with the Agency to resolve project issues and concerns to secure continuity of services and deliverables.

2. Key Staff, Resumes, and References

3.1 Key Staff

Key staff consist of the project's senior leadership for the Electronic Visit Verification (EVV) project. These resources are responsible for providing leadership, and creating the standards and processes required for the successful implementation, operation, maintenance.

- 3.1.1 The Vendor should make the proposed key staff available for an in-person interview upon DHHR's request.**
- 3.1.2 To ensure successful transition to the operations phase, the implementation activities should be led by key staff identified in the list below:**
 - 3.1.2.1 Account Manager**
 - 3.1.2.2 Project Manager**
 - 3.1.2.3 Quality Assurance Manager**
- 3.1.3 The qualifications, experience, and responsibilities for each key staff role are defined in RFP Section 4.7.1 *Qualifications and Experience*: Table 8: Staff Qualifications, Experience, and Responsibilities.**

3.2 Resumes

- 3.2.1** Resumes for key staff named in the Vendor proposal should indicate the role of the staff on the EW project and demonstrate how each staff member's experience and education will contribute to the successful implementation of the EVV.
- 3.2.2** Each resume should demonstrate experience relevant to the position proposed. If applicable, resume should include work on projects cited under the Vendor's corporate experience, and the specific functions performed on such projects.
- 3.2.3** The Vendor should complete Table 23: Resumes for Proposed Key Staff and include in this section Proposed Key Staff resumes and any additional staff members' resumes the Vendor will have assigned to this project.

Table 23: Resumes for Proposed Key Staff

Name	Proposed Role	Experience in Proposed Role
Nathan Burgess	Account Manager	Nathan has over 10 years of experience in account management. He currently manages multiple nationwide payer accounts at HHAX where we currently provide similar scopes of work.
John Brooks	Project Manager	John has over 12 years of experience in Project Management as well as maintaining a Project Management Professional (PMP) certification.
Sharada Kondaveeti	QA Manager	Sharada has 15 years of QA experience, starting as a QA Analyst and moving up to a QA Engineer. She has been a QA Lead or QA Manager for

Nathan Burgess

Director, Payer Client Success



Experience Overview

Experienced healthcare professional with a proven track record in Information Technology, Operations and Program Management. Background managing all aspects of product delivery including business development, strategic partnerships, feasibility analysis, implementation, data integration, operational analysis and optimization, and account management.

Core Competencies:

- Profit and Loss management of large-scale healthcare program integrity initiatives
- Develop and design technical solutions to enhance return on investment for both company and clients
- Expansion of existing business relationships resulting in significant revenue growth
- Expertise in Medicaid and Medicare program integrity
- Management of operational staff located in various geographical regions
- Proficient in Microsoft Access, Excel, PowerPoint, Visio, Planner, Project, and SQL

Relevant Professional Experience

HHAexchange (July 2019 – Present)

Director, Payer Client Success (July 2019 – Present)

- Leads initiatives and oversees HHAexchange solutions in the homecare industry for payers looking to gain EVV compliance, capture value-based data, and ensure payment and program integrity in order to improve their provider networks.
- Provide on-site guidance for the customer, as required during the pre-sale, implementation, and post implementation phases of the project
- Ensure the timely and successful delivery and member adoption of our solutions according to customer needs and objectives
- Review and align payer solutions with any changes in market landscape due to legislation or policy changes at the Federal or State level

Health Management Systems (HMS) (September 2007 – April 2017)

Senior Director, Government Services Program Integrity (April 2017 – June 2019)

- Accountable for providing leadership over State and Federal Program Integrity solutions and driving increased revenue
- Responsible for developing strategic plans, budget, P&L, and solution design
- Drive results through cross functional management resulting in revenue growth of 6% each year
- Analyze and improve business processes to improve overall workflow efficiencies and effectiveness
- Gather intelligence regarding clients, partners, competitors, and markets to inform client/opportunity strategy
- Ensure successful implementation of business development strategy/tactics across all State and Federal Markets

Program Director, Government Services (January 2013 – April 2017)

- Responsible for successful delivery and project management of Medicaid Third Party Liability and Program Integrity services that result in client annual recoveries of over \$80MM and provide millions in cost savings.
- Responsible for P&L, sales and client management of service offerings, including third-party liability billing and recovery, cost avoidance, subrogation, estate recovery, Medicare identification, credit balance auditing, pharmacy auditing, long term care audits, clinical complex reviews, utilization review and program integrity services

- Manager of Project Development - Enterprise Data Management (April 2011 – Dec. 2012)*

- Business Analyst Supervisor (May 2010 – April 2011)*

- Account Analyst II (Sept. 2007 – May 2010)*

- ### Education & Certifications

B.A. Software & Information Systems, August 2006

John Brooks, PMP, CSM

Senior Project Manager



Relevant Professional Experience

HHAeXchange (September 2019 – Present)

Senior Project Manager

- Responsible for creating a Project Management Office to manage internal Corporate Initiatives.
- Creates standard project deliverables and project status dashboards for Executive team.
- Provide project management expertise for numerous Corporate Initiatives such as (1) Creating an EVV Support Team for FL and PA EVV mandates, (2) establishing a Universal Patient Record; and (3) relocating the Corporate office.

MedeAnalytics (March 2012 – September 2019)

Project Management Office Manager

- Tasked with the creation of the Project Management Office (PMO) to manage projects supporting Corporate strategic and operational initiatives and goals.
- Merged Project Management Body of Knowledge (PMBOK) principles with existing corporate Agile Development Best Practices to successfully implement internal projects.
- Created project deliverables, project status dashboards, and other project management processes necessary for the management of projects.
- Managed four Project Managers and responsible for the onboarding and training for all Project Managers assigned/hired in the PMO.

Resource Pool Manager

- Managed Client Services' Resource Pool consisting of 40 Managers, Senior Associates and Associates, for account support and implementations.
- Responsible for Staffing Assignments, ensuring proper account support, resource management, staff rotations, career coach assignments, and utilization reporting.
- Provided new hire onboarding and training on MedeAnalytics' products and processes.

Implementation Project Manager

- Implemented MedeAnalytics' Revenue Cycle Intelligence application.
- Worked closely with executives from major hospital groups and our Professional Services team to ensure successful implementation.
- Managed all aspects of the project such as interfacing with the offshore engineering team, managing project schedule, mitigating issues, and communicating status to hospital and MedeAnalytics Executives.
- Received Certified Scrum Master credentials 10/15.

Surgical Care Affiliates (March 2009 – March 2012)

Senior Project Manager

- Implemented a new Patient Accounting System to 130 Ambulatory Surgical Centers to realize greater efficiencies in scheduling, billing, and collections.
- Acted as primary interface between vendor and SCA executives to ensure vendor met all customer service levels and was compliant with contractual obligations.
- Conducted weekly Steering Committee meetings between vendor and SCA executives to discuss achievements and issues and notified SCA executives of any issues with the account.
- Managed all schedules, risks, and issues associated with the project to implementation.
- Evaluated and implemented an Electronic Health Record application.
- Rolled out various PMO controls within the IT department.

- Managed other corporate projects such as data warehouse reporting improvements and SharePoint initiatives.

Cahaba Government Benefit Administrators, LLC. (October 2008 – March 2009)

Project Management Office Consultant

- Created a Project Management Methodology that was utilized for all internal projects managed within the company.
- Developed a Project Management Plan for a five-year \$335 million Centers for Medicare and Medicaid Services' (CMS) Medicare Administrative Contract.

Early Professional Highlights

- 9 years in the United States Army Reserve and was promoted to Executive Officer.
- Liaison between sales representatives and production plant as AS/400 Product Coordinator at IBM.
- Presented comprehensive manual of economic development resources to municipal government officials as Economic and Community Development Intern at Birmingham Regional Planning Commission.
- Former Presidential Management Intern for the Federal Emergency Management Agency (FEMA) where TS/SCI security clearance was held.
- Held Project Manager roles at Accenture (2001 – 2004), Vesta Insurance Companies (2004 – 2006), HealthSouth (2006 – 2007), and DST Health Solutions (2007 – 2008).

Education & Certifications

AUBURN UNIVERSITY, Auburn, AL, 1997-1999

Master of Community Planning, March 1999; **GPA: 4.00/4.00**

Master of Public Administration, June 1999; **GPA: 4.00/4.00**

UNIVERSITY OF TAMPA, Tampa, FL, 1988-1991

B.A., Political Science (Minor in Military History)

UNIVERSITY OF MARYLAND, College Park, MD, 1986-1987

Sharada Kondaveeti

Senior Quality Assurance Manager



Experience Overview

Dedicated and innovative Engineering leader with proven leadership abilities in Quality Assurance, Testing Strategies, Release Planning and Management, IT Project Management, and Team Leadership with focus on delivery of high-quality technology and automated solutions in healthcare industry.

- **Quality Assurance** – Comprehensive experience in QA methodologies, release process and use of Agile development cycles. Keen ability to lead quality assurance operations, validate quality processes with establishment of product specifications and quality attributes, measurements for production, plus identifying and continually updating quality assurance procedures in alignment with business goals.
- **QA Testing** – Expertise in leading development and execution of test strategies with preparation of test environments, modification and reuse of test environments, and test data as needed for regression testing, integration testing, functional, staging, end-to-end (E2E) and production testing.
- **Software Release Process** – Experienced in software release management process from release planning, execution, and tracking to successful deployment.
- **Project Management** – Highly effective leader with strong business, organizational, and quality focused in oversight, risk mitigation, communications, and monitoring to successful delivery of projects within tight deadlines and on budget in high stress, challenging environments, requiring adaptability and decisiveness to succeed.

- Team Leadership & Collaboration – Hands-on and persuasive team leader skilled in building on individual and group strengths to deliver a culture of motivation and accountability that leads to aggressive team goals, high standards for team deliverables, and top performance. Proactive in cross-functional team collaboration with multiple departments to optimize organizational success.

Relevant Professional Experience

HHAeXchange (December 2019 – Present)

Senior Quality Assurance Manager

VisionWeb (August 2017 – October 2019)

Quality Assurance/Reports Manager

- Responsible for all quality assurance operational objectives by contributing information and analysis to strategic plans and reviews and determining system improvements.
- Validate quality processes by establishing product specifications and quality attributes, measuring production and determining quality assurance procedures that require updates.
- Manage direct reports, helping them juggle multiple projects and manage their time on short- and long-term projects for both onshore and offshore team.
Support the long-term career development of direct reports and helping them build their skills in testing.
- Frequently participated in testing activities with QA team that included preparing test environments, modify and reuse the test environments and test data as necessary, regression testing, end-to-end testing (E2E), integration testing, functional, staging and production testing.
- Working closely with Product, Development and upper management to ensure that all deadlines and goals are met and providing test execution cycle management to ensure production releases are on schedule.
- Responsible for aligning QA to business strategy and conduct internal communication of planned QA activities for UAT and E2E testing.
- Responsible for developing automation strategy for QA and assist other team members through mentorship, tutorials and identifying process gaps.
- Helped team build automation framework for utilizing Nightwatch for UI and Postman for API tests that will operate for the future to bring testing into a CI/CD capability across all products.
- By implementing right testing strategies, reduced regression timelines from 8 days to 3 days.
- Helped reports team automate manually generated reports there by bringing the time spent on reports from 7 days to 3hrs.

eMDs (October 2010 – August 2017)

Quality Assurance Manager (October 2013 – August 2017)

- Managed a 10-person team on web based product that was developed and deployed to pilot customers as initial launch.
- Worked closely with support in defining an escalation process that can be best used by clinics during product evaluation and issue reporting phase of the product cycle.
- Implemented regression cycle process changes that reduced regression timeline from 10 days to 6 days.
- Responsible for mentoring QA Lead on all efforts.
- Established a process to communicate QA build deployments to all environments.
- Promoted self-managed teams within QA, there by engaging teams to take more ownership of their testing activities.
- Performed employee performance evaluations and set goals at department, team and individual levels.
- Evaluated, purchased and implemented TFS Test Manager for manual and automated testing efforts.
- Responsible for release sign off for deployment and communication to all departments.
- Part of the team that ensures delivery of appropriate support documentation and formal transition of the release to support after UAT and E2E testing is complete.
- Responsible for providing status updates to upper management during release phase.
- Responsible for providing release updates and release metrics during CTO status meetings

Quality Assurance Lead (October 2010 – September 2013)

- Critical resource for practice management billing and claims test planning and execution.
- Assist project teams with process and testing approaches, providing leadership to test groups.
- Provided training in the use of testing tools and methods.
- Participated in Agile planning sessions for all projects demonstrating the ability to work on multiple projects.

- Responsible for all production escalations, assignment of QA tasks to team members and defect management.

XO Group Inc. (December 2008 – May 2010)

Quality Assurance Engineer

- Critical resource for test planning and execution of one of the key web applications. Responsible for reproducing and analyzing any production issues and track the defects accordingly.
- Demonstrated ability to manage multiple priorities with quick change in direction when necessary in Agile methodology.
- Ensuring that software products are developed and maintained as per the compliance rules.
- Implement, maintain, and enhance test plans and test scripts using TFS (Team Foundation Server).
- Worked extensively on database interface and SQL.

Education Finance Partners (January 2007 – August 2008)

Senior Quality Assurance Analyst

- Played a key role in developing and implementing test strategies and test plans for Student Loan Origination System to support the business.
- Go to resource for all credit related activities including working directly with Credit dept. to design efficient test scenarios to support the most effective validation efforts.
- Critical resource for test planning and execution around creation of application regression flows, all credit decisioning functionality, process flows and external system integration.
- Demonstrated ability to manage multiple priorities with quick change in direction when necessary.
- Implemented and maintained test track pro and test case management tools of seapine.

Clear Orbit (2005 – 2006)

Quality Assurance Analyst

- Established strong and trusting relationships with software developers as well as program management personnel to ensure the overall success of the project.
- Team lead in the implementation of Quality Center's requirements, test plan, test lab and defect modules.
- Mentored and trained four QA team members in both technical and functional areas.
- Review software installation procedures, patch installation procedures.
- Testing activities included preparing test environment, modify and reuse the test environment and test data as necessary, regression testing, integration testing, functional, performance and system testing.
- Using JIRA and Quality Center reported the bugs and updated defect reporting system. Prepared descriptive and well-written status reports and defect reports for management review.

Ironside Technologies (August 2000 – May 2002)

Oracle Integrations Specialist

- Responsible for establishing the business processes and requirements, technical design, testing, implementation and support of Ironside solutions.
- Collaborated with the technical team in application functional testing and defect resolution phase.
- Leading a team through application design, development, documentation and application testing.
- Documenting project, functional and technical specifications and test plans.
- Responsible for production support, user training and testing.

Education & Certifications

MS in Information Technology, Western Governors Univ, Utah
 Masters in Commerce, Osmania University, India
 Bachelors in Commerce, Osmania University, India
 Post Graduate Diploma in Computer Science, Rajiv Gandhi Institute, India

3.3 References

- 3.3.1** The Vendor should provide three (3) references for which each proposed key staff candidate has successfully demonstrated meeting the requirements of the RFP. The name of the person to be contacted, phone number, client name, address, brief description of work, and date (month and year) of employment should be given for each reference. These references should be able to attest to the candidate's specific qualifications.
- 3.3.2** The reference given should be a person within a client's organization and not a co-worker or a contact within the Vendor's organization.
- 3.3.3** Vendors should use the format provided in Table 24: Key Staff References. Repeat the rows and tables as necessary.

Table 24: Key Staff References

Key Personnel Reference Form					
Key Personnel Name:	Nathan Burgess	Proposed Role:	Account Manager		
Reference 1					
Client Name:	Centene Corporate	Contact Address:	1370 Timberlake Manor Parkway - 5th Floor Chesterfield, MO 63017		
Contact Name:	Robert Breig	Contact Title:	Director, IT		
Contact Phone:	314-445-0221	Contact E-mail:	rbreig@centene.com		
Project Name:	Carolina Complete Health EVV	Start Date:	07/2020	End Date:	Present
Project Description: Implement Carolina Complete Health EVV solution for NC market in a joint effort with all other PHPs in the state					
Project Role and Responsibilities: Client Success Director responsible for ensuring there is a successful roll out of the EVV solution and high provider adoption as lives transitioned from FFS to managed care.					
Reference 2					
Client Name:	WellCare	Contact Address:	8735 Henderson Road, Ren 2, 2 nd FL Tampa, FL 33634		
Contact Name:	Michelle Mushrush	Contact Title:	Project Manager, Sr.		
Contact Phone:	813-206-3223	Contact E-mail:	michelle.mushrush2@wellcare.com		
Project Name:	WellCare NC EVV	Start Date:	07/2019	End Date:	Present
Project Description: Implement WellCare EVV solution for NC market in a joint effort with all other PHPs in the state					
Project Role and Responsibilities: Client Success Director responsible for ensuring there is a successful roll out of the EVV solution and high provider adoption as lives transitioned from FFS to managed care.					
Reference 3					

Client Name:	UnitedHealthcare	Contact Address:	UnitedHealth Group Inc. UnitedHealth Group Center 9900 Bren Rd. East Minnetonka, MN 55343		
Contact Name:	Cathy Zaleskas	Contact Title:	Director, National Regulatory Implementations		
Contact Phone:	570-779-2580	Contact E-mail:	catherine.zaleskas@uhc.com		
Project Name:	UnitedHealthcare Community Plan of North Carolina EVV	Start Date:	07/2019	End Date:	Present
Project Description: Implement UHC EVV solution for NC market in a joint effort with all other PHPs in the state					
Project Role and Responsibilities: Client Success Director responsible for ensuring there is a successful roll out of the EVV solution and high provider adoption as lives transitioned from FFS to managed care.					

Key Personnel Reference Form					
Key Personnel Name:	John Brooks	Proposed Role:	Project Manager		
Reference 1					
Client Name:	MedeAnalytics	Contact Address:	501 W. President George Bush Hwy, Richardson, TX 75080		
Contact Name:	Shannon Cooper	Contact Title:	AVP, Implementation		
Contact Phone:	510-604-8466	Contact E-mail:	Shannon.cooper@gmail.com		
Project Name:	ABC Implementations	Start Date:	01/2015	End Date:	001/2017
Project Description: Advisory Board Company implementations for Revenue Cycle Operations					
Project Role and Responsibilities: Manage numerous implementations for the Advisory Board Company. The implementation concerned MedeAnalytics' Revenue Cycle Operations product.					
Reference 2					
Client Name:	Surgical Care Affiliates	Contact Address:	569 Brookwood Village #901, Homewood, AL 35209		
Contact Name:	David Wilson	Contact Title:	AVP, Revenue Cycle Operations		
Contact Phone:	205-617-7031	Contact E-mail:	David.wilson@gmail.com		
Project Name:	MedAssets RCO Implementation	Start Date:	3/2009	End Date:	7/2011
Project Description: To implement MedAssets Revenue Cycle tool for several SCA business offices					
Project Role and Responsibilities: Manage and provide oversight of the MedAssets' Revenue Cycle tool for several SCA business offices.					
Reference 3					

Client Name:	HealthSouth	Contact Address:	1 HealthSouth Drive, Birmingham, 35243			
Contact Name:	Kevin Page	Contact Title:	Senior Project Manager			
Contact Phone:	205-545-2618	Contact E-mail:	Kevin.page@scasurgery.com			
Project Name:	EHR Implementations	Start Date:	07/2010	End Date:	06/2011	
Project Description: To implement ProVation's EHR platform for several SCA surgical centers						
Project Role and Responsibilities: Manage and provide oversight for the ProVation implementation team for the EHR implementations for several SCA surgical centers.						

Key Personnel Reference Form						
Key Personnel Name:	Sharada Kondaveeti	Proposed Role:	QA Manager			
Reference 1						
Client Name:	eMDs	Contact Address:				
Contact Name:	Aaron Hilton	Contact Title:	CTO			
Contact Phone:	5126346945	Contact E-mail:	hiltoab@gmail.com			
Project Name:	HIPAA 4010 to 5010 and ICD-9 to ICD-10	Start Date:	10/2010	End Date:	08/2017	
<p>Project Description: CMS has setup mandated compliancy timeframes for the switch from 4010 to 5010 and ICD-9 to ICD-10.</p> <p>The goal of the project is to migrate to new frames within the mandated time. This is a highly challenging technical project, which required multiple technologies to be combined and implemented to take care of various healthcare business flows. It involved working with HIPAA transactions, ICD 10 compliance and testing business rules and flows for the migration.</p> <p>Project Role and Responsibilities: QA Manager / Lead</p> <ul style="list-style-type: none"> Based on the requirements, created test strategy for HIPAA EDI transactions such as 837 I, 837 P, and 835. Tested the migration from ICD-9 based HIPAA 4010 to ICD-10 based HIPAA 5010. Verified mapping table accuracy for diagnostic codes. Analyzed documented use cases and functional requirements. Efficiently implemented QA methodologies, strategies and plans in all stages of SDLC. Worked with QA team in creating test cases and test data based on functional requirements. Managed defect triaging and test case management using TFS. Created different document and matrices like test log, test coverage matrix and requirements traceability matrix. Responsible for signing off on all testing activities and providing updates to Change Management for periodical release of patches for UAT and PROD. Involved in detailed functional and UI testing and User Acceptance Testing (UAT). Involved in writing SQL queries for backend testing. 						
Reference 2						

Client Name:	VisionWeb	Contact Address:				
Contact Name:	Scott Kollar	Contact Title:	Director of Infrastructure			
Contact Phone:	5122945556	Contact E-mail:	skollar@visionweb.com			
Project Name:	Electronic Health Records Meaningful Use Certification for Vision healthcare system	Start Date:	08/2017	End Date:	10/2019	

Project Description: Certify EHR system so that providers can meet the MU criteria and qualify for incentives. Develop and implement MU criteria and provide certification seal through Drummond's certification process.

Project Role and Responsibilities: QA Manager

- Develop test strategy that can efficiently verify MU criteria.
- Coordinated UAT efforts before releasing MU certified EHR system to production.
- Actively participated in Drummond's certification process.
- Verified that all the outlined use cases have passed in lower environments before moving to certification with Drummond.

Reference 3

Client Name:	eMDs and VisionWeb	Contact Address:				
Contact Name:	Bharath Perugu	Contact Title:	Product Innovation Manager			
Contact Phone:	5126324236	Contact E-mail:	Bharath.perugu@gmail.com			
Project Name:	Electronic Health Records Meaningful Use Certification	Start Date:	10/2010	End Date:	08/2017	

Project Description:

In order to efficiently capture and share patient data, health care providers need an electronic health record (EHR) that stores data in a structured format. Structured data allows health care providers to easily retrieve and transfer patient information and use the EHR in many ways that can aid patient care. CMS and the ONC have established standards and the other criteria for structured data that EHRs must meet in order to qualify for use in the promoting of Interoperability programs.

The goal of the project is to implement MU requirements as defined and certify the EHR application by following Drummond's certification process. This enables the provider to use the EHR system in ways that meet the MU criteria and qualify for incentive payments.

Project Role and Responsibilities: QA Manager / Lead

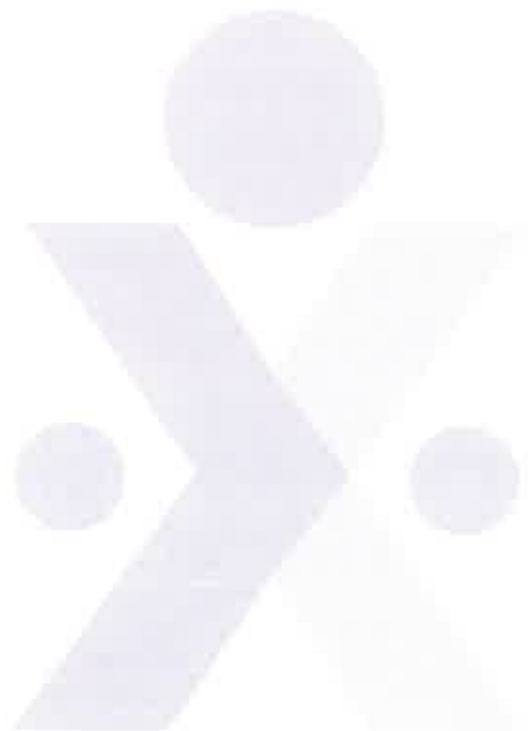
- Develop test strategy for each of the modules in EHR application that need to be certified or qualified for Meaningful Use.

ATTACHMENT 5: INITIAL WORK PLAN

Influenced by our Agile development methods, your Project Manager will execute our implementation process in accordance with PMI best practices, as outlined in the PMBOK. HHAX's implementation process is completed in phases. Our work plan is structured to demonstrate project tasks, dates, and resources under each delivery stage.

HHAX has provided an initial work plan, that includes the State's requested detail, as Appendix 3. We will work closely with DHHR during the discovery phase to outline all tasks, milestones, and requirements. From this discovery phase, HHAX will submit an updated work plan to DHHR for final review and approval before beginning implementation.

More detail on our work plan as well as our implementation approach can be found in Appendix 3 and our responses to Attachment 9.



HHAX has provided the completed Mandatory Requirements document as Appendix 2: Mandatory Requirements, as well as specific details provided below.

We designed the HHAX EVV system to create operational efficiencies and improve homecare workflows within an organization by creating a “single source of truth” between the Payer and Provider. The below detail highlights how each requested defined detail is covered in the HHAX platform.

HHAX links the member receiving service to the identifiable phone number, GPS address, FOB, or Beacon so that when the caregiver calls or logs the visit in our proprietary application, that visit ties to the correct member. In the HHAX system, each member has a profile that records the unique identifiers such as Medicaid number, admission ID, and other member demographic information to ensure each member is uniquely identified.

HHAX has required fields for direct care workers (DCWs) that are standard unique identifiers. The identifiers are date of birth and social security number. This allows for unique identifying of the DCW. If the State allows third party EDI integration, the caregiver file with these required fields can be incorporated into the EDI transmissions. Each DCW receives a unique pin associated back to their profile in HHAX that stores the DCW's name, social security number, and date of birth. When the DCW enters their pin as part of the call or app log in, the visit is attached to the DCW's information to uniquely identify them.

The provider agency identity can be included as a capturable data point. Our system maintains information in profiles, and the caregiver or member can have the provider agency listed. When the caregiver clocks in or out, the unique identifier of the caregiver or member, making it reportable.

HHAX EVV captures the date of service as well as the begin and end dates of the visit.

If the State allows EDI integration with other third-party systems, date and clock-in and clock-out times are required fields for each imported visit.

HHAX EVV captures the date of service as well as the begin and end dates of the visit.

If the State allows EDI integration with other third-party systems, date and clock-in and clock-out times are required fields for each imported visit.

MR010	The location of the visit
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HHAX utilizes multiple methods of authenticating that visits actually occurred in the member's home. Each of these methods utilizes different technologies and approaches to creating clock-in and clock-out records.

Automatic number identification (ANI) through Telephony

This technology works with landlines and assures calls received originated at the Member's home. The ANI information helps establish the true source location of a landline call and ensures that HHAX can confirm that the calls made were from the Member's home.

Fixed object (FOB)

FOBs are used when a Member does not have an available landline telephone, does not allow a provider to use his/her telephone, or does not have reliable telephone service. The FOB is registered to a specific Member and installed in a semi-permanent fashion in Member's homes using a security tie. The security tie has a unique serial number that is registered to the Member along with the FOB, so any tampering with the device or attempts to remove it will become obvious to the provider agency.

Global Positioning System (GPS)

HHAX provides GPS capability in three "versions" suited for different devices. Download of the application to devices is at no cost to the provider:

1. Apple iPhones. HHAX offers a free app from the Apple Download Store
2. Android cellular telephones. HHAX offers a free app from the Google Play Store.
3. Laptops and tablets. Laptop and tablet devices require a cellular or Internet connection to store and relay GPS location-verification information.

MR011	The services being delivered
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Regardless of the choice of data collection for the date and start time/end time, when the caregiver calls/enters the service, and if the State requires, the call associates back to the scheduled visit against the specific service authorization in the HHAX system. If the State Medicaid agency requires tasks to be reported, the tasks can also be collected at the time of the call or app entry

MR012	The waiver program or plan name
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As long as HHAX has received this information as a data upload from the state, the data will reside in our platform tied to the member through their authorization. Our platform is designed to be a single source of truth, which means that we are able to connect your entire member, provider, and caregiver networks, and provide reporting on any and all data that exists in the system; including the waiver program or plan name.

2. Security Management

MR013	The solution must uniquely identify each user.
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Every user in the HHAX system will receive a unique identifier. This number will link back to their profile and roles in the system. We use this identifier to track access for audit purposes and reporting, system and data changes, EVV verification, exceptions, and any other compliance related activity. This unique identifier will be given to each user when they are provided access to the system.

MR016 The Vendor must establish business associate agreements (BAA) or contractual agreements with the Department and any subcontractors according to Federal agency requirements that have access to data which is subject to protection by the Health Insurance Portability and Accountability Act (HIPAA). (Reference: <https://www.hhs.gov/hipaa/index.html>)

HHAX understands and acknowledges the State's requirement of establishing BBA or contractual agreements. HHAX has experience with BAA and currently enters into them with all client's we serve.

HHAX's information-security practices comply with a variety of federal and state laws, regulations, security standards, and corporate policies. Generally, the purpose of these regulations and standards is to protect individuals and organizations against the unauthorized disclosure of information that could compromise their identity or privacy. Legal regulations cover a variety of types of information, including personally identifiable information (e.g., Social Security Number, driver's license number), personal financial information (e.g., credit card numbers), medical information, and confidential employee information. We adopted the following rules to enhance our security policies:

Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104–191, 110 Statute 1936, enacted August 21, 1996). We have implemented (and maintain) our services to meet standards mandated by the HIPAA Privacy Rule. Our HIPAA security compliance methodology goes beyond the requirements of the HIPAA Security Rule; it serves as a roadmap to safeguard not just ePHI but for HHAX information assets as a whole. The domains defined in International Organization for Standardization (ISO) 17799, the British Standard 7799 security, and Control Objectives for Information and Related Technology security standards influenced this methodology.

Health Information Technology for Economic and Clinical Health (HITECH). HITECH legislation was created to stimulate the adoption of electronic health records and supporting technology in the United States. The HITECH Act was made law on February 17, 2009, as part of the American Recovery and Reinvestment Act (ARRA) of 2009. We follow HITECH standards to ensure that our handling of all issues relating to PHI conforms to the HIPAA Privacy Rule as well as the HIPAA provisions in ARRA. All employees, consultants, and business associates must fully comply by participating in policies and procedures training. We also require these individuals to understand the policies and procedures sufficiently enough to carry out their duties in conformity with the Privacy Rule and the HIPAA provisions of ARRA.

MR017 The Vendor must agree to enter into applicable Business Associate Agreements (BAA) with external electronic visit verification (EVV) data partners as directed by the Department prior to accepting or exchanging protected health information (PHI) and/or personally identifiable information (PII) data from the EVV solution.

HHAX is very familiar with Business Associate Agreements (BAAs). We agree, when directed by the Department, to enter into applicable BAAs prior to accepting or exchanging protected health information (PHI) and/or personally identifiable information (PII).

MR018 The Vendor must ensure that all data submitted to or collected by the solution will remain the property of the Department.

DHHR will retain full data rights as required by the State Medicaid Manual 2083.5. HHAX's clients own their data, we act as the business associate.

MR019 The Vendor must agree to abide by all the Department security and privacy policies to protect confidential and sensitive information.

HHAX will work with DHHR to ensure all Department security and privacy policies are understood. Security and Privacy are central focuses of our solution. Below are some highlights of our approach to security.

HHAX's infrastructure security team is led by a seasoned management team with security certifications including CCDP, CCNP Security, Linux+, LPIC-1, SUSE Certified Linux Administrator, Cisco ASA Specialist, Cisco Firewall Security Specialist, Cisco IOS Security Specialist, Cisco IPS Specialist and Cisco VPN Security.

HHAX's application security team is led by a seasoned team of Secure Software Development experts and former Microsoft SQL Server MVPs.

MR020 The solution must have the ability to receive, store, and exchange protected health information (PHI) and personally identifiable information (PII) through authentication, along with encryption methods to secure sensitive information following nationally recognized standards, including the privacy and security controls outlined within National Institute of Standards and Technology (NIST) Security and Privacy Controls for Federal Information Systems and Organizations special publication (SP) 800-53 (moderate) and NIST SP 800-111, Guide to Storage Encryption Technologies for End User Devices. (Reference: <https://csrc.nist.gov/publications/detail/sp/800-111/final> and <https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53r4.pdf>)

At HHAX, PHI and Non-PHI data is stored into separate databases. The database holding PHI data is encrypted at the storage level using Transparent Data Encryption (TDE). This ensures that the data and log files on disk are fully encrypted.

In addition to TDE (which encrypts the whole database at the storage level), highly sensitive data columns are re-encrypted at the application level. HHAX uses 256-bit AES encryption to secure the columns. The encryption key is maintained by the application and data is encrypted and decrypted at the application level. In the database, the values are stored in a VARBINARY column.

HHAX is HITRUST certified. The Health Information Trust Alliance (HITRUST) created the Common Security Framework (CSF), which includes best practices across several industries, to produce a meaningful, robust compliance framework for the healthcare industry. By incorporating the requirements of HIPAA, PCI, ISO and, NIST, the CSF creates a certifiable baseline that promises HIPAA compliance, the protection of PHI and PII, and effective security.

MR021	The solution must use only Federal Information Processing Standard (FIPS) Pub 140-2 validated (or higher) encryption or equivalent. (Reference: https://nvlpubs.nist.gov/nistpubs/FIPS/NIST.FIPS.140-2.pdf , and https://nvlpubs.nist.gov/nistpubs/FIPS/NIST.FIPS.140-3.pdf)
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- HIPAA Security Rule
- PCI DSS
- Control Objectives for Information and Related Technology (COBIT)
- National Institute of Standards and Technology (NIST) Risk Management Framework
- International Organization for Standardization (ISO)
- Federal Trade Commission (FTC) Red Flags Rule
- Centers for Medicare and Medicaid Services Addressable Risk Safeguards (CMS ARS)
- Federal and State Regulations

3. Project Management

HHaExChange has provided some exceptions for discussion with DHHR. In Addition, we are open to discussions around the provided SLAs in order to ensure they apply to the unique setup involved with a web-based, cloud Software-as-a-Service (SaaS) offering. As there are differences between an onsite and an offsite hosted solution as it pertains to SLAs, HHAX agrees to adhere to all SLAs that are applicable to a SaaS cloud offering.

We designed our HHAX systems to be compatible with assistive technology and provide alternatives via web connectivity, Interactive Voice Response (IVR) applications, mobile application technology, or fixed device services. In addition, we currently deliver our IVR services in 24 languages including English,

Spanish, Russian, German, and French, with the additional capacity to program for other languages as required. In addition to providing communications in non-English languages, our mobile application currently supports seven (7) languages (with easy configuration of additional languages as needed):

- English (North America)
- Spanish (Latin America)
- French (European)
- Chinese (Traditional)
- Russian
- Haitian Creole
- Korean

There is ongoing focus to ensure we design and test our updates and releases to confirm ongoing accessibility. HHAX takes all recommendations and feedback on potential assistive updates seriously and works to maintain currency with technology changes.

We will work with the DHHR to determine all required formats for written materials, including fonts and alternatives for those with disabilities. Further discussion with the State is required to finalize all required languages and any special formats that are needed from the kickoff of the program. Over time, we will always adapt and develop new offerings to meet any needs as they are requested.

As a cloud-based offering, our system operates through DHHR's chosen internet browser. This approach allows for browser-based plugins, developed for ADA Section 508 compliance, to enhance our system for those with disabilities. HHAX utilizes a text forward design, allowing for text readers and other offerings to easily understand the programming and read the screen for those with visual impairments. We take this approach to compliance with ADA 508 as our goal as an offering is to integrate as much as possible with existing workflows, while providing enhancements to improve efficiency. With this in mind, HHAX understands that those with disabilities have established plugins and processes they currently use to enhance their work routines. Instead of altering their processes and creating a new hurdle for them to do their work, we aim to utilize their existing solutions to enhance our offering.

In addition to the above items, HHAX has multiple ADA and 508 compliance items on our near-term roadmap. Compliance is an ongoing process, as rules and regulations are living, breathing documents. We have also reviewed all of the requirements for the new CMS Outcomes Based EVV Certification. HHAX understands that a 508 test report is required, and we will work with DHHR to ensure we deliver all requirements to achieve the CMS certification.

MR001	All provided services must comply with the Department rules.
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As part of our discovery and kickoff phases, HHAX will work closely with key DHHR stakeholders to outline all department rules in order to better understand how they apply to our services. We will map the rules and make any needed configuration changes after this discussion, with Department final approval after confirmation that all applicable rules have been applied.

4. Hardware and Infrastructure

MR003 The Vendor must ensure that solution modules and applications integrate successfully and effectively with minimal or no customization.

As a cloud-based, SaaS solution, our platform is accessible from a browser and operates out of a data center, with redundant data centers in case of failure or outage. We developed our offering so that there is no need for clients to house or operate the system out of their data center or any hardware needed beyond a computer with internet access. This approach also allows us to maintain security compliance and earn higher certifications through control of our system.

HHAX recommends the following baseline workstation requirements:

Operating System:

- Microsoft Windows 7 SP1
- Microsoft Windows 8.1
- Microsoft Windows 10

Memory: Minimum 8GB

Processor: Intel® Core™ i5 @ 2.9GHz

Screen Resolution:

- 1280 x 1024
- 1024 x 768

The mobile application is available for free on both Android and Apple.

- Smartphones using the Android OS 2.3 and up
- Apple iPhones running iOS 6.0 and up

5. Data Sources, Delivery, and Display

MR014 The solution must have the ability to receive data from approved electronic visit verification (EVV) data partners and aggregate the external data into the overall solution, through the Department's approved file format and transfer method(s).

HHAX provides both data collection and data aggregation functionality for verifying delivery of care to members based on their preferences, Service Plans, and the State's authorization. While HHAX is a well-established platform, we remain flexible and provide client specific configurations, different options for EVV verification, and State-specific requirements. One of our core beliefs is that the right solution needs to be least burdensome for providers, caregivers, and members. The focus needs to be on providing exceptional care, while eliminating fraud, waste, and abuse.

HHAX implements an aggregation model that first surveys, and then offers free integration of any third-party data that will satisfy the EVV requirements in the 21st Century Cures Act. In some cases, HHAX ingests third party EVV data directly from the provider, and in other cases HHAX receives EVV data through a direct connection to the providers third party vendor company. HHAX employs a team of data integration experts focused on proactive outreach to providers to work with their software vendors. This facilitates successful integrations.

HHAX will act as the State's aggregator, ensuring that we are able to acquire the necessary data for submission to the State. HHAX can provide a free portal to providers with non-compliant systems. As the DHHR aggregator, we will work with the State to keep our system and our free portal updated to meet any new requirements throughout the life of the contract.

MR022	The Vendor must remain in alignment with all future updates to Centers for Medicare & Medicaid Services' (CMS') certification processes and any future updates to the Medicaid Enterprise Certification Toolkit (MECT). (Reference: https://www.medicaid.gov/medicaid/data-and-systems/mect/index.html)
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- MECT 2.3 Checklists is no longer required – Instead states will demonstrate 11 Objects;
- No Project Partnership Understands (PPU) – instead states will demonstrate five (5) Key Performance Indicators;
- Removal of the required R1 Initiation and Planning Meeting; and
- CMS will no longer require the Appendix B Documents.

Per DHHR's response to questions, HHAX acknowledges that the State will follow the new outcomes-based certification process. We are ready to achieve the certification and have engaged a third-party vendor, ReadyCert, that will allow us not only to achieve certification, but will also streamline the process, allowing for a quicker certification process.

MR023 The Vendor must design the solution to support the Medicaid Information Technology Architecture (MITA) goals for the Department as defined in the Department's MITA State Self-Assessment (SS-A) and other West Virginia MITA artifacts provided in the WV EVV RFP Procurement Library.

HHAX understands the importance of MITA, and we look forward to reviewing the State's Self-Assessment (SS-A). The stated goal in the RFP is for the awarded vendor to support West Virginia's goals to advance its MITA maturity score for all business processes. Implementation of HHAX will bolster the scores in 3 specific business areas for business, information, and technical architecture scores. HHAX's EVV solution will directly and positively impact Care Management, Performance Management, and Plan Management areas. The ability to securely share data across platforms, among stakeholders, and within the intrastate of West Virginia, including clinical data, is described in our technical proposal. HHAX's EVV solution supports level 3 maturity across our solution and level 4 in many technical and information architecture standards. We will support the ongoing MITA evaluation and documentation processes by providing scorecard formatted data, artifacts, and narratives to DHHR. We are proposing to use ReadyCert for management of the Certification process, we will also use ReadyCert to score, store artifacts, and report on MITA Maturity for each business area and every process our solution impacts.

MR024 The Vendor must coordinate with the Department to develop all documentation required by Centers for Medicare & Medicaid Services' (CMS') Certification process as defined in the most recent Medicaid Enterprise Certification Toolkit (MECT). (Reference: <https://www.medicaid.gov/medicaid/data-and-systems/mect/index.html>)

HHAX will work closely with DHHR to ensure we are providing all necessary documentation. We understand that while CMS' new Outcomes-Based Certification for EVV has removed the majority of the MECT requirements, the State will still need to follow MECT for the majority of your MMIS. Wherever HHAX is able to support these needs, we will setup a clear process and timeline for creation and submission of any necessary documentation.

ATTACHMENT 7: BUSINESS SPECIFICATIONS APPROACH

1. Visit Verification

1.1 Refer to the relevant business specifications located in Appendix 1: Detailed Specifications and pertinent narrative in Section 4: Project Specifications in this RFP to cover solution capabilities in this area. The Vendor should describe its approach to Visit Verification below. The narrative response for this category should be organized using the appropriate subject matter area as per Appendix 1: Detailed Specifications.

1.2 <Response>

VV001 The solution should have the ability to verify the delivery of electronic visit verification (EVV) services for multiple programs with different rules and edits.

The HHAX system allows for only certain providers to enter service tasks, based on program needs and rules. Certain programs may require entering of service tasks in the EVV system for only certain provider types, whereas others may require providers to document service tasks through the current paper process or other alternative process. Using the HHAX system, DHHR can operate multiple programs as follows:

- Programs can be associated to provider agencies
- Each program can be associated with specific roles
- Each Role can be associated with specific service tasks
- Direct-care service providers can be associated with multiple, specific roles

The HHAX system uses a hierarchal model, which allows only certain providers to enter service tasks based on program needs and rules. Certain programs may require service tasks while others may not. Where programs require the paper process or alternative process, service task codes will not be required to be entered into the EVV system through electronic means.

VV002	The solution should have the ability to make a complete set of visit-related data elements submitted for verification available for monthly reporting and as requested by the Department, including, but not limited to:
VV003	Individual receiving services
VV004	Direct care worker
VV005	Billing provider agency
VV006	Location of visit
VV007	Date of visit
VV008	Visit start time
VV009	Visit finish time
VV010	Missed visits

VV011	Late visits
VV012	Services delivered, including billing code and modifiers
VV013	Independent verification by individual receiving services
VV014	Payer
VV015	Manual or electronic verification
VV016	Data collection system, including the Department solution and other approved third party electronic visit verification (EVV) systems

HHAX will provide access to our reporting utility and real-time analytic dashboard. These reports enable members, caregivers, and central staff to monitor the activity and compliance aspects of the entire homecare network on a claim by claim, member by member, caregiver by caregiver, and/or system-wide basis with drill down capabilities on a variety of levels.

The HHAX system offers a wide variety of real-time data and dashboards as well as retrospective reporting capabilities. Our Structured Query Language reporting engine provides the ability to build versatile reporting mechanisms and data exports (for client Data Warehouse needs) from the data collected during service delivery. HHAX's reports setup in the following categories:

- Vendor Management Reports
- Time and Attendance Reports
- Exception Reports
- Admin Reports
- Visit Reports
- Events Reports
- Billing Reports
- AR Reports
- Payroll Reports
- Caregiver Reports
- Member Reports
- Compliance Reports
- DOH Reports
- Sales Reports
- Miscellaneous Reports
- Clinical Reports

The simplest way to understand the reporting abilities within HHAX is that if we have access to the data, we can report on it. The system collects all of the Cures Act required data, which also means these data elements can be analyzed in our reports. With hundreds of reports that come standard in the system, HHAX also understands that every State, MCO, and provider is different. With this in mind, we utilize our report builder and ad hoc report capabilities to build any reports that are not standard in the system. Once built, the reports can then be set for daily, weekly, monthly distribution to the required users.

Our reporting strategy offers the following key benefits:

- We can schedule reports and data exports to generate automatically at scheduled dates/times.
- Our powerful report builder allows designated users to build reports and custom data extracts from almost any data field. Data is available for data modeling, benchmarking, and tracking of quality indicators.
- The HHAX EVV solution provides a standard suite of reports to Medicaid, support-coordination agencies, provider agencies, and managed care organizations.
- HHAX permits the use of data elements to query and generate ad hoc reports or comprehensive data extract files.
- Most reports and data exports can undergo export in a variety of formats, including XML, HTML, CSV, XLS, PDF, and RTF.

Reports can also be as follows:

- Generated on demand by authorized users at Medicaid, Area Office on Aging, and provider agencies.
- Set to generate and communicate automatically using HHAX's platform – attachment of workflows to automated reports can send them to the dashboards of desired persons at Medicaid, other state agencies, Area Agencies on Aging, and provider agencies.

HHAXchange Report Builder

Additionally, HHAX includes a comprehensive Report Builder that the Provider or DHHR can use to build reports or create the data exports it desires from the full HHAX SQL data tables. To assist our clients in using the Report Builder/Data Extract tool, we have included dozens of predefined report templates that can be used as is or modified.

Business Analytics

HHAX provides a cutting-edge business analytics suite using Sisense. Sisense enables us to efficiently process complex data using ElastiCube technology to distill the data into powerful, easily understood dashboards for our customers. ElastiCube boasts native support for a wide range of data sources, ease of operation, and ultra-fast performance.

We can provide a customized set of graphical dashboards, complete with drilldown capability, based on DHHR's unique requirements. The system also supports the ability for system users to produce their own reports.

Direct-Care Service Worker Reporting

HHAX provides complete direct care worker reporting for state and local agencies, payers, provider agencies, and the caregivers and members.

Role-based user security profiles, configurable to grant or restrict access to various system reports, control access to reports on direct-care service workers. We can define specific user roles to grant limited and secure access to data, with all such data manipulation recorded in an Audit Log.

VV017 The solution should have the ability to integrate the scheduling, authorization monitoring, visit verification, and billing.

Schedulers and coordinators can easily create and manage client schedules based on authorizations, plans of care, and special client needs, while validating each visit to eliminate complications at billing. Based on their role and related assigned security profile, authorized users at provider agencies can enter and view authorizations for service and monitor provider services including clock-in and clock-out times, and specific tasks provided by their field personnel.

HHAX is the leader in connecting homecare providers, MCOs, States, and Members through transformational web-based technology (including Electronic Visit Verification) that enables improved workflow efficiencies, collaboration, communication, and connectivity. By breaking down barriers to effective Member care in the home, HHAX allows providers to be more efficient in their day-to-day activities. HHAX arms providers to deliver high quality, consumer-driven care that keeps Members comfortably in their homes, improving the entire healthcare ecosystem.

Providers can conveniently view caregivers and clients geographically with our industry leading SmartMap technology. SmartMap enables better caregiver and client matches with a geo-fencing tool that instantly locates the closest caregiver, and provides advanced filtering based on language, discipline, client requests, and more. This automatically prioritizes caregivers, avoids scheduler bias, and minimizes overtime. Additionally, you can broadcast cases to all caregivers or communicate securely with select caregivers via text, email, or phone.

Through built-in alerting, HHAX will alert you to potential shift overlaps, overtime pay, vacation conflicts, and caregiver non-compliance or missed trainings. We also provide real-time notifications if a caregiver is not present for a visit.

The HHAX scheduling engine is similarly rules based and can manage two models of scheduling:

1. Traditional scheduling that includes planned advanced knowledge of the dates/times of service events. This is common in most programs where the provider agency is the employer of the caregiver.
2. Automatic scheduling created from clock-in and clock-out data. This model is the one most often used in consumer-directed services for which the consumer and caregiver collaborate to establish the days and times for service events.

In the traditional model of scheduling in HHAX, the Agency can assign members to a specific provider agency and load member authorizations into the system for the provider. The provider creates schedule events (visits) in the system within the scope of the authorization and assigns personnel to provide the services. The personnel clock-in to and out of the EVV system. The clock-in/clock-out dataset goes through the system validators, and if it passes all of the audits, it confirms the schedule.

Claims are, therefore, byproducts of confirmed schedules that have passed all internal system audits.

Program rules dictate billing and scheduling across all programs. Management occurs at the contract level. Contract setup in HHAX involves defining business rules specific to that program contract, which drive billing and scheduling.

“The HHAeXchange platform is multi-functional and easy to navigate. Communication to the MCOs is at your fingertips, plus we get quick access to members and their schedules. Our overall experience has been positive.”

— Tracy De Hart, COO,
MedStaffers

HHAX's scheduling module allows for easy understanding of compliant and non-compliant visits. When a visit is within the authorization, the schedule will display it in green. When it is not authorized, it displays in pink. This allows the provider agency to make changes as any visit in pink will not pass our pre-billing process, and therefore the provider will not receive payment.

The ability of a provider to access or modify service entries is determined by their assigned system role. Certain authorized provider users can access certain sections of the system and attach specific permissions to roles created in the HHAX system.

VV018 The solution should verify visit components are within program requirements when a visit verification service is initiated and ignore, warn, or stop the user from entering data into the solution as determined by Department.

Claims are, therefore, byproducts of confirmed schedules that have passed all internal system audits.

Program rules dictate billing and scheduling across all programs. Management occurs at the contract level. Contract setup in HHAX involves defining business rules specific to that program contract, which drive billing and scheduling.

VV019 The solution should securely capture an independent verification of the service delivery from the member receiving services.

HHAX utilizes e-signature within our system and mobile app. Agencies can setup the mobile application to require the capturing of the member's signature. Additionally, if desired, the member can receive access to a Member Portal where either they or an authorized person can access, review, and approve manually entered time sheets. The person responsible for making this change and approving the "exception" depends on the situation and can be controlled through system roles.

VV020 The solution should have the ability to allow a direct care worker and/or provider agency to record visits to multiple members within a 24 hour period.

The HHAX system allows for any visit to occur that is within the authorization limits, program rules, and if desired the member's plan of care. HHAX confirms all visits against the authorization, whether on the same day or different days. Visits will only show up in pink on the schedule if the authorization limit has been reached, or if the Authorization has been customized down to the required hours of the day and the visit is scheduled outside of these hours. HHAX does not prevent multiple visits to the same member in a 24-hour period for necessary and approved services.

The HHAX Mobile App shows all members scheduled for the caregiver, and the caregiver can clock in and out of any member at any time, even if not scheduled.

VV021 The solution should account for living arrangements in which multiple members receiving services reside at a single address.

Within the HHAX system, every member will have a profile page that is loaded with information provided by DHHR. The address and telephone listed for the member may be the same for multiple members, allowing DCWs to serve multiple members at a single address. In addition, we can specifically identify these shared cases and implement additional billing rules to ensure appropriate reimbursement for providers.

In addition to the profile, we can also utilize alternative clock-in/out methods such as FOBs and Beacons to serve multiple members at a single address. Each FOB or Beacon is associated to one member and is semi-permanently installed in the member's home with a numbered security tag.

A FOB is a sealed device that requires no maintenance, charging, or battery replacement. Once registered and affixed in a member's home, it acts as an effective reporting device for authenticating the date and time of visits.



When a caregiver arrives at the visit location, they press the button on the front of the member's FOB, which then displays an eight-digit code. The device uses an encrypted algorithm to generate the code on

Use of FOBs to gather data from the homes of members without landline telephones or Internet has increased over the past several years. HHAX registers the FOB to a specific member, so the system knows from which location/home the clock-in and out occurred.

Step	Action												
1	The Caregiver activates the FOB at the beginning and end of the Visit, recording the 8-digit passcode each time.												
2	The Caregiver calls the Provider's Time and Attendance phone number and presses "3" to indicate "FOB Device" confirmation.												
3	The Caregiver presses "3" a second time to indicate "FOB Clock-In and Clock-Out."												
4	As prompted, The Caregiver then enters the following: <table border="1"> <thead> <tr> <th>Step</th><th>Enter</th></tr> </thead> <tbody> <tr> <td>1</td><td>Time & Attendance Pin</td></tr> <tr> <td>2</td><td>6-Digit Device ID</td></tr> <tr> <td>3</td><td>8-Digit Clock In passcode</td></tr> <tr> <td>4</td><td>8-Digit Clock Out passcode</td></tr> <tr> <td>5</td><td>Any duties performed (one at a time)</td></tr> </tbody> </table>	Step	Enter	1	Time & Attendance Pin	2	6-Digit Device ID	3	8-Digit Clock In passcode	4	8-Digit Clock Out passcode	5	Any duties performed (one at a time)
Step	Enter												
1	Time & Attendance Pin												
2	6-Digit Device ID												
3	8-Digit Clock In passcode												
4	8-Digit Clock Out passcode												
5	Any duties performed (one at a time)												
5	With the duties entered, the Caregiver dials "000" to end the call.												

Bluetooth Beacon Device



The Beacon eliminates “ghosting” or fake calling from a telephone line. The caregiver must be within range of the Beacon device to successfully clock-in and out. The Beacon also serves as a great back-up in cases where traditional telephony and GPS may be unavailable.

VV022 The solution should have the ability to allow multiple direct care workers and/or provider agencies to record visits to a member within a 24 hour period.

Similar to VV020 above, the system will allow multiple DCWs and/or provider agencies to record visits to a member within a 24-hour period as long as the visits are within the authorization and the visits are not for the same service.

HHAX can capture these types of activities and generate reports to DHHR.

VV023 The solution should have the ability to account for situations in which services are provided to a group of members during a single visit.

HHAX does allow for situations in which services are provided to a group of members during a single visit. For example, if a husband and wife are receiving back-to-back personal care services at the same address, or a member receives services for two different programs, the assigned caregiver would only have to perform a single Clock-In and Clock-Out, rather than one for each member or each program. If not consecutive, the two different programs will simply be linked to the authorization, which can link to the schedule in HHAX, and will not run into any issues if the same caregiver performs both program services.

VV024 The solution should have the ability to account for situations in which the member and the direct care worker reside at the same address.

HHAX utilizes a Consecutive Shifts feature that allows caregivers to perform a single Clock-In/Clock-Out for multiple consecutive shifts. As more members opt for in-home services, consecutive shifts have been rising and several states have instituted rules and regulations for dealing with multiple programs, overnight shifts, live-in caregivers, and 24-hour shifts.

Typically, consecutive shifts represent multiple shifts that a caregiver works for the same member, or shifts that a caregiver works for two linked members. For example, if a DCW and a member share a residence, the DCW would only have to perform a single Clock-In and Clock-Out, rather than one for each task or each program.

HHAX's Consecutive Shifts feature simplifies Clock-In/Clock-Out for caregivers performing consecutive shifts and enables better management and efficiencies for agencies. We can implement state rules for how to handle EVV and Billing.

HHAX supports live-in situations as they become more of a daily check in vs. during each service performed. This reduces the burden on the caregiver and member by allowing them to simply clock-in one time and report all the task performed for the previous 24-hour period.

VV025 The solution should account for situations in which a visit starts and/or ends away from the member's place of residence.

The HHAX mobile application has the ability to confirm GPS coordinates when service is provided either in the home or in the community. Acceptable GPS check in and check out locations are listed within the

participants profile. The HHAX mobile application also has the ability to collect the signature of the participant upon check out, providing further validation of the visit. If a GPS check in or check out occurs outside of the acceptable coordinates, the call will land in an exception dashboard for the agency to confirm the check in or check out. Additionally, since multiple telephone numbers can be included on a participant's profile, if a telephony check in or check out occurs in the community, these additional phone numbers can be used as verification of service.

We also can track the type of address used. Some states indicate that services performed in the community are not covered. HHAX can track the address for all non-GPS devices, allowing for tracking of addresses for more than just the mobile application.

VV026 The solution should be configurable to either allow or prevent multiple direct care workers and/or provider agencies from providing services to a member at the same time.

Each worker receives a unique pin associated back to their profile in HHAX that stores the worker's name, social security number, and date of birth. When the worker enters their pin as part of the check-in or check-out, the visit is attached to the worker's information to uniquely identify them. When downloading our free mobile application, workers will be required to enter their unique pin, which will then associate the device to the specific worker. This prevents checking in/out in duplicate or overlapping appointments.

In addition, HHAX provides Conflict Reports, which report cases where workers are simultaneously "clocked-in" at multiple locations.

VV027 The solution should verify that the agency providing the service has a valid pre-authorization for each member served on file.

The HHAX system provides authorization integration into scheduling as well as part of our pre-billing module. For scheduling, any visit that does not fall within the authorization will turn pink, informing the coordinator that if the visit occurs as scheduled, it will not pass the system edits or create a billable claim.

The pre-billing module works as a real-time, rules-based engine configured based on the unique rules of the State program. HHAX will not allow a provider to submit a claim that does not pass all the pre-bill edits. One of the edits required verifies the clock-in and clock-out set against the member's Medicaid-approved active authorizations. Transaction sets, once validated for clock-in and clock-out, worker ID, source location, and schedule, are then compared against each level of the beneficiary's multilevel authorization to ensure it is within the authorization's overall total allowable hours/units for the following:

- Total authorization period
- Monthly limit
- Weekly limit
- Daily limit

Only transaction sets (visits) that fall within all authorization limitations will pass this validation.

As mentioned above, only transaction sets (visits) that fall within all authorization limitations will pass the system validations. HHAX can configure for different formatting types.

For the New York Office of Inspector General (OMIG), we provide the following formats:

- Date Format: MM/DD/YYYY
- Time Format: HH/MM (Military Time)
- Duration: HH/MM
- Location: Full Address 123 Main Street, New York, NY 10021; GPS coordinates
- Type of Service: Alpha Numeric. Can display Service Type and or Discipline

We will work with DHHR to determine the preferred format as it applies to the data our system will provide the State.

VV029	The solution should have the ability to allow the Department to identify circumstances in which visit verification is not necessary.
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HHAX has an architecture model that supports a Business Rules Engine. At the onset of our engagement with DHHR, our initial priority will be to determine any specific program and service requirements with different policies, procedures, and business rules specific to West Virginia. Our experience has shown us that while there are always similarities between states, it is critical to look for the unique aspects and work closely with the state to position the program for success. HHAX's platform allows for configuration to meet your specific state needs.

VV030 The solution should send real-time alerts when a visit documented in the prior authorization system is not initiated at the scheduled time.

Generation of real-time alerts occurs in the HHAX system whenever an expected event does not occur as scheduled in the system. For some events and or locations there may be an expectation that the visit will not be captured on time, such as in rural areas where our offline mode will capture the needed data, but upload it later after the visit time has passed. We are able to create workflows that will prevent alerts from occurring in these situations. A missed visit occurs when a caregiver does not record a clock-in and/or clock-out time for an expected visit or member encounter.

For prescheduled visits, our system provides real-time alerts for missed clock-ins and clock-outs based on the desired workflow. HHAX can set alerts for DHHR with workflows to alert the provider agency first, then DHHR, based on logic determined by the client.

Real-time alerts appear on the HHAX system Call Dashboard. Additionally, the system delivers alerts via emails and/or text messages to the indicated persons.

The HHAX team can configure the system to generate multilevel, escalating alerts of pending, late, and missed visits to the provider, support coordination agency, and other entities as determined by the

Agency whenever receipt of calls does not occur within the predetermined tolerance window. Alerts incorporate workflows that permit rules-based routing. This means that we can attach business rules to the workflow of alerts, allowing for condition-based escalation through multiple levels.

When we identify non-compliant activity, the system submits real-time alerts to both the caregiver and central staff (configurable) so that corrective action can immediately occur. caregivers and providers can communicate in real-time in a common platform with central coordination staff regarding the specific needs of the member and any other actions that are necessary. Real-time communication eliminates the cumbersome and inefficient traditional methods of communication (phone, fax, text, email) and creates a historical record of all communication activity for at least 7 years, or as required by a specific client agreement. The following conditions can trigger alerts:

Pending and late calls

If a worker fails to clock in to HHAX when providing service to a member who requires EVV, the system logs the situation as an overdue visit. Coordinators receive alerts that the worker did not arrive as scheduled and can investigate missed calls on the system's Call Dashboard to determine the nature of the exception and implement the corrective actions required. DHHR can establish thresholds, or allow providers to establish them, for when they want to receive alerts for late or missed visits. For example, if a clock-in does not occur within 5 minutes of the scheduled start time, a real-time alert will trigger.

Missed visits

If a worker fails to clock in and clock out to the HHAX system when providing service to a member who requires EVV, the system logs the situation as a Missed Visit. Coordinators receive alerts of the missed visit and can investigate through the system's Call Dashboard to determine the reason for the missed visit. They can then contact the worker and/or member as necessary and implement the corrective actions needed. The State can set the predetermined tolerance window that determines whether a call is in or out of scope (applied to the actual visit times compared to the scheduled times) on an office-by-office basis.

Missed clock-outs

If a worker fails to clock-out in the HHAX system, when providing service to a member who requires EVV, the system logs the situation as a Missed clock-out. Coordinators receive alerts of the missed clock-out call and can investigate through the system's Call Dashboard to determine the reason for the missed call. They can then contact the worker and/or member as necessary and implement the corrective actions needed. The HHAX system includes a Missed Call Report that displays a separate line item for each scheduled visit for which the worker failed to log both a clock-in and a clock-out. Coordinators can then investigate missed calls to determine the nature of the exception and implement the corrective actions needed.

Call Dashboard

The system holds clock-ins in the Call Dashboard until the matching clock-out occurs, validating the visit. Corrections and modifications to the Call Records occur in this dashboard so the provider can manually link valid but unmatched call sets. Such action might be necessary in the following situations:

- A member changes his/her telephone number without alerting the provider agency
- A worker calls in from one member's telephone number and calls out from a different member's telephone number, and one or both of the telephone numbers do not have attached registration to the member.
- A worker enters the wrong HHAX system worker-specific personal identification number when

VV031 The solution should have the ability to account for circumstances in which a visit crosses calendar days.

Typically, consecutive shifts represent multiple shifts that a caregiver works for the same member, or shifts that a caregiver works for two linked members. For example, if a husband and wife are receiving back-to-back personal care services at the same address, or a member receives services for two different programs, the assigned caregiver would only have to perform a single Clock-In and Clock-Out, rather than one for each member or each program. If not consecutive, the two different programs will simply be linked to the authorization, which can link to the schedule in HHAX, and will not run into any issues if the same caregiver performs both program services.

<p>VV032</p>	<p>The solution should accommodate different definitions of pending, late, and missed visits by the status types as defined by the applicable program and/or waiver service.</p>
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Below are some common explanations and setups for visits that do not occur at the expected time.

If a worker fails to clock in to HHAX when providing service to a member who requires EVV, the system logs the situation as an overdue visit. Coordinators receive alerts that the worker did not arrive as scheduled and can investigate missed calls on the system's Call Dashboard to determine the nature of the exception and implement the corrective actions required. Providers can establish thresholds for when they want to receive alerts for late or missed visits. For example, if a clock-in does not occur within 5 minutes of the scheduled start time, a real-time alert will trigger.

If a worker fails to clock in and clock out to the HHAX system when providing service to a member who requires EVV, the system logs the situation as a Missed Visit. Coordinators receive alerts of the missed visit and can investigate through the system's Call Dashboard to determine the reason for the missed visit. They can then contact the worker and/or member as necessary and implement the corrective actions needed. The State can set the predetermined tolerance window that determines whether a call

is in or out of scope (applied to the actual visit times compared to the scheduled times) on an office-by-office basis.

VV033 The solution should allow a direct care worker and/or provider agency to receive messages indicating a possible problem with a visit verification.

The HHAX team can configure the system to generate multilevel, escalating alerts of pending, late, and missed visits to the provider, support coordination agency, and other entities as determined by the Agency whenever receipt of calls does not occur within the predetermined tolerance window. Alerts incorporate workflows that permit rules-based routing. This means that we can attach business rules to the workflow of alerts, allowing for condition-based escalation through multiple levels.

2. Program Management

2.1 Refer to the relevant business specifications located in Appendix 1: Detailed Specifications and pertinent narrative in Section 4: Project Specifications in this RFP to cover solution capabilities in this area. The Vendor should describe its approach to Program Management below. The narrative response for this category should be organized using the appropriate subject matter area as per Appendix 1: Detailed Specifications.

2.2 <Response>

PG001	The solution rules/procedures should allow and enforce multiple service limits for different service ranges including, but not limited to:
PG002	Day
PG003	Week
PG004	Month
PG005	Year

Transaction sets (visits), once validated for clock-in and clock-out, worker ID, source location, and schedule, are then compared against each level of the member's multilevel authorization to ensure it is within the authorization's overall total allowable hours/units for the following:

- Total authorization period
- Monthly limit
- Weekly limit
- Daily limit

PG006 The solution rules/procedures should accommodate retroactive prior authorizations and changes to prior authorizations based on revisions to recipients' plans of care/service plans.

This is a standard process for HHAX when delivering EVV to homecare network providers. For example, today in Pennsylvania, we receive and process daily Authorization and member files. As well, we deliver an eligibility transaction capability directly with the State Medicaid Agency on behalf of the MCO and its providers. Eligibility data can flow directly through an interface to outside parties or it can be received on a daily or monthly basis directly from DHHR. On a daily basis, our EDI integration team reconciles all

files and records received from the State, reports back any rejections, and then imports and updates our Portal so the providers can immediately see any changes to Authorizations or member specific data.

Currently, HHAX provides this service in Pennsylvania, where we process changes to authorizations that both increase or decrease the time allowed.

PG007 The solution should have the ability to round service delivery time.

HHAX can determine rounding rules based on DHHR's requirements. Two ways we have seen rounding rules established are by rounding the clock-in/clock-out time or by rounding total time.

For clock-in/clock-out rounding, HHAX will not touch the actual EVV data, in order to preserve and maintain the accuracy of the data. For billing purposes, we can configure the system to automatically round the EVV time based on the rules established by DHHR. If you require rounding down to the closest 15-minute interval, HHAX will set our system to take a clock-in time of 8:03 and automatically round it down to 8:00 in the system.

The other method, rounding total minutes, is how we setup our system in Pennsylvania. PA counts every 15 minutes as 1 unit. The rule establishes anything 8 minutes or greater as one unit (15 min). For example, a clock-out time of 8:23 will count as 2 units, where a clock-out time of 8:22 counts as one. In this setup, the recorded clock-in/clock-out time stays as is (i.e. 8:03), with the overall time rounding to determine billable units.

PG008 The solution should provide a master client index of client information, including a single unique identifier (that is not the Social Security Number), for all clients.

In the HHAX system, each member has a profile that records the unique identifiers such as Medicaid number, admission ID, and other member demographic information to ensure each member is uniquely identified. As part of the kickoff and discovery period, HHAX will work with DHHR to determine any State-specific requirements for our system. HHAX is configurable to meet the states needs while not being a system that needs extensive customization.

PG009 The solution should maintain an integrated repository of provider agency information, including a single unique identifier, for all providers.

HHAX has required fields for providers, as well as for providers' caregivers that are standard unique identifiers. The identifiers for a caregiver are date of birth and social security number. This allows for unique identifying of the caregiver. For a provider, this can be their NPI number or another predetermined unique identifier established by DHHR.

If the State allows third party EDI integration, the provider and caregiver files with these required fields can be incorporated into the EDI transmissions. Each caregiver receives a unique pin associated back to their profile in HHAX that stores the caregiver's name, social security number, and date of birth. When the caregiver enters their pin as part of the call or app log in, the visit is attached to the caregiver's information to uniquely identify the provider.

PG010 The solution should be able to capture, verify, and support billing for in-home and community based setting service visits.

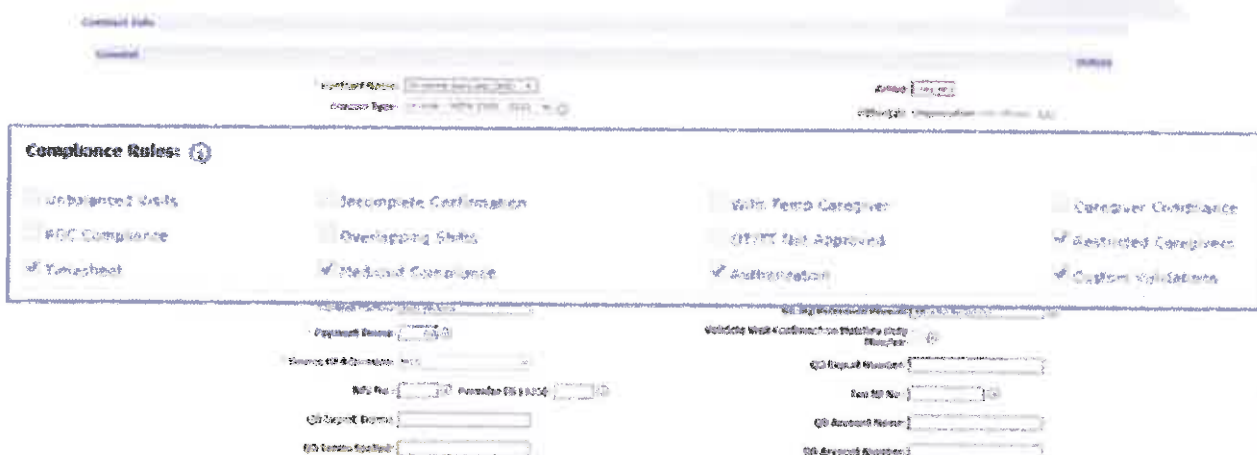
HHAX streamlines the entire homecare billing process from start to finish, increasing efficiencies and minimizing disruptions and risk. Our platform directly connects Payers and providers to each other in real-time, providing one single source of truth. Using our homecare billing management platform, payers can securely and electronically send participating information like authorization and plan of care directly to the chosen provider, who in turn can schedule the right caregiver for the participant.

HHAX incorporates a pre-claim edit called the “HHAExchange Pre-billing” module. This module works as a real-time, rules-based engine configured based on the unique rules of the State program. HHAX will not allow a provider to submit a claim that does not pass all the pre-bill edits. Not only does this prevent the provider from submitting claims that are not 100% compliant, it also assists the caregiver (and potentially the member) by providing real time information on the non-compliant status of the service.

The HHAX system scrubs all claims prior to sending them to the Fiscal Agent. This is a strict validation based on the business rules associated with each specific program as determined by Medicaid.

When transactions (clock-ins and clock-outs) are received by the EVV system, the data is sent through a series of validation audits that examine the data from a variety of different perspectives to determine its validity for billing. The HHAX Contract Setup Page establishes the following basic rules for billing:

- Contract name
- Invoice type and configuration
- Timesheet requirements
- POC compliance
- Schedule accuracy
- Rounding rules for visits
- Automated eligibility checks
- Compliance rules (validation audits)
- Rules for making changes to EVV data
- Disciplines, service codes, and billing rates
- Invoice building rules
- Claims construction rules



Compliance Rules in the HHAX System Contract Page. Each contract is customizable to meet different compliance needs.

Each transaction set (i.e., clock-in and clock-out) represents a single visit event. Individual clock-ins and clock-outs undergo matching using program-specific business rules. Upon validation of a transaction set,

it passes through the audit system, which ensures that all of the following conditions occurred in pre-billing:

- **AUDIT 1** ensures there is a valid clock-in and clock-out from the same beneficiary's address. Only a matched set of a valid clock-in and clock-out can create a transaction set.
 - **AUDIT 2** checks the identification number (ID) entered to ensure that the clock data came from a valid worker. The worker must be active, have the correct discipline, and be associated with the beneficiary's case in order to pass this validation.
 - **AUDIT 3** verifies automatic number identification (ANI) or Global Positioning System (GPS) information to ensure that performance of the services is from a valid beneficiary's home. The ANI must exactly match one of the phone numbers entered to a valid and active beneficiary in order for the transaction set to pass this validation. With use of GPS in place of ANI, the tolerance (i.e., distance from the mapped GPS coordinates for the beneficiary) undergoes evaluation. It must be within the allowable tolerance per Medicaid rules in order to pass this validation.
 - **AUDIT 4** verifies the clock-in/clock-out set matches against a beneficiary's Medicaid-approved schedule. For programs that include scheduling, the transaction set durations undergo comparison against the beneficiary's schedules and must fall within the allowable tolerance for duration (overall length of the visit) and proximity (to scheduled clock-in and clock-out times). Only transaction sets with times recorded that fall within acceptable duration and proximity pass this validation.
 - **AUDIT 5** verifies the clock-in and clock-out set against the beneficiary's Medicaid-approved active authorizations. Transaction sets, once validated for clock-in and clock-out, worker ID, source location, and schedule, are then compared against each level of the beneficiary's multilevel authorization to ensure it is within the authorization's overall total allowable hours/units for the following:
 - Total authorization period
 - Monthly limit
 - Weekly limit
 - Daily limit
- Only transaction sets (visits) that fall within all authorization limitations will pass this validation.
- **AUDIT 6** verifies the service task codes collected from the clock-in and clock-out set against the beneficiary's Medicaid-approved POC. Transaction sets (visits) that meet all of the above validation conditions then undergo matching against the beneficiary's POC, in accordance with the business rules set forth in the Contract Setup page. Several options are available to be set up on the Contract Setup Page to determine if visits match the POC:
 - **Contract compliance.** Visits must have at least five service task codes recorded with one of them being a personal care duty.
 - **Personal care compliance.** Visits must have at least one personal care duty documented.
 - **No compliance.** The system will not validate duties reported against the beneficiary's POC for this program.
 - **POC compliance.** All duties set forth in the beneficiary's POC must have documentation as delivered.

Based on the setting selected, the system will hold visits that do not match the POC as indicated. Only visits that comply with the setting selected will pass this validation.

Billing through HHAX is quick and efficient. Our focus is on compliance, helping providers to send clean claims to the State. There is no time constraint in the system, allowing for real-time immediate submission once all pre-billing scrubbing is complete.

Through the processes described above, plus the additional workflow efficiency benefits offered by HHAX, we streamline billing, and minimize paper use.

PG011 The solution should have the ability to create Health Insurance Portability and Accountability Act (HIPAA)-compliant electronic 837 claim file submission to the State MMIS for claims processing in compliance with all Medicaid filing requirements.

Once a visit is performed and logged, the provider sends the claim through a pre-bill scrubbing process to ensure compliant claims. Those claims are sent directly to the payer via the submission of a HIPAA compliant electronic 837 file either directly or via a clearinghouse, with the provider receiving an electronic 835 file in return. As a result, claims cannot pass beyond HHAX unless the service rendered reconciles with both the authorization and the electronic verification of the visit. This reduces claims efforts for both the payer and provider. Additionally, by eliminating denials, payers can reallocate their resources to other areas of their business.

We have implemented (and maintain) our services to meet standards mandated by the HIPAA Privacy Rule. Our HIPAA security compliance methodology goes beyond the requirements of the HIPAA Security Rule; it serves as a roadmap to safeguard not just ePHI but for HHAX information assets as a whole. The domains defined in International Organization for Standardization (ISO) 17799, the British Standard 7799 security, and Control Objectives for Information and Related Technology security standards influenced this methodology.

PG012 The solution should automatically generate all required correspondence to individuals.

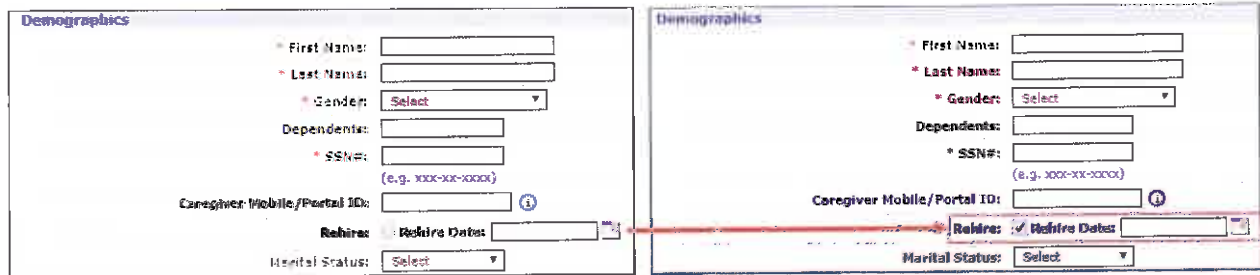
The HHAX EVV platform allows for real-time two-way communication between the State and the Provider. This feature is unique within the HHAX platform and allows DHHR to communicate easily with each Provider in the network and avoid email, text, phone, etc. This communication portal contains both user-based communication (ex. Requesting an Authorization update) or automatic communication (ex. Missed or Late Visit) that can be logged and read by both parties. In addition to the communication portal, HHAX allows for an automatic email to the payer in various situations.

PG013 The Vendor should provide correspondence metric reports upon request by the Department.

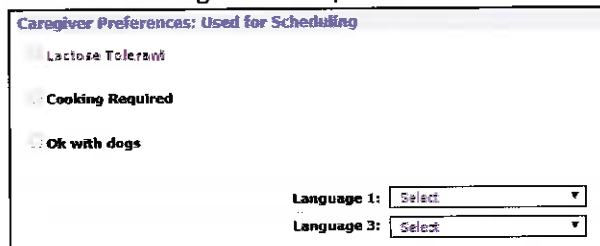
The above referenced real-time two-way communication also allows for a time-stamped log of communication between the State and the provider. This will allow the State to verify correspondences have been received, read, and by which individual at the provider agency.

PG014 The solution should assist users in identifying which sections of forms should be filled in manually.

In every form within the HHAX system, editable sections show up as a box with an outline. A cursor can then be placed within this section in order to fill in the required information. If the box is not editable, it will have a slight shade to it and will not allow the cursor to be placed inside. As shown in the graphic below, the "Rehire Date" is not editable until the user checks the "Rehire" button first.



This is also true for any drop-down menus or check boxes, which are used to set caregiver preferences and languages. If a user's security roles prevent them from making edits to certain fields, those fields will be shaded out or inaccessible to clicking or cursor placement.



PG015 The solution should provide the ability to deliver reports as mutually agreed-upon with the Department.

As mentioned above in the "Visit Verification" requirements section as well as below in more detail, the HHAX system offers a wide variety of real-time data and dashboards as well as retrospective reporting capabilities. Our Structured Query Language reporting engine provides the ability to build versatile reporting mechanisms and data exports (for client Data Warehouse needs) from the data collected during service delivery.

We can schedule reports and data exports to generate automatically at scheduled dates/times as mutually agreed upon with the Department.

PG016 The solution should provide flexible web-based reporting, including ad hoc reporting of all data stored within the solution.

The HHAX system offers a wide variety of real-time data and dashboards as well as retrospective reporting capabilities. Our Structured Query Language reporting engine provides the ability to build versatile reporting mechanisms and data exports (for client Data Warehouse needs) from the data collected during service delivery.

HHAX permits the use of data elements to query and generate ad hoc reports or comprehensive data extract files.

HHAXexchange Report Builder

Additionally, HHAX includes a comprehensive Report Builder that DHHR can use to build reports or create the data exports it desires from the full HHAX SQL data tables. To assist our clients in using the Report Builder/Data Extract tool, we have included dozens of predefined report templates that can be used as is or modified.

Business Analytics

HHAX provides a cutting-edge business analytics suite using Sisense. Sisense enables us to efficiently process complex data using ElastiCube technology to distill the data into powerful, easily understood dashboards for our customers. ElastiCube boosts native support for a wide range of data sources, ease of operation, and ultra-fast performance.

We can provide a customized set of graphical dashboards, complete with drilldown capability, based on [Agency]'s unique requirements. The system also supports the ability for system users to produce their own reports.

There are over 560 standard reports available in HHAX. We can provide users at other state agencies, Area Agencies on Aging, and provider agencies access to a subset of these reports, as permitted by Medicaid.

PG017 The solution should have the ability to make a complete set of data related to visits submitted for verifications available for reporting, including, but not limited to the following elements:

PG018 Member receiving services

HHAX includes extensive member reporting. We have provided below a sample of some of the reports that come standard in the system:

- Member Activity Summary
- Member General Notes
- Length of Stay per Member Report
- Member with 3 Missed Visits
- Among others

In addition, any reports DHHR needs outside of our standard suite can be built and scheduled easily.

PG019 Direct care worker

HHAX provides complete direct-care service worker reporting for state and local agencies, payers, provider agencies, and the caregivers and members.

HHAX includes hundreds of reports for caregiver reporting. We have provided below a sample of some of the reports that come standard in the system:

- Exclusion List Reports
- Temporary Caregivers
- Caregiver by Contract
- Caregiver Profile
- Caregiver Calendar
- And others

In addition, any reports DHHR needs outside of our standard suite can be built and scheduled easily.

PG020 Provider

HHAX categorizes these reports as Vendor Management. These reports include:

- Census – Summary
- Census – Detail
- Placement Report
- Caregiver Compliance
- Vendor Rate
- And others

In addition, any reports DHHR needs outside of our standard suite can be built and scheduled easily.

PG021	Location of visit
PG022	Date of visit
PG023	Start time of visit
PG024	Missed visits
PG025	Late visits
PG026	End time of visit
PG027	Visit late time

HHAX comes standard with extensive visit reporting. All of the above reports are included upfront as well as additional detail such as:

- Visits by Assignment ID
- Missed Visits by Vender/Provider
- Members with 3 Missed Visits
- Billed or Unbilled visits by Vendor/Provider
- Unverified Visits by Vendor/Provider
- Patient Activity Summary
- Among others

In addition, any reports DHHR needs outside of our standard suite can be built and scheduled easily.

PG028 Services provided

During the clock-out process, if required by DHHR, the DCW will enter any duties provided during the visit. Our pre-existing Plan of Care (POC) compliance reporting displays POC compliance information for each member and DCW combination. The tasks performed by each DCW are compared to those required in the POC; the number of tasks performed and a percentage of tasks preformed based on the minimum required are displayed. Missed visits do not contribute to the total required. If tasks are performed that are not in the Patient POC, these are included in a separate section.

As services provided are collected in our system, the data exists, allowing for custom reports to be built as needed.

PG029 Manual or electronic verification

For manual verification, HHAX will work with DHHR to determine all necessary rules. The system treats manual verifications as exceptions. The Exception process is flexible. For example, the State can decide which exceptions are “gates” which will not allow the creation and submission of an 837 claims and which Exceptions will not prevent the creation of a claim. For example, if the provider or Caregiver does

not complete the electronic visit confirmation or the Provider does not indicate the timesheet is “on file”, then the EVV system will prevent the creation of a claim to the payer. Alternatively, if a Plan of Care is not present or the Caregiver is not compliant then we can configure this to allow the claim to be produced as long as the visit was confirmed electronically.

HHAX provides extensive exception reporting, including:

- Exception Detail Report
- Exception Statistics
- Exception by Reason

We can provide comprehensive visit-focused reports depending on the State’s specific requirements.

PG030 The solution should have the ability to use identifiers, mathematical functions, formatting, and manipulate data within reports.

Most reports and data exports can undergo export in a variety of formats, including XML, HTML, CSV, XLS, PDF, and RTF. Microsoft Office remains the industry leader in utilizing mathematical functions and manipulation of data. HHAX reports are all exportable to be used with excel.

In addition, our Business Intelligence tool allows drill down analysis of data. We can create customized “Widgets” within our BI tool as needed to meet DHHR requirements.

A widget is a window of information within a Dashboard used to visualize the specific applicable data. A dashboard can hold one to many widgets. Widgets are designed using fields, which are categorized into two groups:

- Numeric Labels: Numbered (quantified data), such as confirmed visits, missed calls, ratings, and percentages. This is data that users may want to calculate.
- Descriptive Labels: Items used to describe and categorize fields. For example, Office, Location, Branch, and Visit Date.



Widget Sample

Typically, widgets combine both types of fields.

There are various forms of widgets to enhance the display of information. While some data can be viewed as a simple indicator number, other information is best displayed in visual manner. Widget formats include charts, trends, filters, and indicators among others.

In addition, HHAX provides what are known as “Jumpable Widgets”. The following is an example of a jumpable widget.

The widget appears as a simple indicator, however the jumpable icon to the left of the widget title bar indicates that one can view further information producing this number. Click on the number to proceed.



Jumpable Widget Icon

The results show the details which comprise the average displayed in the widget. To the right of the screen additional data appears. One can drill down further by right-clicking on a specific column.



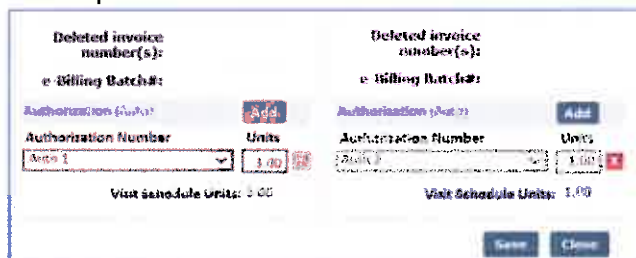
Jumpable Widget Results

PG031 The solution rules/procedures should have the ability to ensure the direct care services do not overlap with other direct care services.

HHAX designed our system with customization as a core feature. Service are never a one size fits all process, which is why we provide the ability to create service codes and Contract Service Code fields to address specific billing and scheduling scenarios, such as:

- **Mutual:** Select this to use a Service Code for Mutual Visits. Overlapping Visits scheduled with a Mutual Service Code can have the same Caregiver without triggering a validation error.
- **Allow Patient Shift Overlap:** Select this to use a Service Code for Visits that overlap. This will allow scheduling of two separate Caregivers for a single Patient at the same time without triggering a validation error.

In addition, the Authorization functionality in HHAX is available for both Primary and Secondary Contracts, allowing Agencies to split Authorization hours between the two:



This feature allows caregivers to provide different approved services during a single visit.

PG032 The solution should compile information from all EVV data sources and calculate total daily and weekly hours worked by direct care workers and agencies.

HHAX will compile and collect data components and provide actionable reporting around time and attendance for DCWs. One of these reports is "Employee Working Hours." This report lists employees that worked during the time frame selected, including the period of time worked, and total hours and days worked.

PG033 The solution should have the ability for the Department to allow and/or not allow retroactive care plan changes for specific services and/or programs through a configurable interface.

A standard process for HHAX when delivering EVV to homecare network providers is to manage retroactive service authorization changes. For example, today in Pennsylvania, we receive and process daily Authorization and Member files. We deliver an eligibility transaction capability directly with the State Medicaid Agency on behalf of the MCO and its providers. Eligibility data can flow directly through an interface to outside parties or it can be received on a daily or monthly basis directly from DHHR. On a daily basis, our EDI integration team reconciles all files and records received from the State, reports back any rejections, and then imports and updates our Portal so the providers can immediately see any changes to Authorizations or Member specific data.

PG034 The solution should allow the Department to define and limit the circumstances in which a manual verification can be made.

HHAX will work with DHHR during implementation to define and limit the circumstances in which a manual verification can be made.

HHAX developed our offerings to streamline workflows and provide verifiable check-in and check-out data. The goal of our offering is to limit the amount of manual entry necessary to confirm visits and submit claims. However, with any system there will always be scenarios where manual entry will need to occur. Within the HHAX platform, Providers will have the flexibility to manually override approved instances when necessary, such as adding a temporary address that is not associated with the Beneficiary's residence on record, or a new address in the case of children in the foster care system.

In order to maintain a thorough audit log, and provide reporting for transparency, the HHAX system requires an "exception" when making overrides. Our sophisticated exception process allows for oversight on all aspects of Visit, caregiver, and Service Plan compliance.

The impact exceptions have on claim submission is also customizable in the HHAX system. Payers can decide which exceptions are "gates" that prevent the creation and submission of an 837 claim, and which Exceptions will not prevent the creation of a claim. This can be as simple as only blocking those visits that do not comply with the 21st Century Cures Act, or extending that to specific requirements established during implementation by DHHR. Because of this capability, our reporting and Business Intelligence (BI) tools can track all types of Compliance Activity.

PG035 The solution should use eligibility data transferred from the Medicaid Management Information System (MMIS) to determine if any waiver requirements apply. If no waiver requirements apply, the solution should assume that state plan requirements specific to the service being provided apply.

This is a standard process for HHAX in the course of delivering EVV to a Payer and their network providers. For example, today in PA, we deliver an eligibility transaction capability directly with the State Medicaid Agency on behalf of the Payer and its providers. Eligibility data can flow directly thru an interface to outside parties or it can be received on a daily or monthly basis directly from Gateway. On a daily basis, our EDI integration team reconciles all files and records received from the Payer, reports back any rejections, and then imports and updates our Portal so the providers can immediately see any changes to Authorizations or Member specific data.

PG036 The Vendor should review the Department waivers and other state plan program requirements to develop and propose system edits that will meet the need of the Department. The Vendor should propose system settings for the Department to consider during the initial solution configuration and during operations. The review and proposal process should happen at an interval defined by the Department.

The HHAX system is designed to be configurable to meet specific State rules and requirements while not need extensive and time-consuming customization to the core functionalities of the system. As part of our discovery and design phases, we will work with DHHR to review waivers and other state plan program requirements and determine what configurations will be needed to meet the State's specific requirements.

PG037	The Vendor should provide web portal functionality that addresses the needs of:
PG038	Provider agencies and their direct care workers
PG039	Members
PG040	Waiver program and/or legal representatives
PG041	State program staff

As a leading provider of Electronic Visit Verification (EVV) services through our award-winning commercial and institutional platform, HHAX is a well-established Commercial off-the-Shelf (COTS) Software as a Service (SaaS) cloud software solution.

Clients currently using our EVV solution have applauded its ease of use and strong compliance features, which facilitate confirmation that members are receiving care as follows:

- In their home (or predetermined care setting)
- By qualified workers scheduled to perform the services
- Receiving the correct services
- Services provided as authorized

We are a centralized, web-based software platform that will provide DHHR with the ability to link payers and health plans to their network of homecare providers dynamically, which will create a shared environment for real-time communication, transparency, operational efficiency, and payment integrity. The HHAX system provides a robust EVV system that tracks, verifies, records, and reconciles the real-time, electronic entry of start and end times of caregivers and home care providers. It automatically creates timesheets with the start and end times for each client encounter.

We provide access to meet the needs of the requested stakeholders as follows:

- Provider agencies and their direct care workers, without a compliant EVV system, will have access to the HHAX EVV offering, which includes Authorization management, Scheduling, Billing, Pre-billing, EVV (telephony and mobile application)
- Members Waiver program and/or legal representatives – Our system includes a “Family Portal” for each member that the provider agency can set up. The portal allows the provider agency to register several family participants or member designees as users with access to the member’s Family Portal. HHAX can post services to the Family Portal, allowing the member or member

designee to review the services in advance of any payroll or billing for services as well as any member specific communications.

- State program staff will have access to our open, web-based payer platform that gives payers a window into the health of their network while providing them with actionable tools to better communicate and collaborate with providers. Any data, such as member and authorization, can be edited and controlled in the HHAX system by DHHR staff. Other aspects of the system that are driven by the providers, such as scheduling and caregiver demographics, are viewable by State staff, but cannot be edited as these are maintained by the providers who own the relationship with the direct care worker.

Real-time Jurisdictional Views

We provide a multistage approach to our professional platform, which provides a complete real-time, jurisdictional view for authorized State users. Our Payer Management solution jurisdictional view includes the following authorizations:

- The provider agencies can create their own schedules but can only bill based on the authorization the payer creates.
- Authorization is available for various service types/providers, including personal care attendant, home health agency (HHA), registered nurse (RN), licensed practical nurse, physical therapy, occupational therapy, ST MSW, HSK, NT, RT, PA HCSS, and Certified Nursing Assistant. The State can set the service type for each of its agency providers. This means that if a case requires RN service, only provider agencies designated as providing RN services will be displayed in the provider agency list when sending an RN authorization for a beneficiary.
- The authorization will also contain the service code for each visit.
 - The service code determines the visit rate for each visit. The Agency controls the provider agencies' monetary values for each service code.
- Each authorization can be set for daily, weekly, monthly, or entire period authorization types.
 - Entire Period authorization specifies the allowable billable hours for a beneficiary over a specified period.
 - Weekly authorization specifies the allowable billable hours per week for a beneficiary over a specified period.
 - Daily authorization specifies the allowable billable hours per day for a beneficiary over a specified period. The Agency can also specify exact visit start and end times for each day if desired.
- Visits on the member calendar will turn green and pink based on the authorization.
 - Green visits indicate the visit details match the payer-created authorization.
 - Pink visits indicate the visit details do not match the payer-created authorization.
- If a provider tries to bill a visit that does not match the authorization in any way, the visit will turn pink and will not be billable. This allows the payer more flexibility with patient schedules while still ensuring all validations are met with each visit.
- Additional internal audits ensure all claims are pre-scrubbed to ensure:
 - Correct beneficiary received the services
 - Correct direct-care service provider delivered the services
 - Plan of Care compliance
 - Authorization compliance
 - Complete call set (i.e., clock in and clock out) is documented
 - No overtime or travel time on claims (unless approved)
 - No overlapping shifts

3. Program Integrity

3.1 Refer to the relevant business specifications located in Appendix 1: Detailed Specifications and pertinent narrative in Section 4: Project Specifications in this RFP to cover solution capabilities in this area. The Vendor should describe its approach to Program Integrity below. The narrative response for this category should be organized using the appropriate subject matter area as per *Appendix 1: Detailed Specifications*.

3.2 <Response>

PI001 The solution should allow the Department the ability to view the same information as a service provider.

HHAX establishes roles and data control based on the ownership of the data or relationship. The Department will have a full view into the same information as the service provider, allowing DHHR staff to view schedules and caregiver information, such as compliance and demographics. There are certain aspects, like scheduling, that the Department can view but not edit. Provides manage their DCWs and create these schedules. If the State wants to control specific schedules, this can be accomplished through the authorizations by specifying hours and days the services must be delivered.

PI002 The Vendor should provide a summary of direct care workers and/or provider agencies who demonstrate a high level of missed and late visits, potentially fraudulent services, or potentially fraudulent billing patterns monthly and as requested by the Department.

In addition to our existing missed visit reports, HHAX provides an industry-leading Business Intelligence tool to our payer clients. Within this tool is our EVV Dashboard.

The HHAX EVV Dashboard offers an array of information pertaining to the EVV methods utilized at HHAX.

With emphasis on Visit Compliance, the widgets in this dashboard display monthly trends, compliance ratios, exceptions, various types of visits (Confirmed, Unconfirmed, Missed, Short, and Late Starts), as well as data indicating where Providers stand in meeting compliance standards (by ratio, exceptions, and visits).

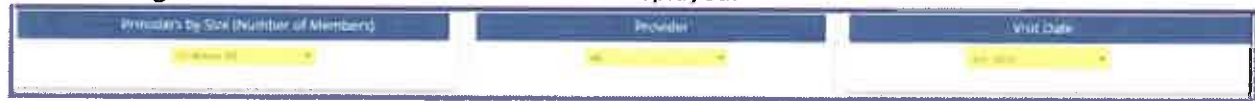


EVV Dashboard Widget

KPIs as defined in the EVV Dashboard:	
EVV KPIs	Compliance Ratio Percentage of Compliant Visits (Confirmed Visits minus Exceptions)
	Exception Rate Rate and number of Non-Compliant Visits
	Unconfirmed Visit Rate Percentage of Visits that took place with no confirmation (excluding Missed Visits) Total Number of Unconfirmed Visits
	Missed Visits Number of Visits that never took place and are checked as 'missed' within the Visit Info tab (application).
	Short Visits Number of Confirmed Visits that are shorter than the scheduled duration
	Late Start Visits Number of Confirmed Visits that began later than scheduled start time

Users can obtain information on a high-level for all corresponding categories or narrow their focus using Filter widgets for more specific details. The three filter widgets in the EVV Dashboard are Providers by Size (based on Number of Members), specific Provider, and Visit Date (monthly). These filters generate the information for the widgets following the filters.

Not selecting the Provider filter broadens the data displayed.



EVV Dashboard – Filter Widgets

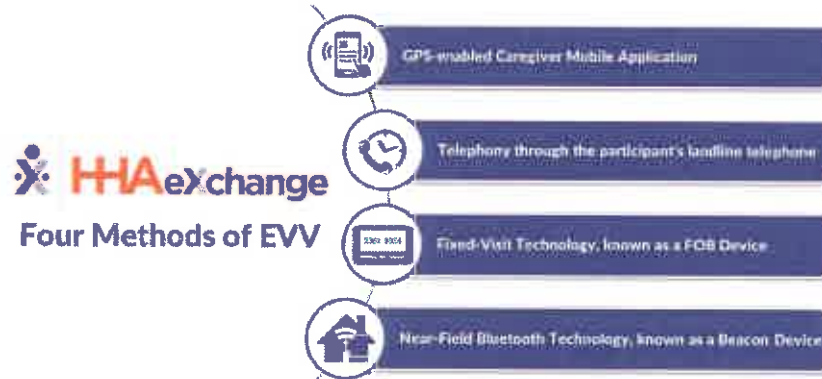
A series of Indicator widgets offer current, key metrics at a glance. Such graphics or numbers are cumulative sums or averages used to compare and gauge performance.



EVV Dashboard – Indicator Widgets

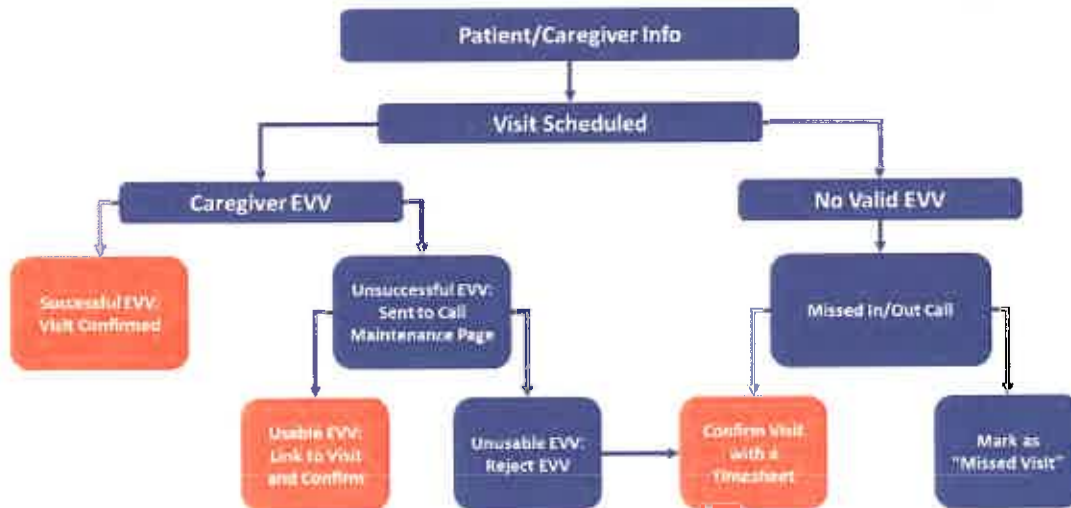
PI003 The solution should track the time, location, and task performance of direct care workers during service delivery in order to safeguard against fraud, as well as to improve service delivery and program oversight.

This is a core functionality of the HHAX platform. HHAX's EVV system works seamlessly within your existing environment. Regardless of the method of EVV, when a caregiver completes a visit, the visit is automatically associated with the schedule and authorization for the services performed. Additionally, capturing of Service Plan tasks and duties occurs at the time of EVV clock-out.



Each method of EVV offered by HHAX creates an **easy-to-adopt process for a caregiver to clock-in and clock-out**. Ultimately, any EVV system must be least burdensome on both the provider and caregiver – allowing the capture of the six data elements required by the Cures Act, including time, location and task performance, while ensuring delivery of the highest quality of care.

The flowchart below illustrates the process flow on how EVV works in the HHAX system.



HHAX has developed our offerings to streamline workflows and provide verifiable check-in and check-out data. The goal of our offering is to limit the amount of manual entry necessary to confirm visits and submit claims. However, with any system there will always be scenarios where manual entry will need to occur. Within the HHAX platform, Providers will have the flexibility to manually override approved instances when necessary, such as adding a temporary address that is not associated with the member's residence on record. The HHAX mobile application can also collect the signature of the members upon check-out, providing further validation of the visit.

EVV Through GPS

The HHAX mobile application can confirm GPS coordinates when providing service either in the home or in the community. Acceptable GPS check-in and check-out locations are listed within the member's profile. If a GPS check-in or check-out occurs outside of the acceptable coordinates, the visit will land in an exception dashboard for the agency to manually confirm the check-in or check-out.

Devices using GPS can send automatic location information as part of the Data Record to verify the location of the device when recording of time (i.e., clock-in and clock-out) occurs to start and end a visit to a member. Our system can use that data set to build a verifiable Visit Record. The following steps provide an example of how a Caregiver performs EVV via GPS on the Mobile App.

Step	Action						
1	The Caregiver logs in to the Mobile App at the beginning of the Visit.						
2	Selects Today's Schedule from the main menu and then selects the Patient.						
3	Selects "Clock-In".						
4	Selects the Visit verification method: GPS or Security Token (FOB)						
	<table><tr><th>Selecting</th><th>Description</th></tr><tr><td>GPS</td><td>When the GPS function is used to confirm EVV, the system validates the coordinates of the EVV's point of origin against the coordinates on record for the Patient. If the coordinates of the EVV matches the Patient's address, or fall within the specified Tolerance Range, the system confirms the Visit.</td></tr><tr><td>FOB</td><td>For FOB, the Caregiver is prompted to enter the Device ID and the 8-digit passcode.</td></tr></table>	Selecting	Description	GPS	When the GPS function is used to confirm EVV, the system validates the coordinates of the EVV's point of origin against the coordinates on record for the Patient. If the coordinates of the EVV matches the Patient's address, or fall within the specified Tolerance Range , the system confirms the Visit.	FOB	For FOB , the Caregiver is prompted to enter the Device ID and the 8-digit passcode.
	Selecting	Description					
GPS	When the GPS function is used to confirm EVV, the system validates the coordinates of the EVV's point of origin against the coordinates on record for the Patient. If the coordinates of the EVV matches the Patient's address, or fall within the specified Tolerance Range , the system confirms the Visit.						
FOB	For FOB , the Caregiver is prompted to enter the Device ID and the 8-digit passcode.						
5	At the end of the Visit, the Caregiver repeats Step 1, Step 2, Step 3, and Step 4, with the addendum of selecting "Clock-Out" in Step 3.						
6	The Caregiver then enters the POC duties performed and selects "Save" to finalize.						

Overlay of GPS addressing onto mapping software occurs at the street address (i.e., the mailbox) rather than the inside of the home, forcing software vendors to “loosen” their acceptable proximity for validation of GPS addresses (geo-fencing). For example, when a member has a long driveway, GPS transmissions from the inside of the home might not align with the geo-mapped address and, therefore, not register as a match. To address this issue, most systems loosen the geo-fence to accept calls whenever received within several hundred feet of the geo-mapped address.

The HHAX system further addresses the issue by allowing the providing agency to re-establish a proper GPS coordinate for a member from within that member’s home. This provides a much tighter geo-fence area for matching call locations against the expectations, and thus much more accurate location verification. This technology also dramatically reduces the possibility of “drive-by” check-ins and check-outs, such as when a provider checks-in from the mailbox of the member rather than going into the home to check-in.

If a GPS check-in or check-out occurs outside of the acceptable coordinates, the call will land in an exception dashboard. Coordinators can then decide whether to add this location as an approved location to the member’s profile, or manually fix the exception as a one-time visit location.

EVV Through Telephony

The HHAX system uses toll-free service, available in more than 30 languages, for telephony clock-ins and clock-outs. A member can register multiple alternate telephones. Calls originating from this type of connection transmit automatic number identification (ANI) information along with the call. Originally developed by AT&T® for internal long-distance billing purposes, ANI does not relate to newer caller identification number (ID) services. Although ANI serves a similar function, it uses different underlying technologies and is superior in many ways to caller ID. For example, people cannot forward or “spoof” ANI the way they can caller ID. This allows us to establish a one-to-one relationship between the ANI information and the member’s home, confirming the authenticity of calls.

In addition to providing verifiable call data, HHAX understands that EVV needs to be easy to adopt and provide as little burden as possible on caregivers and members. Calls made into our call centers do not affect the number of calls a member can make or count against the member’s allotment of minutes. We use a toll-free service for all telephony so that these calls do not affect the member in any way.

The following steps provide an example of how a Caregiver performs EVV via Telephony.

Step	Action
1	At the beginning of a shift, the Caregiver uses the approved Patient’s landline phone to dial the Provider’s Time and Attendance phone number.
2	Enters “1” to Clock-In.
3	The system then prompts the Caregiver to enter their Time and Attendance Pin (found in the Caregiver Profile).
4	The system confirms the entry and ends the call.
5	At the end of the shift, the Caregiver again uses the approved Patient’s Phone to dial the Time and Attendance phone number.
6	Enters “2” to Clock-Out.

7	The system then prompts the Caregiver to enter their Time and Attendance Pin a second time.
8	The system prompts the Caregiver to enter the duties performed for the Visit. The system automatically registers the entry when entering a recognized Duty ID code. If a Duty is refused, the Caregiver enters star "*" before the Duty ID code.
9	After entering all duties, the Caregiver enters "000". The system confirms the entry and ends the call.

When a caregiver calls in using that member's telephone, the system matches the telephone number received from the ANI with the one registered to that member to certify valid EVV. The HHAX system will verify the check-in and check-out against both the schedule and the authorization. By combining the unique worker ID, ANI information, and schedule/Auth verification, DHHR can be certain the correct caregiver and member are identified.

Additionally, since we can include multiple telephone numbers in a member's profile, if a telephony check-in or check-out occurs in the community, the caregiver can use these additional phone numbers as verification of service.

Alternatives for Limited Cellular Service Areas

In areas with limited or non-existent technology infrastructure, HHAX provides two alternative fixed location tracking devices and an offline mode for use in the member's home to provide verification coverage.

Fixed Object (FOB) Device

A FOB is a sealed device that requires no maintenance, charging, or battery replacement. Once registered and affixed in a member's home, it acts as an effective reporting device for authenticating the date and time of visits.



When a caregiver arrives at the visit location, he/she presses the button on the front of the member's FOB, which then displays an eight-digit code. The device uses an encrypted algorithm to generate the code on demand. The provider writes down the number and repeats the process on the way out. The caregiver can then use any telephone to call into the HHAX system within a specified number of hours or days. We can customize the setting to accept calls up to seven days following the date of the visit.

Use of FOBs to gather data from the homes of members without landline telephones or Internet has increased over the past several years. HHAX registers the FOB to a specific beneficiary, so the system knows from which location/home the clock-in and out occurred, as well as utilizing a numbered security tag to affix the device in the home.

The following steps provide an example of how a Caregiver performs EVV via FOB device.

Step	Action
1	The Caregiver activates the FOB at the beginning and end of the Visit, recording the 8-digit passcode each time.
2	The Caregiver calls the Provider's Time and Attendance phone number and presses "3" to indicate "FOB Device" confirmation.
3	The Caregiver presses "3" a second time to indicate "FOB Clock-In and Clock-Out."
4	As prompted, The Caregiver then enters the following:

		Step	Enter
		1	Time & Attendance Pin
		2	6-Digit Device ID
		3	8-Digit Clock In passcode
		4	8-Digit Clock Out passcode
		5	Any duties performed (one at a time)
5	With the duties entered, the Caregiver dials "000" to end the call.		

Note: Caregivers can also place FOB confirmations from the HHAX Mobile App.

Bluetooth Beacon Device

HHAX introduced the industry's first near-field Bluetooth Beacon Device for EVV. This innovative technology allows for faster clock-in and clock-out for the caregiver. The Beacon offers an innovative and alternative method of EVV in areas where GPS and cell phone signals are unreliable, and no landline is available for telephony. Whether in a rural area, or in a large city with vertical space and apartment buildings, the Beacon allows for accurate and efficient EVV.



The Beacon is a small, near-field Bluetooth enabled device that providers place in the member's home. When a caregiver arrives at the home and is within 15-feet of the Beacon, the HHAX mobile app will alert the caregiver to clock-in with the push of a button. When the caregiver is ready to clock-out, they simply open the mobile app, click to clock-out and enter the plan of care duties completed. The Beacon does not require configuration or pairing, the mobile app automatically recognizes the device. This automatic recognition removes the need for reading and recording of numbers off of the device by the caregiver or member. **This provides an alternative offering for anyone with impaired vision.**

The Beacon eliminates "ghosting" or fake calling from a telephone line. The caregiver must be within range of the Beacon device to successfully clock-in and out. The device also serves as a great back-up in cases where traditional telephony and GPS may be unavailable.

HHAX Application Offline Mode

In addition to alternative devices, we also have an offline mode for our Mobile Application. This allows caregivers to clock-in and clock-out while offline, with the system automatically transmitting the stored data once internet connectivity returns. The mobile app downloads all visits in the next 24 hours each time the caregiver opens the application, providing access to all needed information and application functionality while offline.

Once the visit data uploads, when service is restored, the data is deleted from the device. This temporary hold of data provides the benefit of visit verification in poor service areas, while negating any negatives caused by long-term data storage on a personal device.

Service Plan

During the daily, weekly, monthly, and yearly delivery of homecare services, HHAX provides caregivers with multiple methods (Phone, FOB, Mobile Application, Bluetooth) of electronically recording the duration of service visits as well as the specific duties/services performed based on the member's Service Plan. Electronic collection of these service time durations and duties performed ensures production of claims that are only for the actual service time delivered in the home. Capturing of Service Plan tasks and duties occurs at the time of EVV clock-out. In addition, we have the ability for workers to answer specific questions regarding the health status of the member and provide alerts to DHHR.

Once a caregiver completes a visit, the Service Plan Compliance validation checks to ensure fulfillment of the required compliance rules, specific for each contract. If Member Service Plan Compliance is listed in the contract rules as required, and entered on the Member's Service Plan, they are always required during visit clock-out. If the contract requires entry of Service Plan duties during clock-out, and the caregiver does not record them correctly, the system will hold the visit in Pre-billing until the issue is manually resolved. Additionally, we can configure real-time alerts into the system depending on the desire of the payer.

PI004 The solution rules/procedures should have the ability to ensure the same direct care worker is not providing services to multiple recipients at the same time at different locations.

When an agency saves a Visit, the system performs a validation check to ensure the assigned Caregiver complies with all Agency rules. These validations serve as safeguards, preventing compliance and/or audit violations. The validations an Agency chooses to employ varies on a case-by-case basis. Some potential validations an Agency may opt to enforce include:

- Ensuring the Caregiver scheduled for a Visit does not exceed regular working hours.
- Ensuring the Caregiver is compliant, as per the authorizing Contracts definition.
- Ensuring that the Caregiver is not scheduled for another Visit or In-Service simultaneously.

Furthermore, an Agency may choose to use this process to stop invalid Visits from being scheduled, or to warn users of existing issues before saving a Visit.

In addition, HHAX provides Conflict Reports, which report cases where workers are simultaneously "clocked-in" at multiple locations.

PI005 The solution should have the ability to provide role-based reporting to review, analyze, and report all data across categories on a monthly basis and as requested by the Department, including, but not limited to:

PI006 Payers

PI007 Programs

PI008 Provider Agency

PI009 Direct care workers

PI010 Members

HHAX provides complete role-based security access to the system. We utilize a comprehensive table of rights, which covers all aspect of the system, to assign specific security rights to roles. The system limits users by role and you can assign multiple roles to each user. In such cases, the user will receive the security rights of all their assigned roles. The system maintains a history of every login, and times each user session. We can generate complete reporting of user logins and session times on demand.

Role-based user security profiles, configurable to grant or restrict access to various system reports, control access to reports. We can define specific user roles to grant limited and secure access to data, with all such data manipulation recorded in an Audit Log.

PI011 The solution should track and report modifications to the solution data input elements after the direct care worker has documented their time or services, including the name of the user making the changes and the reason for the changes.

When an adjustment to EVV data occurs in the HHAX system, there must be an “exception” reason recorded. The person responsible for making this change and approving the “exception” depends on the situation, role, and rules governed by the State.

When you must adjust an EVV clock-in or clock-out (to confirm the GPS coordinates, approve a previously unapproved phone number, etc.), the person who generally makes this change is the Coordinator responsible for the case. Since the “exception” is a required field in adjusted EVV data, the system records and stores the audit trail of all changes.

When submitting a paper time sheet, the process for manually entering the clock-in and clock-out times also requires an “exception” reason provided by the Coordinator, or person entering the time sheet. The paper time sheet should always require a signature from the member. Additionally, the member will have access to a Member Portal where either they or an authorized person can access, review, and approve manually entered time sheets.

Limiting Provider Authority to Modify

The ability of a provider to access or modify service entries is determined by their assigned system role. Certain authorized provider users can access certain sections of the system and attach specific permissions to roles created in the HHAX system.

Each user can individually be set with their own unique setting for their ability to change service data entries. This includes the ability to limit the allowed number or percentage of manual service entries a provider can enter. We can make these settings to limit both an individual user at a provider agency or to limit the number of changes that can be made by the provider agency as a whole.

Allowing User-Role Creation

System access is based on role-based security functionality, which provides control over which users can access which sections, and what actions they can take with the contents in each section. We will work collaboratively with the State to create a user roles/permissions matrix that will define access, and specific access levels, to systems and system functionality. We will use this information throughout the life of the contract to maintain appropriate access security to ensure user security profiles are sufficient to protect PHI in accordance with applicable federal and state laws.

Once successfully logged on to the HHAX system, the user has access to the applications and modules to which he/she has been authorized. This role-based security allows us to fine tune system access for each type of user. Through our Identity Management (IDM) application and associated processes, we have the flexibility to restrict the data and system functions that are accessible to a user. Our IDM provides workflow-driven user provisioning and application access based on the user’s role—whether an employee, contractor, customer, or business partner. Using one set of centrally managed access and automation policies allows us to improve operational efficiency and, most importantly, reduces security risks.

Based on their role and related assigned security profile, authorized users at provider agencies can enter and view authorizations for service and monitor provider services including clock-in and clock-out times and specific tasks provided by their field personnel.

We assign each role created specific rights to system areas as directed by the State. We will create new roles only as directed by the State or authorized persons from other State agencies.



ATTACHMENT 8: TECHNICAL SPECIFICATIONS APPROACH

1. Data Sources, Delivery, and Display

Refer to the relevant technical specifications located in *Appendix 1: Detailed Specifications* and pertinent narrative in *Section 4: Project Specifications* in this RFP to cover solution capabilities in this area.

1.1 The Vendor should describe its approach to Data Sources, Delivery, and Display below. The narrative response for this category should be organized using the appropriate subject matter area as per *Appendix 1: Detailed Specifications*.

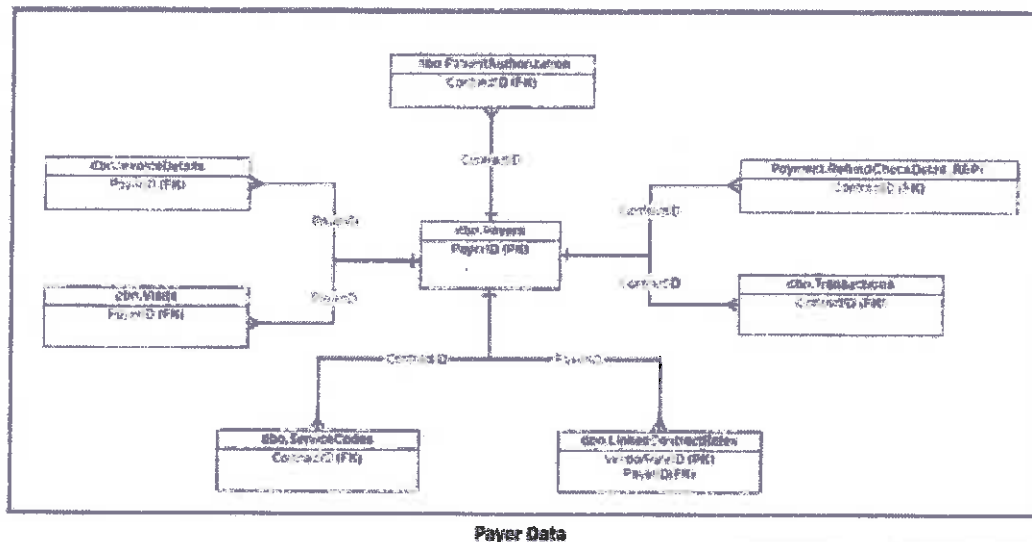
1.2 <Response>

DD001	The Vendor should develop and provide to the Department a Logical Data Model (LDM) that includes, but is not limited to:
DD002	Data classes
DD003	Attributes
DD004	Relationships
DD005	Standards
DD006	Other data elements identified by the Department

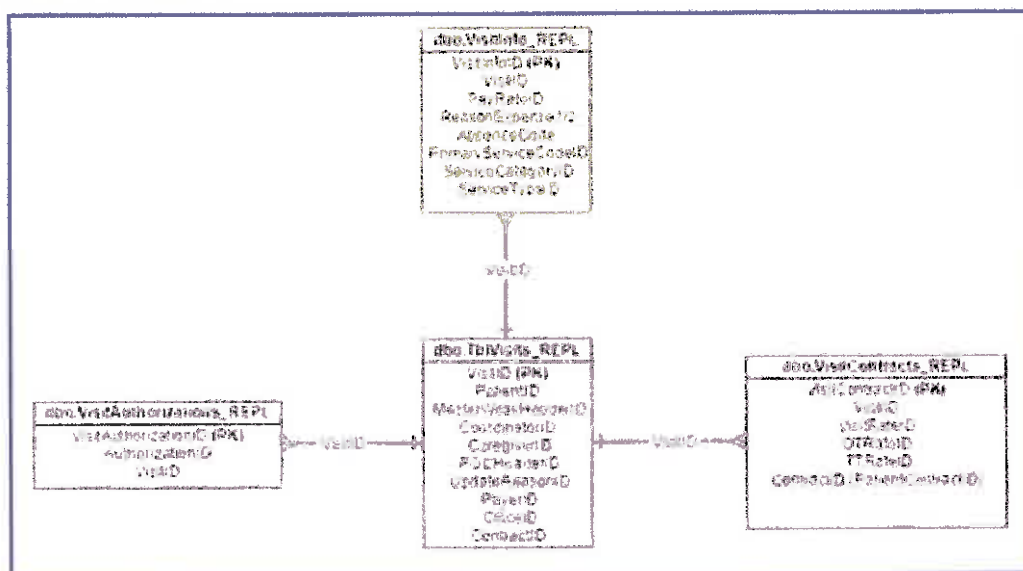
HHAX provides an extensive LDM that will identify and include any specific details the Department requires.

Just to illustrate how we construct our LDM, we have provided below a couple of examples:

Payer Data



Visit Information (Basic)



Visit Information (Basic)

DD007 The Vendor should provide a complete list of data elements along with corresponding definitions for reporting purposes, upon request.

This is a standard component of our offering that we will supply to DHHR upon request. In addition, our support center provides comprehensive documentation around reporting and data types. An example of just part of our Visit table data definitions is shown below:

Visit Table (dbo.Visits)

Visit Table (dbo.Visits)			
S.N	Column	Description	Data Type
1	Agency ID	Agency ID in rHAX	int
2	Patient ID	Unique Patient ID in rHAX	int
3	Visit ID	Unique Visit ID in rHAX	int
4	Visit Date		datetime
5	Schedule Start		datetime
6	Schedule End		datetime
7	IVR Time IN		datetime
8	IVR Time Out		datetime
9	Override Time Start		datetime
10	Override Time End		datetime
11	Routes	Pipe separated list of routes performed	varchar(200)
12	Travel Time Hours	Format: HHMM	varchar(10)
13	Missed Visit	Possible Values: Y (Yes) or N (No)	varchar(1)
14	Timesheet Required	Possible Values: Y (Yes) or N (No)	varchar(1)
15	Throughput Approved	Possible Values: Y (Yes) or N (No)	varchar(1)
16	Primary Bill To	Name of Primary Contract/Payer	varchar(50)
17	Primary Service Code	Billing Service Code	varchar(50)
18	Primary Contract Hours		varchar(50)
19	Primary Bill Type	Possible Values: H (Hourly), D (Daily), or V (Visit)	varchar(1)
20	Discipline		varchar(10)
21	Secondary Bill To	Name of secondary Contract	varchar(50)
22	Secondary Service Code	Billing Service Code	varchar(50)
23	Secondary Hour/Minute	Format: HHMM	varchar(10)
24	Billed	Possible Values: Y (Yes) or N (No)	varchar(1)
25	Billed Hours	Format: HHMM	varchar(4)
26	TT Hours	Format: HHMM	varchar(4)
27	OT Hours	Format: HHMM	varchar(4)

- Compliance
- Admissions
- Exceptions
- Referrals
- Claim Submission
- **Worker Details and Restrictions**

- 270 Eligibility Request / 271 Eligibility Response
- 276 Claim Status Request / 277 Claim Status Response
- 278 Prior Authorization Request / 278 Prior Authorization Response
- 837P Professional (HCFA) Claim
- 837I Institutional (UB) Claim
- 835 Electronic Remittance Advice

101 | Page

File loading can be a one-time event (as in the transfer from a legacy system to HHAX) or conducted as continuous or regularly scheduled events. HHAX supports web services as well as extract/transform/load data transfers for both continuous and scheduled file uploads. For example, the State may elect to trigger a real-time data transfer upon the following events:

- In addition to regulatory interfaces, the HHAX system can provide interfaces to many different system types.

System	Interface Type	Sample System Product Interfaces
Data Warehousing	Flat file	SQL Server, MySQL, MS Access
Point of Care/Electronic Health Record Systems	HL7 and CSV	McKesson Allscripts, HCHB, Epic, etc.
General Ledger	Flat file	MAS 90, MAS 500, QuickBooks, Fund Easy, Microsoft Dynamics
Payroll System	CSV and Excel file	ADP, PayChex, BOB, ADS, PayPro, CYMA

To achieve successful interfacing with multiple service providers and technology vendors, HHAX deploys a proprietary **self-service EDI Portal platform**. Individual providers access the portal to upload confirmed visits and test the interface until it is correct for processing. At the completion of testing, files start to continuously flow to HHAX from the third-party vendor systems. As the HHAX portal receives data records and determines there are deficiencies, the system returns these records for correction to the provider and the visit is resent to HHAX when corrected; this ensures that the HHAX platform and the providers platform stay synchronized, an important value to the provider. **Any viable EVV vendor must deploy this type of self-service EDI integration to be successful in an Open Model system as the number of providers and various EVV systems in play is simply too large to manage one by one.** HHAExchange successfully pioneered this approach in our Pennsylvania deployment.

At the onset of the project, HHAX will work with DHHR to map all necessary data integrations, including the Data Warehouse and the Master Data Management (MDM) platform. We understand the

importance of the MDM in maintaining the master data and acting as a single point of truth. We built our system to serve as a module, allowing integrations to control the data that is being brought in as well as the destination for all data exports.

DD011 The solution should allow users to extract data, manipulate the extracted data, and specify the desired format of the output.

Most reports and data exports from HHAX can undergo export in a variety of formats, including XML, HTML, CSV, XLS, PDF, and RTF. Our Structured Query Language reporting engine provides the ability to build versatile reporting mechanisms and data exports from the data collected during service delivery.

DD012 The solution should provide required Federal and Department data sharing including high-speed data transfer functionality to send and receive information.

We have also created multiple interfaces between our solutions and various regulatory and third-party systems. For the State, other State agencies, and Area Office on Aging, HHAX will map each required system interface based on each unique environment and the needs of the program authorities.

File loading can be a one-time event (as in the transfer from a legacy system to HHAX) or conducted as continuous or regularly scheduled events. HHAX supports web services as well as extract/transform/load data transfers for both continuous and scheduled file uploads. For example, the State may elect to trigger a real-time data transfer upon the following events:

- Each time a new beneficiary is entered into the Medicaid system with a status of "Eligible"
- Each time a new provider is entered into the Medicaid system
- Each time a new direct-care worker is entered into the Medicaid system
- A nightly batch file transfer of all new data
- A periodic posting of new data files to an SFTP site

In addition to regulatory interfaces, the HHAX system can provide interfaces to many different system types, including:

System	Interface Type	Sample System Product Interfaces
Data Warehousing	Flat File	SQL Server, MySQL, MS Access
Point of Care/Electronic Health Record Systems	HL7 and CSV	McKesson, Allscripts, HCHB, Epic, etc.
General Ledger	Flat File	MAS 90, MAS 500, QuickBooks, Fund Easy, Microsoft Dynamics
Payroll System	CSV and Excel File	ADP, PayChex, BDB, ADS, PayPro, CYMA

Sample Interface Types & Commercial System Interfaces.

DD013 The solutions rules/procedures should allow for electronic communication between the Department, fiscal/employer agents, and providers.

The HHAX EVV platform allows for real-time two-way communication between DHHR and your Provider Network. This feature is unique within the HHAX platform and allows you to communicate easily with each Provider in the network and avoid email, text, phone, or other cumbersome contact methods. Additionally, this real time communication allows for a time-stamped log of communication between

DHHR and the provider. This communication portal contains both user-based communication (ex. Requesting an Authorization update) or automatic communication (ex. Missed or Late Visit) that can be logged and read by both parties. In addition to the communication portal, HHAX allows for an automatic email to the payer in various situations.

DD014 The solution should have the ability to store member communications.

As mentioned above, HHAX's real time communication allows for a time-stamped log of communication between DHHR and the provider. HHAX stores these communications for audit and tracking purposes.

DD015 The solution should exchange information through interfaces including, but not limited to the Medicaid Management Information System (MMIS), other Electronic Visit Verification (EVV) systems, and others as agreed upon by the Department.

HHAX provides an Open API, platform agnostic solution that allows for the integration of 3rd party vendors and seamless extraction of data. A critical part of our project kickoff and discovery phases is determining and mapping all necessary interfaces. We will work closely with DHHR staff to test and verify successful interfacing.

DD016 The solution should have the ability to interface with West Virginia's Enterprise Service Bus (ESB).

HHAX system employs a modular design based on Service Orientated Architecture (SOA) design principles in compliance with the MITA framework. We can provide timely, bidirectional exchange of key data to secure success of implementation and operation, including interfacing with West Virginia's ESB. HHAX uses a modular, flexible approach to systems development, including the use of open interfaces and exposed APIs.

We are committed to formal system development methodology and open, reusable system architecture is extremely important to our development model. This ensures we can more easily change and maintain systems, as well as integrate and interoperate with a clinical and administrative ecosystem designed to deliver person-centric services and benefits.

DD017 The Vendor should complete, subject to approval by the Department, the interface with the Medicaid Management Information System (MMIS).

HHAX has created multiple interfaces between our solutions and various regulatory and third-party systems, such as the State's or its designee's Medicaid Management Information System (MMIS). File loading can be a one-time/batch event (as in the transfer from a legacy system to HHAX) or conducted as continuous or regularly scheduled events. HHAX supports web services as well as extract/transform/load data transfers for both continuous and scheduled file uploads.

We will work with DHHR and your MMIS vendor to ensure a successful interface between the two platforms.

Yes, file loading can be a one-time/batch event (as in the transfer from a legacy system to HHAX) or conducted as continuous or regularly scheduled events. We will work with DHHR to determine the agreed upon schedule during our kickoff and discovery phases.

The HHAX EVV and Aggregator Solution uses a hub-and-spoke approach. As the hub, the State creates authorizations for service fed to provider agencies. The State can set the rules for the criteria that member visits must meet to be considered valid claims for payment.

- Each time a new member is entered into the Medicaid system with a status of “Eligible”
- Each time a new provider is entered into the Medicaid system
- Each time a new caregiver is entered into the Medicaid system
- A nightly batch file transfer of all new data
- A periodic posting of new data files to an SFTP site

In addition to regulatory interfaces, the HHAX system can provide interfaces to many different system types. We will work with DHHR to determine all necessary interfaces needed for the efficient operation of the EVV System, including but not limited to the State's or its designee's MMIS, claims, or other IT systems including electronic case management systems.

Through HHAX's workflow by exception process, the Provider sends claims through a pre-bill scrubbing process to ensure compliant claims. Once the provider completes all pre-billing edits, the system sends the claims directly to the Payer via the submission of an electronic 837 file, with the Provider receiving an electronic 835 file in return. Through the processes described above, plus the additional workflow efficiency benefits offered by HHAX, we streamline billing, and minimize, or eliminate entirely, paper use.

During our discovery phase, HHAX will work with DHHR and your MMIS vendor to determine all necessary integrations as well as required formats. Our system is highly configurable to meet West Virginia's needs, without being a completely custom solution that requires extensive coding.

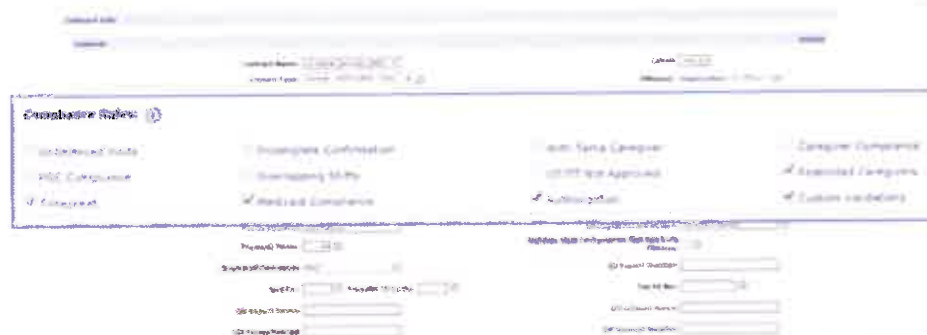
DD021 The solution should have the ability to apply pre-edit information and serve as a data source for purposes of applying edits during claims processing. The disposition of the edit including, but not limited to deny or suspend, should be determined by the Medicaid Management Information System (MMIS).

HHAX incorporates a pre-claim edit called the “HHAeXchange Pre-billing” module. This module works as a real-time, rules-based engine configured based on the unique rules of the State program. HHAX will not allow a provider to submit a claim that does not pass all the pre-bill edits. Not only does this prevent the provider from submitting claims that are not 100% compliant, it also assists the caregiver (and potentially the beneficiary) by providing real time information on the non-compliant status of the service.

The HHAX Enterprise system scrubs all claims prior to sending them to the Fiscal Agent. This is a strict validation based on the business rules associated with each specific program as determined by DHHR. The impact exceptions have on claim submission is also customizable in the HHAX system based on rules established by DHHR. DHHR can decide which exceptions are “gates” that prevent the creation and submission of an 837 claim, and which Exceptions will not prevent the creation of a claim.

When HHAX receives transactions (clock-ins and clock-outs), the data goes through a series of validation audits that examine the data from a variety of different perspectives to determine its validity for billing. The HHAX Contract Setup Page establishes the following basic rules for billing:

- Contract name
- Invoice type and configuration
- Timesheet requirements
- POC compliance
- Schedule accuracy
- Rounding rules for visits
- Automated eligibility checks
- Compliance rules (validation audits)
- Rules for making changes to EVV data
- Disciplines, service codes, and billing rates
- Invoice building rules
- Claims construction rules



Compliance Rules in the HHAX Enterprise System Contract Page. Each contract is customizable to meet different compliance needs.

Each transaction set (i.e., clock-in and clock-out) represents a single visit event. Individual clock-ins and clock-outs undergo matching using program-specific business rules. Upon validation of a transaction set, it passes through the audit system, which ensures that all of the following conditions occurred in pre-billing:

AUDIT 1 ensures there is a valid clock-in and clock-out from the same member’s address. Only a matched set of a valid clock-in and clock-out can create a transaction set.

AUDIT 2 checks the identification number (ID) entered to ensure that the clock data came from a valid worker. The worker must be active, have the correct discipline, and be associated with the member's case in order to pass this validation.

AUDIT 3 verifies automatic number identification (ANI) or Global Positioning System (GPS) information to ensure that performance of the services is from a valid member's home. The ANI must exactly match one of the phone numbers entered to a valid and active member in order for the transaction set to pass this validation. With use of GPS in place of ANI, the tolerance (i.e., distance from the mapped GPS coordinates for the member) undergoes evaluation. It must be within the allowable tolerance per Medicaid rules in order to pass this validation.

AUDIT 4 verifies the clock-in/clock-out set matches against a member's Medicaid-approved schedule. For programs that include scheduling, the transaction set durations undergo comparison against the member's schedules and must fall within the allowable tolerance for duration (overall length of the visit) and proximity (to scheduled clock-in and clock-out times). Only transaction sets with times recorded that fall within acceptable duration and proximity pass this validation.

AUDIT 5 verifies the clock-in and clock-out set against the member's Medicaid-approved active authorizations. Transaction sets, once validated for clock-in and clock-out, worker ID, source location, and schedule, are then compared against each level of the member's multilevel authorization to ensure it is within the authorization's overall total allowable hours/units for the following:

- Total authorization period
- Monthly limit
- Weekly limit
- Daily limit

Only transaction sets (visits) that fall within all authorization limitations will pass this validation.

AUDIT 6 verifies the service task codes collected from the clock-in and clock-out set against the member's Medicaid-approved POC. Transaction sets (visits) that meet all of the above validation conditions then undergo matching against the member's POC, in accordance with the business rules set forth in the Contract Setup page. Several options are available to be set up on the Contract Setup Page to determine if visits match the POC:

- **Contract compliance.** Visits must have at least five service task codes recorded with one of them being a personal care duty.
- **Personal care compliance.** Visits must have at least one personal care duty documented.
- **No compliance.** The system will not validate duties reported against the member's POC for this program.
- **POC compliance.** All duties set forth in the member's POC must have documentation as delivered.

Based on the setting selected, the system will hold visits that do not match the POC as indicated. Only visits that comply with the setting selected will pass this validation.

Billing through HHAX is quick and efficient. Our focus is on compliance, helping providers to send clean claims to the State. There is no time constraint in the system, allowing for real-time immediate submission once all pre-billing scrubbing is complete.

Through the processes described above, plus the additional workflow efficiency benefits offered by HHAX, we streamline billing, and minimize paper use.

DD022	The solution should accept individual and/or batch visit verification inquiries from the Medicaid Management Information System (MMIS).
DD023	Member name
DD024	Billing provider
DD025	Name
DD026	Date
DD027	Time of service delivery

As mentioned previously, HHAX has created multiple interfaces between our solutions and various regulatory and third-party systems. For the State, other State agencies, and Area Office on Aging, HHAX will map each required system interface based on each unique environment and the needs of the program authorities.

File loading can be a one-time event (as in the transfer from a legacy system to HHAX) or conducted as continuous or regularly scheduled events. HHAX supports web services as well as extract/transform/load data transfers for both continuous and scheduled file uploads.

As the State aggregator, HHAX will work closely with the MMIS vendor and other Department stakeholders to ensure all required communications, file transfers, and inquiries are mapped and verified. The above required data elements are required in the HHAX system for every visit, which means they can easily be quarried and reported on.

DD028 The solution should have the ability to provide visit information to the Medicaid Management Information System (MMIS) by individual and/or in batch format at the discretion of the Department.

HHAX reporting and Business Intelligence tools allow for both overview reports that provide a 30,000-foot view of the entire provider network in West Virginia, as well as drill down capabilities to look at detail, including visit information, on an individual member or caregiver basis. We can establish routine transfers of data as needed to meet DHHR's requirements for uploading to your MMIS.



Real-Time Visibility
Agencies using HHAExchange have achieved levels of EVV compliance greater than 94%

The HHAX system supports all requirements of the 21st Century Cures Act, including the ability to uniquely broadcast referrals and authorizations automatically and then have full, real-time visibility into the services provided. This real-time alerting can be set to go to whatever parties the state requires.

The HHAX platform allows the State to have **real-time visibility** into provider level of EVV compliance (among other operational and performance metrics), which allows you to “drill-down” to the office, coordinator, and/or caregiver level to pinpoint exactly where you are experiencing compliance issues,

leading to quick remedies. As a result, agencies using HHAX have achieved levels of **EVV compliance greater than 94%**.

During our discovery phase, we will work with DHHR to determine and map the required interfaces, scheduled uploads, and other requirements for integration with the State's MMIS.

DD029 The solution should support obtaining member eligibility information through the current Medicaid Management Information System (MMIS) solution using industry standard data interfaces and exchanges as defined by X12N 270/271 transactions. (Reference: <http://www.wpc-edi.com/>)

HHAX supports 270 and 271 ANSI messages for eligibility checking, which are configured on a state-by-state basis. HHAX has an existing relationship with ABILITY for this service, providing DHHR with automatic or ad-hoc eligibility checks standard with our platform.

DD030 The solution should conform to ASC X12 Technical Reports Type 3 (TR3), Version 005010. (Reference: <http://www.wpc-edi.com/>)

HHAX will transmit raw data based on the current Medicaid Companion Guide, used in tandem with the current ASC X12N Implementation Guides, in compliance with both ASC X12 syntax and those guides. Information will be transmitted within framework of the ASC X12N Implementation Guides adopted for use under HIPAA.

DD031 The solution should generate all forms and notices as necessary.

HHAX has a variety of ways to produce forms and notices. Similar to schedule reports and interfaces, HHAX will work with DHHR to determine the necessary forms and notices needed

DD032 The solution should have the ability to schedule alerts and user notifications.

Generation of real-time alerts occurs in the HHAX system whenever an expected event does not occur as scheduled in the system. A missed visit occurs when a caregiver does not record a clock-in and/or clock-out time for an expected visit or member encounter.

For prescheduled visits, our system provides real-time alerts for missed clock-ins and clock-outs based on the desired workflow. HHAX can set alerts for DHHR with workflows to alert the provider agency first, then the Agency, based on logic determined DHHR.

Real-time alerts appear on the HHAX system Call Dashboard. Additionally, the system delivers alerts via emails and/or text messages to the indicated persons.

The HHAX team can configure the system to generate multilevel, escalating alerts of pending, late, and missed visits to the provider, support coordination agency, and other entities as determined by DHHR whenever receipt of calls does not occur within the predetermined tolerance window. Alerts incorporate workflows that permit rules-based routing. This means that we can attach business rules to the workflow of alerts, allowing for condition-based escalation through multiple levels.

When we identify non-compliant activity, the system submits real-time alerts to both the caregiver and central staff (configurable) so that corrective action can immediately occur. Caregivers and providers can communicate in real-time in a common platform with central coordination staff regarding the specific needs of the member and any other actions that are necessary. Real-time communication eliminates the cumbersome and inefficient traditional methods of communication (phone, fax, text, email) and creates a historical record of all communication activity for at least 7 years, or as required by a specific client agreement. The following conditions are examples of items that can trigger alerts:

Pending and late calls

If a worker fails to clock in to HHAX when providing service to a member who requires EVV, the system logs the situation as a **Missed clock-in**. Coordinators receive alerts that the worker did not arrive as scheduled and can investigate missed calls on the system's Call Dashboard to determine the nature of the exception and implement the corrective actions required. Providers can establish thresholds for when they want to receive alerts for late or missed visits. For example, if a clock-in does not occur within 5 minutes of the scheduled start time, a real-time alert will trigger.

Missed visits

If a worker fails to clock in and clock out to the HHAX system when providing service to a member who requires EVV, the system logs the situation as a Missed Visit. Coordinators receive alerts of the missed visit and can investigate through the system's Call Dashboard to determine the reason for the missed visit. They can then contact the worker and/or member as necessary and implement the corrective actions needed. The State can set the predetermined tolerance window that determines whether a call is in or out of scope (applied to the actual visit times compared to the scheduled times) on an office-by-office basis.

Missed clock-outs

If a worker fails to clock-out in the HHAX system, when providing service to a member who requires EVV, the system logs the situation as a **Missed clock-out**. Coordinators receive alerts of the missed clock-out call and can investigate through the system's Call Dashboard to determine the reason for the missed call. They can then contact the worker and/or member as necessary and implement the corrective actions needed. The HHAX system includes a Missed Call Report that displays a separate line item for each scheduled visit for which the worker failed to log both a clock-in and a clock-out. Coordinators can then investigate missed calls to determine the nature of the exception and implement the corrective actions needed.

DD033	The solution should allow printing of blank and completed documents including, but not limited to:
DD034	All forms
DD035	All system-generated correspondence
DD036	Reports

As a cloud-based SaaS platform, HHAX allows for easy printing from the system. All reports and data exports are compatible with Microsoft Office. As an internet browser-based platform, items can also be printed directly from the browser using operating system commands or option drop downs in the browser.

DD037 The solution should generate and supply forms in the following methods, including, but not limited to:

DD038 Email

DD039 Download from Portal

DD040 Postal Mail, upon request by the Department

Forms will be generated and supplied using HHAX's ConeXus platform —attachment of workflows to forms can send them via email, download, and other means of communication. For postal and mail, HHAX will work with DHHR to better understand the need and scope of this requirement. As our forms can be printed easily, HHAX will utilize a mailing service, or submit the forms to the State's preferred printing and mailing service.

DD041 The solution should allow the ability to modify field attributes on a form as identified by the Department via the Change Management Plan.

In HHAX, all forms can easily be configured or changed to meet DHHR requirements. Our change management plan, finalized after award and approved by the State, will outline the process for any field attribute modifications made by the Department.

An example of part of an existing form in the system can be found below. This is an E-Billing Configuration Form accessible in our system:

*Fields denoted with a red asterisk are required. If non-applicable, enter "N/A".

Payer/Contract Information	
Field	Information
Payer/Contract Name:	Click or tap here to enter text.
Payer/Contract Address:	Click or tap here to enter text.
*Address 1:	Click or tap here to enter text.
Address 2:	Click or tap here to enter text.
*Suite/Floor:	Click or tap here to enter text.
*City:	Click or tap here to enter text.
*State:	Click or tap here to enter text.
*Full 9-digit Zip Code:	Click or tap here to enter text.

Agency Information	
Field	Information
*Agency Name:	Click or tap here to enter text.
*Agency Tax ID#:	Click or tap here to enter text.
*Agency NPI #:	Click or tap here to enter text.
*Provider ID #	Click or tap here to enter text.
*Medicaid ID #	Click or tap here to enter text.
*NPI Exempt (YES/NO)	Choose an item.
Agency Address:	Click or tap here to enter text.
*Address 1:	Click or tap here to enter text.
Address 2:	Click or tap here to enter text.
*Suite/Floor:	Click or tap here to enter text.
*City:	Click or tap here to enter text.
*State:	Click or tap here to enter text.
*Full 9-digit Zip Code:	Click or tap here to enter text.

DD042 The solution should allow updates to form templates as directed by the Change Management Plan.

Similar to our response above, we can alter the template as well based on our mutually agreed to and approved Change Management Plan. We will utilize State branding as needed across templates, as well as allow the Department to submit updates when needed to alter form templates.

DD043 The solution should group related correspondence to ensure materials are delivered in a single mailing or posted to a portal account.

HHAX categorizes all correspondence and material based on the subject matter, as well as having the ability to post notifications systemwide, to certain provider portals, or directly to members in their family portals.

Our communication functionality will allow the Department to correspond with your entire network, including important notifications that must be viewed prior to using the system. The below note recently posted to our system:

Important Notification from HHA Exchange		
Date	Priority	Message
03/02/2020 10:15	Low	Master Week Rollover Update: As of today, March 2nd, the Master Week the Save and Update Calendar button now becomes unavailable when a Master Week rollover is already in progress. This prevents processing concurrent Master Week requests for the same Patient, allowing the system to fully complete one rollover before processing another request.

Users must mark that they've read this note, which then becomes auditable. If they mark it as unread, it will pop up every time they use the system until they mark it as read.

DD044 The solution should generate the data file containing forms and notices for delivery to the printing vendor for monthly distribution and as requested by the Department.

HHAX will work with the Department to better understand any printing and mailing that will be required from the EVV Aggregator. As a Web-base, cloud software, our system is designed to remove manual communications, like faxes, postal mailings, and other non-electronic means of communicating with your network.

The HHAX system can export forms and other documents into Microsoft Office compatible file types. Once we better understand the printing and mailing needs of the Department, we will present to DHHR our chosen vendor for your approval. HHAX understands that this will be something we manage, but will look to ensure the State has visibility into the chosen vendor.

DD045 The solution should automatically populate information on notices or forms being issued.



Forms populated out of existing profiles and data will automatically populate as much information as possible. HHAX will need to review this process with the Department to not only understand all of

DHHR's form needs, but also to ensure we maintain security, HIPAA, and other security compliances that may limit the type of information that can automatically populate.

DD046 The solution should generate batch forms.

HHAX provides our clients with the ability to do batch file and data requests. One example of this is running an eligibility check through the HHAX system on a single Patient (ad-hoc), or as part of an Eligibility Batch. The below process highlights the steps involved, including the ability to batch:

Patient Eligibility Check

Step	Action																
1	<p>Navigate to Patient > Search Patient > Eligibility Check.</p> <p>The <i>Patient Eligibility Check</i> search screen appears. The top part of the screen provides a search function allowing one to search for all Eligibility Checks made for a Patient, whether ad-hoc or as part of a larger batch. Complete the search filters in the <i>Patient Eligibility Check</i> section as illustrated in the image below and described in the table underneath.</p> <p>The Check Now (bottom) function allows one to run an immediate Ad-Hoc Check for the Patient.</p>  <p style="text-align: center;">Patient Eligibility Check Page</p> <table border="1"> <thead> <tr> <th>Field</th><th>Description</th></tr> </thead> <tbody> <tr> <td>1 Eligibility Check From</td><td>Select the From Date to set a date range for the check.</td></tr> <tr> <td>2 Eligibility Check To</td><td>Select the To Date to set a date range for the check.</td></tr> <tr> <td>3 Eligibility Check Type</td><td>Select the type of check to run: All, Ad Hoc, or Automated Batch.</td></tr> <tr> <td>4 Contract</td><td>Select a specific Contract or All Patient Contracts to check.</td></tr> <tr> <td>5 Alt. Patient ID</td><td>An ID assigned to the Patient by the Contract/Payer.</td></tr> <tr> <td>6 Result Code</td><td>Choose to see All the results, or only specific ones such as Denied or Eligible.</td></tr> <tr> <td>7 Contract/Check Now</td><td>Select Contract and run an ad-hoc check on the Patient immediately.</td></tr> </tbody> </table>	Field	Description	1 Eligibility Check From	Select the From Date to set a date range for the check.	2 Eligibility Check To	Select the To Date to set a date range for the check.	3 Eligibility Check Type	Select the type of check to run: All, Ad Hoc, or Automated Batch.	4 Contract	Select a specific Contract or All Patient Contracts to check.	5 Alt. Patient ID	An ID assigned to the Patient by the Contract/Payer.	6 Result Code	Choose to see All the results, or only specific ones such as Denied or Eligible.	7 Contract/Check Now	Select Contract and run an ad-hoc check on the Patient immediately.
Field	Description																
1 Eligibility Check From	Select the From Date to set a date range for the check.																
2 Eligibility Check To	Select the To Date to set a date range for the check.																
3 Eligibility Check Type	Select the type of check to run: All, Ad Hoc, or Automated Batch.																
4 Contract	Select a specific Contract or All Patient Contracts to check.																
5 Alt. Patient ID	An ID assigned to the Patient by the Contract/Payer.																
6 Result Code	Choose to see All the results, or only specific ones such as Denied or Eligible.																
7 Contract/Check Now	Select Contract and run an ad-hoc check on the Patient immediately.																
2	<p>Search results illustrate the selected parameters as illustrated in the image.</p>  <p style="text-align: center;">Patient Eligibility Check Search Results</p>																
3																	

DD047 The solution should save delivered forms to the user's account.

Yes, once forms are processed, they will be accessible in the user's account, as long as they have the proper role and permissions to access the data. Using the above example for eligibility check forms, once batches have been processed, they can be reviewed at a later date.

ADP Query - BATCH RUNTIME CHECKS

Offcycle: [dropdown] **From Date:** [date picker] **To Date:** [date picker] **Batch Type:** [dropdown] **Batch Status:** [dropdown]

Transfer To: [dropdown]

[button]

Search results illustrate the selected parameters as illustrated in the image. The user then selects the batch(es) to review. Once selected, the Export Selected Batches button becomes available.

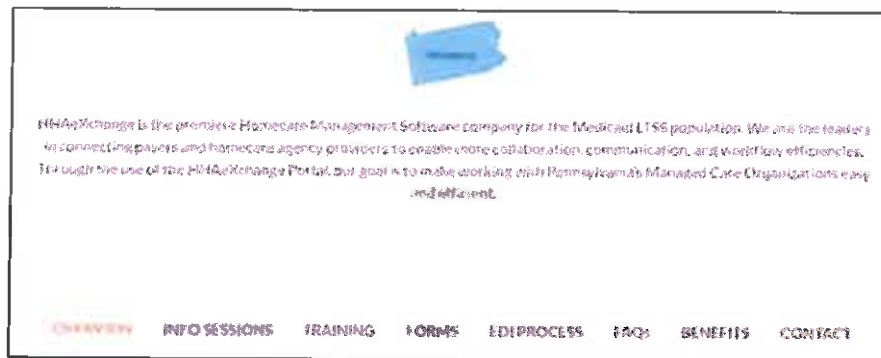
[illegible]

DD048	The solution should deliver data files containing all correspondence to the designated printing entity within 24 hours of the correspondence becoming final according to the Department's business rules.
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We will work closely with the Department to ensure approval of our chosen printing vendor once the requirements around printing discussed further in our discovery phase.

With each state deployment, HHAX sets up a state-specific landing page. This page will serve as a one-stop shop for anyone looking for general information, training details, forms, information on our EDI Process, FAQs, platform benefits, as well as contact information. Finalized correspondences can be added to this portal, as well as communicated in a broadcast to the required users within the system

114 | Page



This page is completely customizable to meet DHHR's needs, which can include a method to receive requests for authorization to access the solution.

DD050 The solution should have the ability to produce all correspondence in a printer-friendly 8.5" x 11" format in landscape or portrait orientation.

Yes, HHAX is a web-based platform that uses the user's computer operating system in order to print, as well as exporting into Microsoft Office compatible file types that will allow the user to print in 8.5" x 11" format in landscape or portrait orientation.

DD051 The solution should have the ability to automatically save a Portable Document Format (PDF) copy of each final correspondence.

HHAX can undergo export in a variety of formats, including XML, HTML, CSV, XLS, PDF, and RTF.

DD052 The solution should allow users to choose their preferred method of correspondence including, but not limited to, email, post mail, text, or phone.

As an industry-leading EVV and aggregation platform, HHAX provides for client-specific configurations and user preferences. Correspondences, including alerts and system communications can be set to go to a user's portal, their email, phone, or via text. We will need further discussion around the need for post mail preferences as our offering is designed to streamline workflows through electronic means, with a focus on removing the need to mail, call, or fax documents as these take more time and more manual user involvement.

In the Communicate section of our platform, users will click on the preferred mode of communication (and follow system prompts) to broadcast a message to all or a selected group of Caregivers to include:

Mode	Description
Phone	Select to send a voice message; recorded or text to speech.
Mobile/Text	Select to send a text message (up to 128 characters allowed).
Email	Send an email (to include attachment).
Employee Preference	Navigate to the New Employee Preference Broadcast section to broadcast via the employee's preferred communication method.

There will always be unique situations that will require phone or post mail correspondence, but as far as preferred methods of contact for each user, HHAX recommends using the systems functionality for portal, email, and text pushes in order to track or auditing and ensure receipt in a timely manner.

DD053 The solution should generate correspondences using pre-defined templates.

Yes, HHAX does this currently and will integrate templates approved by the Department.

DD054 The solution should include automatic system-generated correspondence with output capabilities including, but not limited to:

DD055 Email

DD056 Post to user portal account

DD057 Queue for printing

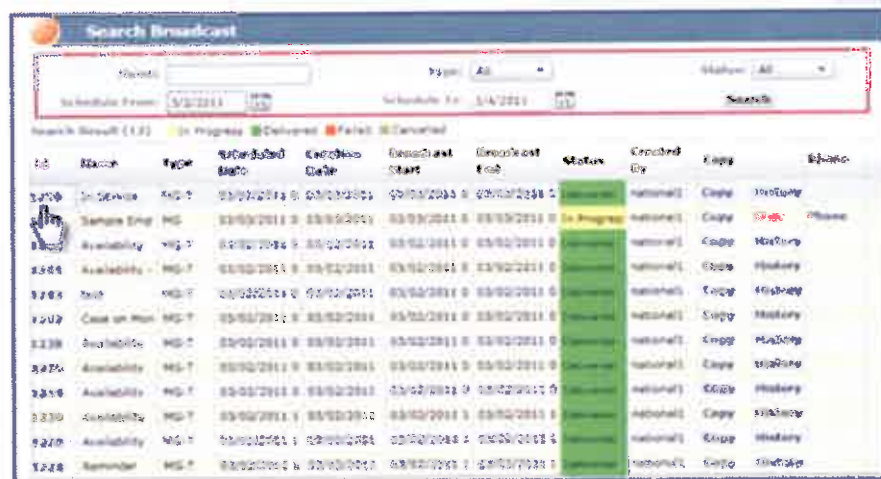
As a web-based platform, all correspondences in the system can be printed based on the user's operating system functionalities printing. HHAX has also shown in previous answers that the system provides a landing page specific to DHHR as well as notifications that appear directly in the portal for users to review. Our system is also compatible with secure email to send correspondences via email.

DD058 The solution should be able to schedule distribution of correspondence.

Yes, correspondences can be scheduled within the HHAX system. Users, with the proper permissions and roles will be able to schedule and manage existing correspondences.

Transmitted and scheduled broadcasts are reviewed and managed in the Search Broadcast section. To access, users will click on the Manage option in the HHAX Dashboard or be directed automatically after finalizing a broadcast.

Users will use the filter fields to search for a specific or a group of broadcasts by Name, Type, Status, and Date. Line items display each broadcast occurrence. No changes can be made once the broadcast is transmitted.



ID	Name	Type	Scheduled Date	Expires Date	Broadcast Start	Broadcast End	Status	Created By	Copy	Photo
1206	In Service	MS-T	01/01/2011 0	01/01/2011 0	01/01/2011 0	01/01/2011 0	Completed	National	Copy	History
1207	Service Eng	MS-T	01/01/2011 0	01/01/2011 0	01/01/2011 0	01/01/2011 0	In Progress	National	Copy	History
1208	Availability	MS-T	01/01/2011 0	01/01/2011 0	01/01/2011 0	01/01/2011 0	Completed	National	Copy	History
1209	Text	MS-T	01/01/2011 0	01/01/2011 0	01/01/2011 0	01/01/2011 0	Completed	National	Copy	History
1210	Case on Hand	MS-T	01/01/2011 0	01/01/2011 0	01/01/2011 0	01/01/2011 0	Completed	National	Copy	History
1211	Availability	MS-T	01/01/2011 0	01/01/2011 0	01/01/2011 0	01/01/2011 0	Completed	National	Copy	History
1212	Availability	MS-T	01/01/2011 0	01/01/2011 0	01/01/2011 0	01/01/2011 0	Completed	National	Copy	History
1213	Availability	MS-T	01/01/2011 0	01/01/2011 0	01/01/2011 0	01/01/2011 0	Completed	National	Copy	History
1214	Availability	MS-T	01/01/2011 0	01/01/2011 0	01/01/2011 0	01/01/2011 0	Completed	National	Copy	History
1215	Availability	MS-T	01/01/2011 0	01/01/2011 0	01/01/2011 0	01/01/2011 0	Completed	National	Copy	History
1216	Availability	MS-T	01/01/2011 0	01/01/2011 0	01/01/2011 0	01/01/2011 0	Completed	National	Copy	History
1217	Availability	MS-T	01/01/2011 0	01/01/2011 0	01/01/2011 0	01/01/2011 0	Completed	National	Copy	History
1218	Reminder	MS-T	01/01/2011 0	01/01/2011 0	01/01/2011 0	01/01/2011 0	Completed	National	Copy	History

Broadcast Search/Search Results and Status

DD059 The solution should provide flexible web-based reporting that meets external reporting needs and requirements defined by the Department.

The HHAX system offers a wide variety of real-time data and dashboards as well as retrospective reporting capabilities. Our Structured Query Language reporting engine provides the ability to build versatile reporting mechanisms and data exports (for client Data Warehouse needs) from the data collected during service delivery.

Our reporting strategy offers the following key benefits:

- We can schedule reports and data exports to generate automatically at scheduled dates/times.
- Our powerful report builder allows designated users to build reports and custom data extracts from almost any data field. Data is available for data modeling, benchmarking, and tracking of quality indicators.
- Our solution provides a standard suite of reports to Medicaid, support-coordination agencies, provider agencies, and managed care organizations.
- HHAX permits the use of data elements to query and generate ad hoc reports or comprehensive data extract files.
- Most reports and data exports can undergo export in a variety of formats, including XML, HTML, CSV, XLS, PDF, and RTF.

Reports can also be as follows:

- Generated on demand by authorized users at Medicaid, Area Agencies on Aging, and provider agencies
- Set to generate and communicate automatically using HHAeXchange's ConeXus platform — attachment of workflows to automated reports can send them to the dashboards of desired persons at Medicaid, other state agencies, Area Agencies on Aging, and provider agencies

HHAeXchange Report Builder

Additionally, HHAX includes a comprehensive Report Builder that the Provider and DHHR can use to build reports or create the data exports it desires from the full HHAX SQL data tables. To assist our clients in using the Report Builder/Data Extract tool, we have included dozens of predefined report templates that can be used as is or modified.

Business Analytics

HHAX provides a cutting-edge business analytics suite using Sisense. Sisense enables us to efficiently process complex data using Elasticube technology to distill the data into powerful, easily understood dashboards for our customers. Elasticube boosts native support for a wide range of data sources, ease of operation, and ultra-fast performance.

We can provide a customized set of graphical dashboards, complete with drilldown capability, based on DHHR's unique requirements. The system also supports the ability for system users to produce their own reports.

DD060 The solution should include a standard library of reports that can be generated by any user with appropriate access.

HHAX provides an extensive library of standard reports, including activity by member, agency, support coordination agency, and caregiver. We will make various reports available to specified persons and roles as directed by DHHR. HHAX provides over 300 standard reports in the following categories, with the ability to create additional reports as needed:

- **Vendor Management**
- **Time and Attendance**
- **Events**
- **Exception Reports**
- **Billing**
- **Sales**
- **Other Reports**
- **DOH**
- **Admin**
- **Compliance**

Any unique reports created can be set on a schedule, moving them from manual to automatic creation on the State's schedule after development. This ability means that over time, if the State's needs or requirements change for reporting, and our extensive offering does not provide the needed report out of the box, a new report can be quickly created and scheduled for ease of use going forward.

Role-based user security profiles, configurable to grant or restrict access to various system reports, control access to reports. We can define specific user roles to grant limited and secure access to data, with all such data manipulation recorded in an Audit Log.

DD061 The solution should have the ability to display the number of pages that should be printed before the user proceeds with printing a report.

As a web-based solution, the HHAX platform interacts with the operating system on the user's computer or laptop. With any printing, the system will alert the user to the page count expected for the specific report being printed.

DD062 The solution should have the ability to export reports directly from the solution into the user-specified format including, but not limited to:

DD063 Excel

DD064 Word

DD065 Hyper Text Markup Language (HTML)

DD066 Comma-Separated Value (CSV)

DD067 Portable Document Format (PDF)

HHAX reports and data exports can undergo export in a variety of formats, including Microsoft Office (Word and Excel), XML, HTML, CSV, XLS, PDF, and RTF.

DD068 The solution should provide reporting functionality capable of drilling down from summarized data to detailed data as agreed upon by the Department.

As part of our comprehensive service, HHAX will provide access to our reporting utility and real-time analytic dashboard, which can be customized to provide the necessary reporting. These reports enable

members, caregivers, and central State staff to monitor the activity and compliance aspects of the entire homecare network on a claim by claim, member by member, caregiver by caregiver, and/or system-wide basis with drill down capabilities on a variety of levels, including:

- Caregiver Summaries
- Compliance Detail and Summaries
- Exception Statistics
- Referral Management Acceptance Statistics
- Claim Submission Detail and Summaries
- Admission Statistics
- Other Operational, Financial, and Clinical Summary and Detail Statistics

DD069 The solution should have an integrated web portal designed to interface, receive, send, and download specified content and reporting information directly from/to entities such as provider agencies, EVV Vendors, contractors, and other state and Federal agencies as part of a fully integrated solution.

HHAX is a web-based SaaS platform that does not require any hardware, additional software, network infrastructure, or licensing costs; users simply need access to a web browser. HHAX provides a portal for each level mentioned by DHHR.

For DHHR and other State Agencies, HHAX provide a multistage approach to our platform, which provides a complete real-time, jurisdictional view for authorized State users. Our solution's jurisdictional view, powered by our industry-leading Business Intelligence tool and reports, will provide access to our reporting utility and real-time analytic dashboard. These reports enable State staff to monitor the activity and compliance aspects of the entire homecare network on a claim by claim, member by member, caregiver by caregiver, and/or system-wide basis with drill down capabilities on a variety of levels.

For Provider Agencies, based on their role and related assigned security profile, authorized users at provider agencies can enter and view authorizations for service and monitor provider services including clock-in and clock-out times, and specific tasks provided by their field personnel.

HHAX is the leader in connecting homecare providers, States, and Members through transformational web-based technology (including Electronic Visit Verification) that enables improved workflow efficiencies, collaboration, communication, and connectivity. By breaking down barriers to effective Member care in the home, HHAX allows providers to be more efficient in their day-to-day activities. HHAX arms providers to deliver high quality, consumer-driven care that keeps Members comfortably in their homes, improving the entire healthcare ecosystem.

Schedulers and coordinators can easily create and manage client schedules based on authorizations, plans of care, and special client needs, while validating each visit to eliminate complications at billing.

Providers can conveniently view caregivers and clients geographically with our industry leading SmartMap technology. SmartMap enables better caregiver and client matches with a geo-fencing tool that instantly locates the closest caregiver, and provides advanced filtering based on language, discipline, client requests, and more. This automatically prioritizes caregivers, avoids scheduler bias, and minimizes overtime. Additionally, you can broadcast cases to all caregivers or communicate securely with select caregivers via text, email, or phone.

HHAX deploys a proprietary self-service EDI Portal platform for 3rd Party EVV vendor utilization. In some

cases, HHAX ingests third party EVV data directly from the provider, and in other cases HHAX receives EVV data through a direct connection to the providers third party vendor company. Individual providers access the portal to upload confirmed visits and test the interface until it is correct for processing. At the completion of testing, files start to continuously flow to HHAX from the third-party vendor systems.

In addition, our system includes a “Family Portal” for each member that the provider agency can set up. The portal allows the provider agency to register several family participants or member designees as users with access to the member’s Family Portal. HHAX can post services to the Family Portal, allowing the member or member designee to review the services in advance of any payroll or billing for services, as follows:

DHHR or its designees can issue “Announcements” that will appear on every members Family Portal. These universal notices can communicate important information to members, their families, and authorized member designees.

- The Family Portal does not give authorized users any access to the application.
- Designees, such as fiduciaries, can receive access to the Family Portal of multiple members.
- DHHR or its designees can issue “Announcements” that will appear on every members Family Portal. These universal notices can communicate important information to members, their families, and authorized member designees.
- The provider agency servicing the member can create messages sent to a specific member’s Family Portal. All persons registered for access to that Family Portal will be able to log in and see the messages.
- Family Portal messages are private messages directed to a single person registered at a member’s Family Portal. Most often, these messages are to alert a primary worker in the home that the member may need additional services or supplies, or to alert them to a change in condition. Messages are only viewable by the intended person.

DD070 The solution should contain the following features and capabilities including, but not limited to:

DD071 Drill down and look up functionality to minimize re-entry of information across multiple screens

DD072 Multi-tasking and multiple window capability, including split screens

HHAX developed our offering with a focus on efficiency. States, Provider Agencies, and Caregivers are often weighed down with administrative tasks, which can negatively impact their ability to provide high quality care to their members. We utilize profiles in the system to store commonly used information that can be pulled into tasks throughout the system. This setup allows coordinators and staff to drill down and look up members, caregivers, and other elements instead of manually entering them over and over.

As browser-based platform, Users can utilize HHAX in multiple browser windows to allow for multi-tasking and splitting across screens.

DD073 The solution should provide context-sensitive help to users on all screens.

HHAX provides context-sensitive help in our system to help users as they work through different aspects of the platform. These often show up as an “i” icon next to the item in question:

This icon will display helpful information when the user hovers the cursor over it:

DD074 The solution should provide menus that are understandable by non-technical users and provide secure access to all functional areas.

Home	Patient	Carogiver	Visit	Action	Billing	Report	Admin
Notificat	New Patient Search Patient Referral Management Eligibility Batch Review						

Role-based user security profiles, configurable to grant or restrict access to various system reports, control access to reports. We can define specific user roles to grant limited and secure access to data, with all such data manipulation recorded in an Audit Log.

As mentioned above, all of our menus use clear and simple wording to guide the user through the platform. At the top of the page, the main navigation bar remains on each page as the user navigates the system. This allows the user to jump from the current page to any other section, as well as seeing their notifications, messages, To Do's, and Open Cases. The below image shows the HHAX top navigation bar:

DD076 The solution should have the ability to provide public information without requiring authentication for the web portal.

121 | Page

This page has been a success in our Pennsylvania and Florida implementations, providing a resource and easy to navigate public page with any State specific updates/announcements, as well as resources and FAQs about the HHAX platform.

DD077	The solution should provide user interface features and capabilities including, but not limited to:
DD078	Pull-down menus and window tabs
DD079	Scalable, true-type screen and printing fonts
DD080	Uppercase and lowercase alphabetic characters
DD081	Ability to tab and mouse-click through data fields and screens
DD082	Consistent theme throughout the site and standardize all headings and footers with index tabs as identified by the Department
DD083	Generated messages that are clear and sufficiently descriptive to provide enough information for problem correction and be written in full English text

The HHAX platform complies with all of the above requirements. Usability and efficiency are core focuses for our team and for any updates and enhancements to the platform. In the previous sections DO73 – DO75, we illustrated how our system meets these requirements.

DD084	The solution should provide the capability to display confirmation messages for response and request transactions when interfacing with other systems.
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HHAX provides this as a standard functionality in our system. The system displays a confirmation message for all system integrations including EDI for 3rd party EVV vendors, as well as the below examples of previous integrations:

System	Interface Type	Sample System Product Interfaces
Data Warehousing	Flat File	SQL Server, MySQL, MS Access
Point of Care/Electronic Health Record Systems	HL7 and CSV	McKesson, Allscripts, HCHB, Epic, etc.
General Ledger	Flat File	MAS 90, MAS 500, QuickBooks, Fund Easy, Microsoft Dynamics
Payroll System	CSV and Excel File	ADP, PayChex, BDB, ADS, PayPro, CYMA

Sample Interface Types & Commercial System Interfaces.

DD085	The solution should have the ability to allow users to download or print a copy of completed submitted forms.
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HHAX allows the exporting of forms, data, and reports. All of these exports and downloads are able to be printed.

DD086	The solution should have the ability to perform the following functions including, but not limited to:
DD087	Create flags
DD088	Send alerts
DD089	Integration of alerts into the workflow
DD090	Seamlessly integrate the generation of alerts in the workflow management process to a system user-defined group or individual

Generation of real-time alerts occurs in the HHAX system whenever an expected event does not occur as scheduled in the system. A missed visit occurs when a caregiver does not record a clock-in and/or clock-out time for an expected visit or member encounter.

For prescheduled visits, our system provides real-time alerts for missed clock-ins and clock-outs based on the desired workflow. HHAX can set alerts for DHHR with workflows to alert the provider agency first, then the Agency, based on logic determined by the client. Real-time alerts appear on the HHAX system Call Dashboard. Additionally, the system delivers alerts via emails and/or text messages to the indicated persons.

2. Data Quality

Refer to the relevant technical specifications located in **Appendix 1: Detailed Specifications** and pertinent narrative in **Section 4: Project Specifications** in this RFP to cover solution capabilities in this area.

2.1 The Vendor should describe its approach to Data Quality below. The narrative response for this category should be organized using the appropriate subject matter area as per Appendix 1: Detailed Specifications.

2.2 <Response>

DQ001	The solution should provide a method to identify the following:
DQ002	National Provider Identifier (NPI)
DQ003	Healthcare Common Procedure Coding System (HCPCS)
DQ004	International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) and related modifiers
DQ005	State-specific codes defined by the Department

HHAX has an architecture model that supports a Business Rules Engine. In the HHAX system, unlimited numbers of service codes can be included. The service codes are configured individually based on your specifications.

During the implementation process, HHAX goes through a business requirements and workflow process to understand your business roles, your processes and scope of services included through your service code groupings.

Part of the configuration that will occur with the state is to enter your services, associated codes, and provider types. Each program in HHAX includes its own billing rate chart that includes multiple procedure codes, modifiers, and rates:

- | | |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DQ006 | The Vendor should collaborate with the Department to determine how data should be transferred to and from the Medicaid Management Information System (MMIS), including, but not limited to: |
| DQ007 | Definition of data elements |
| DQ008 | Data file formatting |
| DQ009 | Data exchange frequency |
| DQ010 | Thresholds for data quality and acceptance |

DQ011 The solution should allow the Department to review and approve data elements included in request and response data exchanges prior to Vendor development or configuration of the solution.

DQ012 The Vendor should develop, publish, and maintain a system interface standard for external electronic visit verification (EVV) data partners approved by the Department.

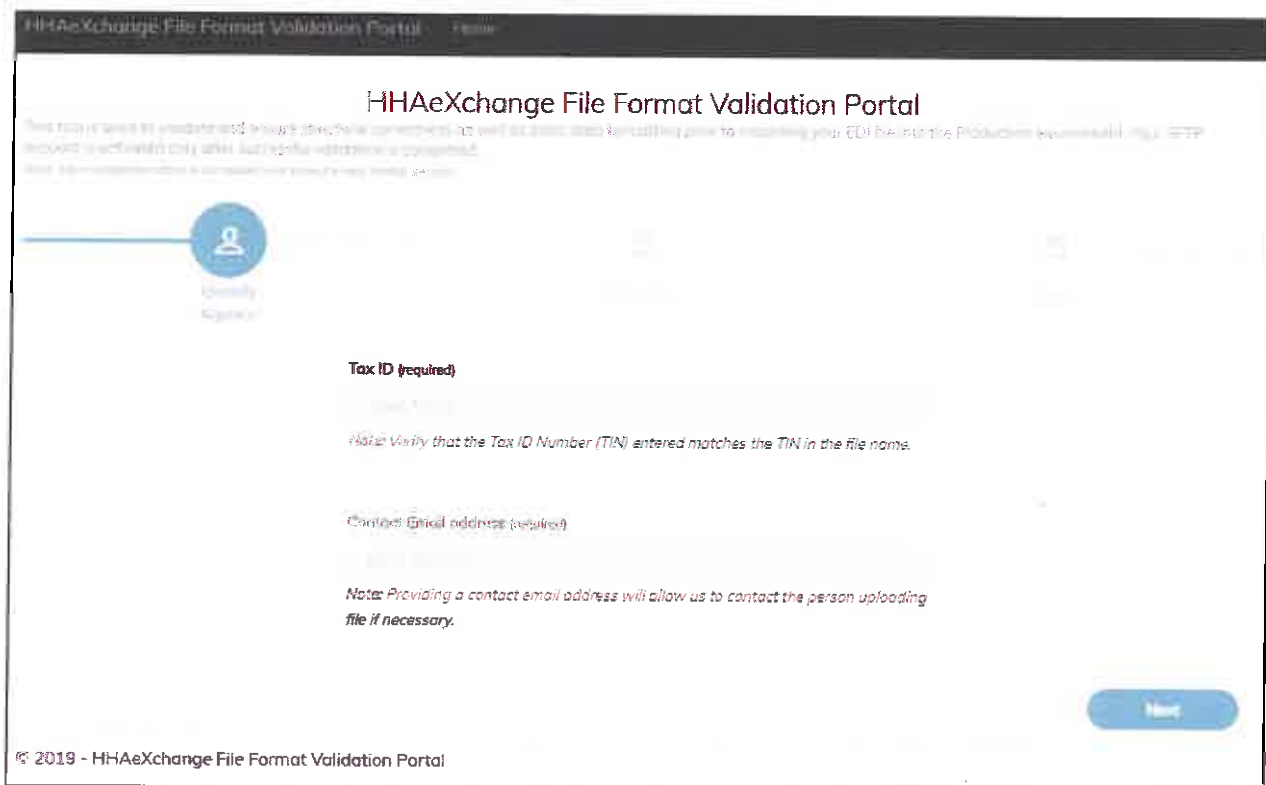
HHAX will develop, publish, and maintain interface standards that will be shared with DHHR for review and approval.

DQ013 The Vendor should ensure that file standardization is supported for data element lengths, field format, and type.

Our goal is to create an ecosystem between payers and providers that automates tasks where possible and standardizes file formats and data elements. HHAX currently supports:

- XML data feed
- Comma separated values (CSV) files
- Fixed field files
- Microsoft Excel® files

When working with 3rd party EVV vendors, we use a self-service EDI portal that helps to ensure that the files are standardized and meet the State's requirements:



This portal will guide the user through verifying that their data elements meet the requirements. The file will return errors with descriptions, as well as a template, for how to rectify the data before resubmitting. Once configured, the data will then flow automatically from the 3rd party system.

DQ014 The solution should incorporate a method to view interface files for investigation and further processing.

For all Department interfaces, this will be built into our process. We have mentioned previously the different types of interfaces we've developed with our clients. In addition to these interfaces, our open API and EDI abilities allow us to interface to most systems.

DQ015	The solution should create and retain an audit trail of all interface activity in accordance with the Department's Data Retention Policy. (Reference: https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1013_DataBackup_Mar2019.pdf)
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- The name of the provider who made the change
- The date the change was made (MM/DD/YYYY)
- The time the change was made (HH/MM/SS)
- The value of the field before the change (old value)
- The value of the field after the change (new value)
- The type of action performed (Created, Updated, Deleted)

126 | Page

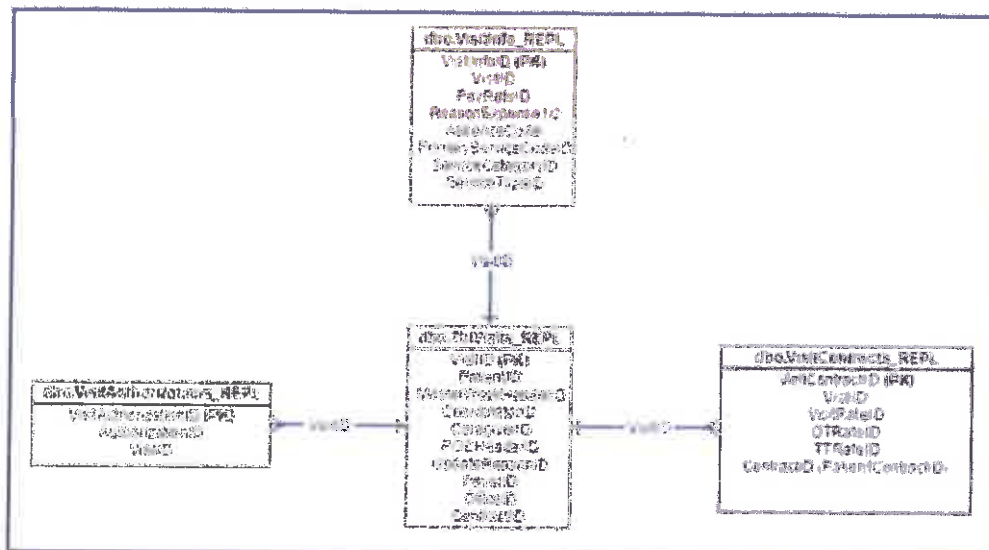
Visit Table (dbo.Visits)

Visit Table (dbo.Visits)			
Sr.#	Column	Description	Data Type
1	Agency ID	Agency ID in HHAX	int
2	Patient ID	Unique Patient ID in HHAX	int
3	Visit ID	Unique Visit ID in HHAX	int
4	Visit Date		datetime
5	Schedule Start		datetime
6	Schedule End		datetime
7	IVR Time IN		datetime
8	IVR Time Out		datetime
9	Override Time Start		datetime
10	Override Time End		datetime
11	Duties	Pipe separated list of duties performed	varchar(8000)
12	Travel Time Hours	Format: HHMM	varchar(10)
13	Mixed Visit	Possible Values: Y (Yes) or N (No)	varchar(1)
14	Timesheet Required	Possible Values: Y (Yes) or N (No)	varchar(1)
15	Timesheet Approved	Possible Values: Y (Yes) or N (No)	varchar(1)
16	Primary Bill To	Name of Primary Contract/Payer	varchar(50)
17	Primary Service Code	Billing Service Code	varchar(50)
18	Primary Contract Hours		varchar(50)
19	Primary Bill Type	Possible Values: H (Hourly), D (Daily), or V (Visit)	varchar(1)
20	Discipline		varchar(20)
21	Secondary Bill To	Name of secondary Contract	varchar(50)
22	Secondary Service Code	Billing Service Code	varchar(50)
23	Secondary Hour Minute	Format: HHMM	varchar(4)
24	Billed	Possible Values: Y (Yes) or N (No)	varchar(1)
25	Billed Hours	Format: HHMM	varchar(4)
26	TT Hours	Format: HHMM	varchar(4)
27	OT Hours	Format: HHMM	varchar(4)

This file is searchable, as well as our other data dictionaries.

In addition, we maintain detailed diagrams and document around our data and processes:

Visit Information (Basic)



Visit Information (Basic)

DQ018 The solution should report on both duplicated and unduplicated record counts.

HHAX comes standard with reports on caregivers, members, and other users within the system. These reports currently will provide a sortable view in order to diagnose any duplicate records. Our Structured Query Language reporting engine provides the ability to build versatile reporting mechanisms and data exports (for client Data Warehouse needs).

Our powerful report builder allows designated users to build reports and custom data extracts from almost any data field. Data is available for data modeling, benchmarking, and tracking of quality indicators. HHAX permits the use of data elements to query and generate ad hoc reports or comprehensive data extract files.

Reports can also be as follows:

- Generated on demand by authorized users at Medicaid, Area Office on Aging, and provider agencies.
- Set to generate and communicate automatically using HHAX's platform – attachment of workflows to automated reports can send them to the dashboards of desired persons at Medicaid, other state agencies, Area Agencies on Aging, and provider agencies.
- Most reports and data exports can undergo export in a variety of formats, including XML, HTML, CSV, XLS, PDF, and RTF.

DQ019 The solution should use consistent data schemes and version control.

This HHAX Data Replication Spec Guide provides an overview and scope of the Client Data Replication technology.

The key benefits of this project include:

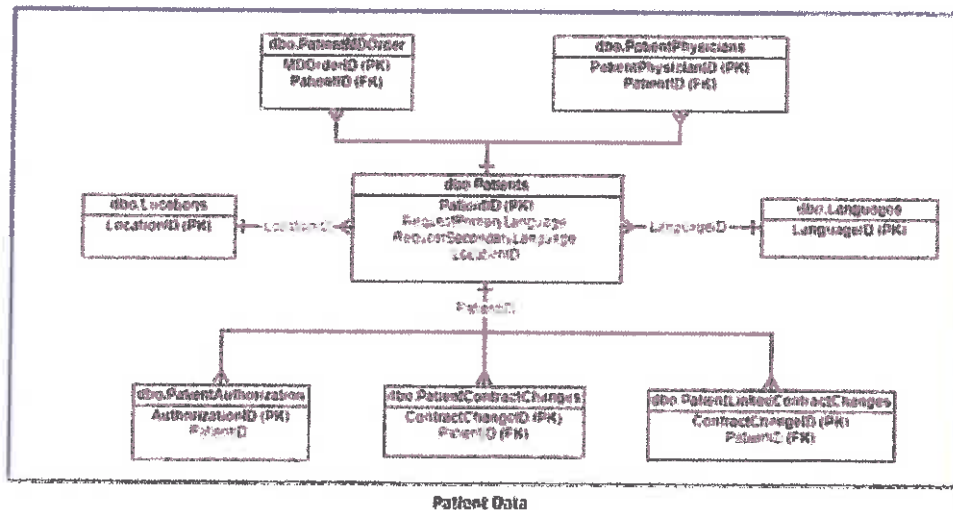
1. Near-real time copy of the customer data available for read access. Expected latency below 15 minutes.
2. Eliminates the overhead associated with ETL process to build local DW environment.
3. Eliminates the need for ETL changes as HHAX changes/enhances database schema.
4. Eliminates daily monitoring, troubleshooting, synchronization and reconciliation challenges.

This guide is updated on an ongoing basis as system capacities are implemented and additional functionality becomes available:



The diagrams provided in the guide explain the entity/schema relationships of tables replicated into the cloud environment. For Example:

Patient Data



DQ020 The solution should have the ability to assure data changes made in one part of the solution automatically populate other parts of the system so as to avoid duplicate data entry.

One of the key benefits to the HHAX platform is that data is stored in a way that allows for easy updating across the entire system. An example of this is our profile pages for members and caregivers. These pages house the majority of information used for EVV and other processes. When pulled or linked, either through a Plan of Care, schedule, or authorization, the system is simply relying on the profile page to pull data. Even when communication through notes are submitted, this is less of a send feature and more of an immediate note attached to the record. This allows for real-time updates that will help prevent the duplication of data entry.

DQ021 The Vendor should maintain a comprehensive list of all reports, their intended use, and business area supported.

DQ022 The solution should generate a listing of all standard online reports available, the description of each report, and a link to the most recent report for role-based report access.

The HHAX EVV solution provides a standard suite of reports to Medicaid, support-coordination agencies, provider agencies, and managed care organizations. HHAX maintains a comprehensive list of these reports that we can augment to meet the needs of the Department. Any new reports developed will be added to this repository. The below screenshot highlights just a small portion of the reports in our Vendor Management category:

Report Name	Path	Definition
Vendor Management		
Census - Summary	Report > Vendor Management > Census Summary Report	This report allows the user to view a summary of the census for a particular vendor. Search by vendor, contract or status and view a summary of the results.
Census - Detail	Report > Vendor Management > Census Detail Report	This report allows the user to view a detailed view of the census for a particular vendor. The user can view a detailed report of each visit. Each column can be sorted by clicking on arrows at the top. Fully search the report with the search function. The report can only be exported as a human that is more readable.
Length of Stay per Patient Report	Report > Vendor Management > Length of Stay per Patient Report	The length of stay report displays data for a patient has returned within from a particular agency. Search by the patient name, ID, admission ID, status or vendor. Each column can be sorted by clicking on arrows at the top. Fully search the report with the search function. The report can only be exported as a human that is more readable.
Placements Ordered by Vendor	Report > Vendor Management > Placements Ordered by Vendor	This report shows the user a list of placements that the vendor has done. Sort by a date range and vendor. Each column can be sorted by clicking on arrows at the top.
Placement Report (Detail) (New)	Report > Vendor Management > Placement Report (Detail) (New)	A list of placements displaying a summary such as the name of patient, their status, and their service start date.
Placement Report (Summary) (New)	Report > Vendor Management > Placement Report (Summary) (New)	A summary of the number of patient placements offered, accepted, rejected by Providers within the specified time frame. This report may also be run for a specific placement status.
Census by Coordinator	Report > Vendor Management > Census by Coordinator	This report shows a list of each coordinator's patients. These results include the admission ID, patient name, vendor name, start date and frequency.
Compliance Compliance	Report > Vendor Management > Compliance Compliance	This report displays a list of Coordinators with compliance issues. The report will specify which issues are affecting the compliance status.
Census Detail Report (Master Work)	Report > Vendor Management > Census Detail Report	A census report that displays a detailed list of scheduling information such as the total number of scheduled hours, the billing cap, and the provider frequency responsible for the scheduling, based off of scheduled Master Work.
Census Summary Report (Master Work)	Report > Vendor Management > Census Summary Report	A census report that displays a compressed summary of the "Census Detail Report (Master Work)" report.
Vendor Rate	Report > Vendor Management > Vendor Rate	A list of active rates managed by the Report for the specified time frame. This report may be run for a specific individual vendor referred to as a vendor of the Report's table.

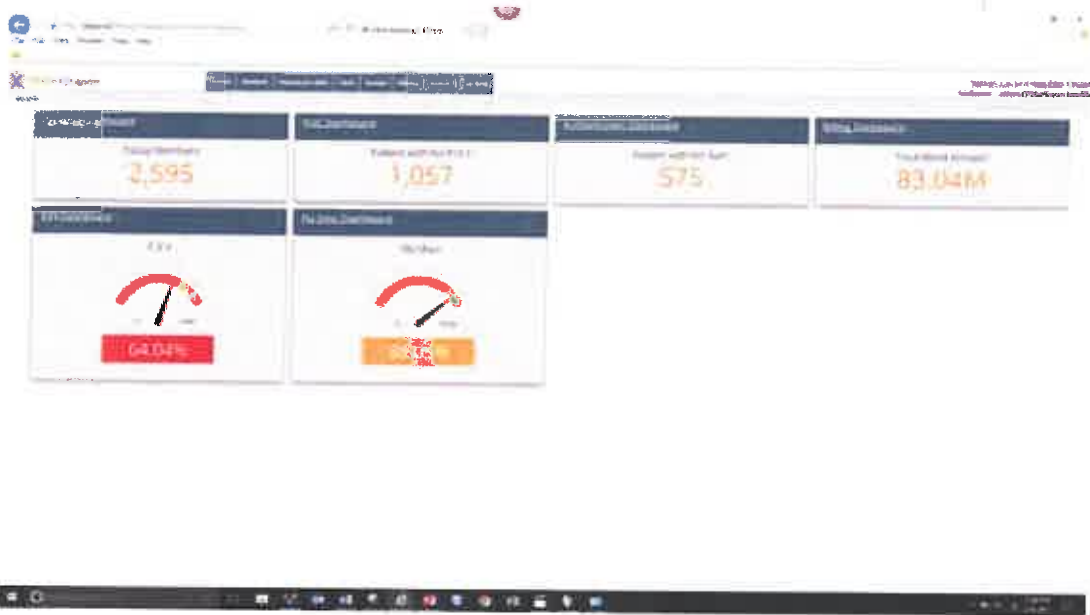
DQ023 The solution should identify and use consistent report fields.

DQ024 The solution should display a consistent format on all reports.

The HHAX system offers a wide variety of real-time data and dashboards as well as retrospective reporting capabilities. Our Structured Query Language reporting engine provides the ability to build versatile reporting mechanisms and data exports (for client Data Warehouse needs) from the data collected during service delivery. Our reports use consistent fields as well as display in a consistent format.

In addition, HHAX provides a cutting-edge business analytics suite using Sisense. Sisense enables us to efficiently process complex data using Elasticube technology to distill the data into powerful, easily understood dashboards for our customers. Elasticube boosts native support for a wide range of data sources, ease of operation, and ultra-fast performance.

We can provide a customized set of graphical dashboards, complete with drilldown capability, based on Humana's unique requirements. The system also supports the ability for system users to produce their own reports. The below graphic highlights the dashboard and widgets that are customizable to display the Department's preferred data:



- DQ025 The solution should have the ability to categorize and organize reports including, but not limited to, the following parameters:
- DQ026 Source system
- DQ027 Data content
- DQ028 Purpose
- DQ029 Frequency

HHAX will provide access to our reporting utility and real-time analytic dashboard. These reports enable beneficiaries, caregivers, and central staff to monitor the activity and compliance aspects of the entire homecare network on a claim by claim, beneficiary by beneficiary, caregiver by caregiver, and/or system-wide basis with drill down capabilities on a variety of levels.

HHAX Reports by Subject Area		
Area	Number of System Reports	Number of Reports Related to Direct-Care Service Workers
Beneficiary	25	4
Caregiver	63	63
Report Overview	User defined	User defined
Vendor Management	15	0
Time and Attendance	15	15
Visits	28	28
Events	6	2
Exception Reports	21	18
Billing	37	8
Sales	15	3
Accounts Receivable	20	2

Other Reports (misc.)	271	54
Payroll	27	27
Compliance	21	14
TOTAL	564	238

The HHAX system offers a wide variety of real-time data and dashboards as well as retrospective reporting capabilities. Our Structured Query Language reporting engine provides the ability to build versatile reporting mechanisms and data exports (for client Data Warehouse needs) from the data collected during service delivery.

Our reporting strategy offers the following key benefits:

- We can schedule reports and data exports to generate automatically at scheduled dates/times.
- Our powerful report builder allows designated users to build reports and custom data extracts from almost any data field. Data is available for data modeling, benchmarking, and tracking of quality indicators.
- The Electronic Visit Verification and Monitoring solution provides a standard suite of reports to Medicaid, support-coordination agencies, provider agencies, and managed care organizations.
- HHAX permits the use of data elements to query and generate ad hoc reports or comprehensive data extract files.
- Most reports and data exports can undergo export in a variety of formats, including XML, HTML, CSV, XLS, PDF, and RTF.

Reports can also be as follows:

- Generated on demand by authorized users at Medicaid, Area Office on Aging, and provider agencies
- Set to generate and communicate automatically using HHAX's platform—attachment of workflows to automated reports can send them to the dashboards of desired persons at Medicaid, other state agencies, Area Agencies on Aging, and provider agencies

HHAX Report Builder

Additionally, HHAX includes a comprehensive Report Builder that the Provider, MCO, or [CLIENTNAME] can use to build reports or create the data exports it desires from the full HHAX SQL data tables. To assist our Clients in using the Report Builder/Data Extract tool, we have included dozens of predefined report templates that can be used as is or modified.

Building reports from the ground up involves seven steps:

1. Select the data source
2. Select the detail columns
3. Define the grouping
4. Define where data is to be summarized
5. Set up the filtering conditions
6. Rank the groups
7. Define the style of the tables in the report

HHAX provides detailed screens that allow specified users to create their own custom reports. These reports can then be set up by HHAX with automated workflow to cause the reports to run at predetermined dates and times, and to automatically appear on the dashboard of other designated users.

Our system is meant to be configurable to meet each client need. We will work with the Department to better understand the use case for the categories provided and how to configure our system to meet DHHR's needs.

DQ030	The solution should generate exception reports prior to being submitted to the receiving entity such as the Medicaid Management Information System (MMIS) or other systems receiving electronic visit verification (EVV) data to facilitate data correction by the submitting entity including, but not limited to the following:
DQ031	Manual edits
DQ032	Error corrections
DQ033	Additions to the interface records

HHAX currently manages EVV exception reporting and serves as an Aggregator of homecare activity in this manner for the State of New York, providing HHAX with credible experience in this area of State EVV, oversight, and compliance monitoring services.

DHHR, as a standard part of the HHAX platform, will have access to Exception Reporting. These are detailed reports itemizing the rates of exceptions, the types of reasons used to clear, and timeframes to clear. We can include and tabulate additional information regarding the identity of the worker and individual clearing any exceptions.

As part of our comprehensive service, HHAX will provide access to our reporting utility and real-time analytic dashboard. These reports enable beneficiaries, caregivers, central MCO staff, and the State to monitor the activity and compliance aspects of the entire homecare network on a claim by claim, beneficiary by beneficiary, caregiver by caregiver, and/or system-wide basis with drill down capabilities on a variety of levels:

- Caregiver Summaries
- Compliance Detail and Summaries
- **Exception Statistics**
- Referral Management Acceptance Statistics
- Claim Submission Detail and Summaries
- Admission Statistics
- Other Operational, Financial, and Clinical summary and detail statistics

HHAX not only creates an infrastructure to ensure home care compliance but also explains the methods and procedures we implement and use during the course of our projects. As a result, HHAX provides clients with reports identifying problems to address and offering recommendations to correct otherwise uncovered compliance deficiencies. We furnish our clients with online "drill-down" of provider performance reporting.

Pre-billing is one of the Exception pages in the HHAX system. The Exception pages are automated auditing processes, which ensure that Visits with missing or incorrect information do not get invoiced and billed.



The Pre-billing page checks Visits to ensure they meet all validation requirements established by the Payer. If a Visit does not meet all the validation requirements, it is “held” on this page until a user manually corrects the issue. Visits will not process for billing if held on any of the exception pages.

DQ034 The solution should generate error reports at the summary and detail levels that include all data necessary to resolve errors monthly and as requested by the Department.

HHAX provides configurable error checking on data entered. HHAX has industry-leading security and audit procedures, data integration technology, and data handling processes that ensure that the data integrity error rate is less than 0.001%.

We will submit error reports monthly or as requested by the Department. During the discovery phase, we will outline the scope of the required reports and which users need to receive these reports.

DQ035 The solution should store reports to allow users the ability to retrieve them quickly per the Department’s business rules.

Yes, HHAX stores reports the data and the Department’s requested reports for quick access. We can schedule reports and data exports to generate automatically at scheduled dates/times, and use the Department’s business rules to determine who receives each type of scheduled report.

Role-based user security profiles, configurable to grant or restrict access to various system reports, control access to reports. We can define specific user roles to grant limited and secure access to data, with all such data manipulation recorded in an Audit Log.

DQ036 The solution should reload or resend records if they have not been applied correctly to the receiving entity.

As the HHAX portal receives data records and determines there are deficiencies, the system returns these records for correction to the provider and the visit is resent to HHAX when corrected; this ensures that the HHAX platform and the providers platform stay synchronized, an important value to the provider.

DQ039 The solution should have the ability to maintain an up-to-date inventory of all forms utilized and make this inventory available to the Department upon request.

As part of our discovery and kickoff process, we will work with the Department to outline all required forms, reports, and other items and how the system currently meets the requirement, or if any configuration is needed or creation of additional forms or reports. We maintain comprehensive inventories for our reports and forms, categorizing them so it is easy for users to follow.

For any documentation we maintain, HHAX focuses on maintaining the latest and greatest version as well as updating our clients when changes or new forms/reports are now available. This documentation is shared regularly. We will setup standard procedures, timeframes, and stakeholder lists that will receive inventory lists either on a regular schedule, or as requested by the Department.

DQ040 The solution should have the ability to identify which fields in forms are required and which are optional.

In order to maintain a consistent user experience across our platform, HHAX utilizes red asterisks to denote fields that are required. If no asterisk, then the field is optional. Our consistency with this approach means that any user on any form, page, or profile can immediately see what is required vs optional. The below image is taken from our E-Billing Configuration Form:

136 | Page

DQ041 The solution should have the ability to store the date that a correspondence was delivered for printing in a preferred date format of MM/DD/YYYY.

HHAX maintains the date in this format as a standard part of our offering. In addition to the date the correspondence was delivered, our messaging and alerts in our system also provide the additional ability to see the date and the user that read the correspondence. This allows the Department and your providers to make sure that there is a clear audit trail that critical instructions or changes were received and who received and reviewed them.

DQ042 The solution should provide automatic default file naming convention for saved correspondence as agreed upon with the Department.

DQ043 The solution should categorize and classify types of correspondence as agreed upon with the Department.

HHAX will work with the Department to clarify and finalize these requirements. Our system can be configured to have a default file naming convention as well as categorizing and classifying correspondences as needed.

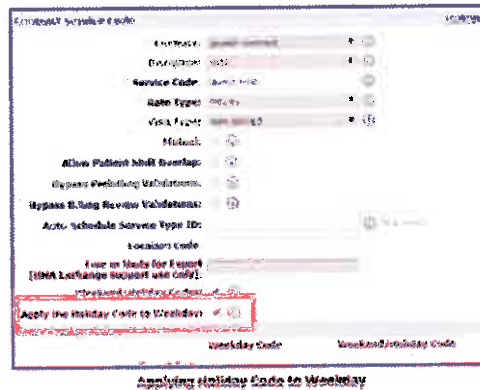
DQ044 The solution should distinguish between, and incorporate, business days, weekends, and state holidays in all time-related functions in the system.

As can be seen in the below image, our system utilizes a Monday to Friday calendar setup. Authorizations dictate when services can be delivered, with our goal of giving coordinates and back-officer users the tools they need to manage their networks:



Contract	Auth ID	From Date	To Date	Authorization	Spec. Code	Max Units Per Week	Type	Interval	Rate	Per	Yr	Mo	Tu	We	Th	Fr	Sa	Su	Remaining Units	Status
CONSUMER STACY GIBSON, DDS	1567-88	03/04/2018	03/04/2018	75th	MD Services	1000.00	Weekly	1x/Week	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1017.00	Active

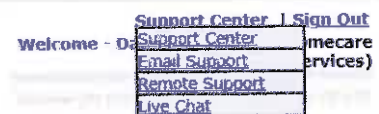
We enhanced our Authorization functionality to allow Providers to apply weekend/holiday authorizations to holidays that fall on a weekday. On the Contract level (Admin > Contract Search > Billing Rates), when the Apply the Holiday Codes to a Weekday checkbox is selected in the Contract Service Code window (as seen in the image below), the applicable Holiday Service Code can be applied to a Visit if it happens to fall on a weekday.



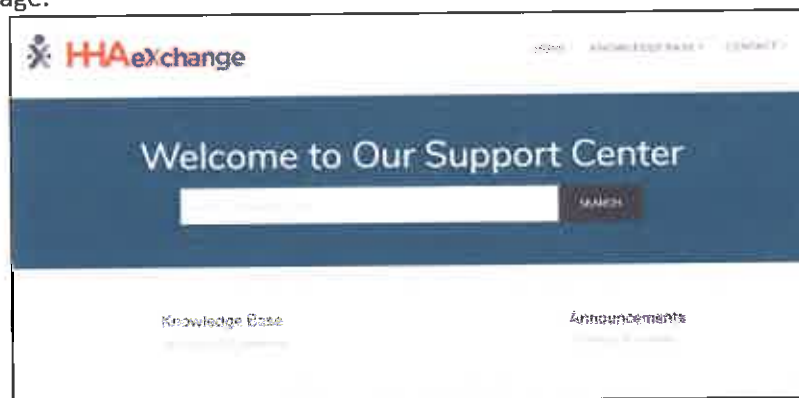
We will work with the Department to ensure we align our system to State holidays. Service codes and authorizations will limit when duties can be performed during the week, whether on business days (Mon. – Fri.), weekends (Sat – Sun.), or holidays.

DQ045 The solution should include web-based online help functionality in searchable portable document format (PDF), that includes a searchable database of common problems.

When using the HHAX platform, we maintain a navigation bar at the top of the screen that includes a “Support Center” link. As can be seen in the image to the right, this shows a drop down, giving users quick access to email, remote, and live chat support.



The support center link will direct users to our comprehensive knowledge base and support announcements page:



The user can the search for process guides, job aides, as well as video tutorials. These tutorials are an excellent recent for refresher training or new hire training.

DQ046 The solution should set parameters on fields to prevent system users from entering information outside of those parameters.

All fields in the HHAX system are configured to meet this requirement. For example, if a field requires numerical values only, the system will not allow users to enter alphabetical characters. To further

* **SSN#:**
(e.g. xxx-xx-xxxx)

The Reference Table values default to the Department's Reference Table values. For Department users who operate out of multiple, independent offices, it is advisable to have each office set up and manage their own Reference Table items on the Office Setup page (Admin > Reference Table Management). Fields denoted with a red asterisk are required and appear on both the Agency and Office Reference Table.

Database Services Tools

File Edit Tools Window Help

Connections

Connection Name	Driver	User	Password	Host	Port	Charset	Status
Oracle11g	Oracle11g	scott	tiger	localhost	1521	UTF-8	Connected
Oracle11g	Oracle11g	scott	tiger	localhost	1521	UTF-8	Connected
Oracle11g	Oracle11g	scott	tiger	localhost	1521	UTF-8	Connected
Oracle11g	Oracle11g	scott	tiger	localhost	1521	UTF-8	Connected

New Connection Refresh

Database Services Tools Oracle11g

Reference Table Management - Contract Service Code

HHAX acknowledges this requirement and currently produces provider-facing content to be easy to understand and follow. We refrain from complicated terminologies as well as utilize text, graphic, graphic explainers, and other tools to ensure that providers can easily understand the content. HHAX provides multiple languages for content as needed as well. We have established languages, but can easily expand to include additional languages as needed.

DQ048	The solution should include email addresses in the authorization table for registration, and email addresses should be kept confidential and only used for official Department business.
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As the image shows below, our system requires an email address for new user creation.

Add New User

* First Name:
 * Last Name:
 * Login Name:
 Status:
 * Role:
 * E-mail:

Show Open Cases from: Today Day

Pending Placement Notifications: ☐
 Grant Access to Reporting Tool: ☐
 Accept Unspecified Office Placements: ☐

IP: IP2: IP3:
 Restricted: ☐
 Hourly: ☐ Day: From: To: IP:
 Restricted: ☐

Mon:
 Tue:
 Wed:
 Thu:
 Fri:
 Sat:
 Sun:

Office Setup

Office	Is Coordinator	View Open Cases for	View Care Path Alerts for	Can Override Of Limit	Primary

Add New User Page

We will need to further discuss this requirement with the state as we will need further clarity on if this is referring to Department users or providers and caregivers as well. For Department users, we can certainly collect this and utilize it to create and register your users. Outside of the department, this process usually falls to admins at Provider Agencies. We can certainly manage this as well if this is the direction the State chooses to pursue, but we have seen examples, most recently in Indiana, where this request for caregiver and provider agency emails to get system access caused a lot of provider abrasion and negative stakeholder feedback.

3. Hardware and Infrastructure

Refer to the relevant technical specifications located in *Appendix 1: Detailed Specifications* and pertinent narrative in *Section 4: Project Specifications* in this RFP to cover solution capabilities in this area.

3.1 The Vendor should describe its approach to Hardware and Infrastructure below.

The narrative response for this category should be organized using the appropriate subject matter area as per *Appendix 1: Detailed Specifications*.

3.2 <Response>

IN001 The solution should have the ability to support various current technologies for data interchange and electronic visit verification (EVV) data submission and verification including, but not limited to, web portal, application interface, telephony, quick response (QR) codes, and automated location verification.

HHAX's EVV system works seamlessly, regardless of the method of EVV, when a caregiver completes a visit, the visit is automatically associated with the schedule and authorization for the services performed. Additionally, capturing of plan of care tasks and duties occurs at the time of EVV clock-out.

HHAX offers Medicaid agencies and their providers a flexible and innovative EVV solution. This system offers a variety of options for data acquisition from the point of care that are adaptable based on available technology. HHAX supports the use of telephone, real-time Global Positioning System (GPS), and fixed-visit technology that does not require landline or cellular use.

Step	Action						
1	The Caregiver logs in to the Mobile App at the beginning of the Visit.						
2	Selects Today's Schedule from the main menu and then selects the member.						
3	Selects "Clock-In".						
4	Selects the Visit verification method: GPS or Security Token (FOB)						
	<table><tr><th>Selecting</th><th>Description</th></tr><tr><td>GPS</td><td>When the GPS function is used to confirm EVV, the system validates the coordinates of the EVV's point of origin against the coordinates on record for the Patient. If the coordinates of the EVV matches the Patient's address, or fall within the specified Tolerance Range, the system confirms the Visit.</td></tr><tr><td>FOB</td><td>For FOB, the Caregiver is prompted to enter the Device ID and the 8-digit passcode.</td></tr></table>	Selecting	Description	GPS	When the GPS function is used to confirm EVV, the system validates the coordinates of the EVV's point of origin against the coordinates on record for the Patient. If the coordinates of the EVV matches the Patient's address, or fall within the specified Tolerance Range , the system confirms the Visit.	FOB	For FOB , the Caregiver is prompted to enter the Device ID and the 8-digit passcode.
	Selecting	Description					
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FOB	For FOB , the Caregiver is prompted to enter the Device ID and the 8-digit passcode.						
5	At the end of the Visit, the Caregiver repeats Step 1, Step 2, Step 3, and Step 4, with the addendum of selecting "Clock-Out" in Step 3.						
6	The Caregiver then enters the POC duties performed and selects "Save" to finalize.						

We receive GPS accuracy according to the U.S. GPS Standard Positioning Service Performance Standard. Accuracy under this standard has achieved horizontal accuracy to within three meters and vertical accuracy of within five meters, depending upon the receivers used.

Overlay of GPS addressing onto mapping software occurs at the street address (i.e., the mailbox) rather than the inside of the home, forcing software vendors to "loosen" their acceptable proximity for validation of GPS addresses (geo-fencing). For example, when a member has a long driveway, GPS transmissions from the inside of the home might not align with the geo-mapped address and, therefore, not register as a match. To address this issue, most systems loosen the geo-fence to accept calls whenever received within several hundred feet of the geo-mapped address.

The HHAX system further addresses the issue by allowing the providing agency to re-establish a proper GPS coordinate for a member from within that member's home. This provides a much tighter geo-fence area for matching call locations against the expectations, and thus much more accurate location verification. This technology also dramatically reduces the possibility of "drive-by" check ins and check outs, such as when a provider checks in from the mailbox of the recipient rather than going into the home to check in.

Fixed-Visit Technology

A FOB is a sealed device that requires no maintenance, charging, or battery replacement. Once registered and affixed in a member's home, it acts as an effective reporting device for authenticating the date and time of visits.

When a caregiver arrives at the visit location, he/she presses the button on the front of the member's FOB, which then displays an eight-digit code. The device uses an encrypted algorithm to generate the code on demand. The provider writes down the number and repeats the process on the way out. The caregiver can then use any telephone to call into the HHAX system within a specified number of hours or days. We can customize the setting to accept calls up to seven days following the date of the visit.



The following steps provide an example of how a Caregiver performs EVV via FOB device.

Note: Caregivers can also place FOB confirmations from the HHAX Mobile App.

HHAX has introduced the industry's first near-field Bluetooth Beacon Device for EVV. This innovative technology allows for faster clock-in and clock-out for the caregiver. The Beacon is a small, near-field Bluetooth enabled device that providers place in the member's home. When a caregiver arrives at the home and is within 15-feet of the Beacon, the HHAX mobile app will alert the caregiver to clock-in with the push of a button. When the caregiver is ready to clock-out, they simply open the mobile app, click to clock-out and enter the plan of care duties completed. The Beacon does not require configuration or pairing, the mobile app automatically recognizes the device.

The Beacon offers an innovative and alternative method of EVV in areas where GPS and cell phone signals are unreliable, and no landline is available for telephony. Whether in a rural area, or in a large city with vertical space and apartment buildings, the Beacon allows for accurate and efficient EVV.

The Beacon eliminates “ghosting” or fake-calling from a telephone line. The caregiver must be within range of the Beacon device to successfully clock-in and out. The Beacon also serves as a great back-up in cases where traditional telephony and GPS may be unavailable.

Another critical feature within HHAX is our Mobile Offline Mode. With a focus on constantly looking for ways to improve our offering and reduce the burden on caregivers and members, we developed the Mobile Offline Mode to achieve the following objectives:

- Enable caregivers to conduct visits in remote areas where there is no internet service
- Preserve existing online functionality



- Fully automatic synchronization when offline to online transition occurs

We derive the timestamp from the EVV method, if supported, and otherwise utilize the device clock to log the time of service. The caregiver is able to clock-in and clock-out as though they are online. Once connection is restored, the app will automatically transmit the stored data, eliminating any need for the caregiver to manually submit information. Whenever the caregiver uses the HHAX app, and has an active internet connection, the system automatically downloads all visits for the next 24 hours. This allows the caregiver to see visits and use the app for EVV without needing an active internet connection.

Once the visit data uploads, when service is restored, the data is deleted from the device. This temporary hold of data provides the benefit of visit verification in poor service areas, while negating any negatives caused by long-term data storage on a personal device.

Review/Approval by Client or Designee

We offer two methods for the client or client designee to review/approve the service times reported by their respective providers: 1) an online *Family Portal*, and 2) paper timesheet review.

Family Portal

Our system includes a “Family Portal” for each member that the provider agency can set up. The portal allows the provider agency to register several family participants or member designees as users with access to the member’s Family Portal. HHAX can post services to the Family Portal, allowing the **client or client designee to review the services in advance of any payroll or billing for services**, as follows:

- The Family Portal does not give authorized users any access to the application.
- Designees, such as fiduciaries, can receive access to the Family Portal of multiple members.
- The State or its designees can issue “Announcements” that will appear on every member’s Family Portal. These universal notices can communicate important information to members, their families, and authorized member designees.
- The provider agency servicing the member can create messages sent to a specific member’s Family Portal. All persons registered for access to that Family Portal will be able to log in and see the Wall Posts.
- Family Portal messages are private messages directed to a single person registered at a member’s Family Portal. Most often, these messages are to alert a primary worker in the home that the member may need additional services or supplies, or to alert them to a change in condition. Messages are only viewable by the intended person.

IN002 The Vendor should utilize open architecture standards and scalability to promote integration throughout the West Virginia technology enterprise.

HHAX uses a modular, flexible approach to systems development, including the use of open interfaces and exposed APIs. Wherever possible, we separate business rules from core programming and make available business rules in both human and machine-readable formats to address this standard fully.

We are committed to formal system development methodology and open, reusable system architecture is extremely important to our development model. This ensures we can more easily change and maintain systems, as well as integrate and interoperate with a clinical and administrative ecosystem designed to deliver person-centric services and benefits. Extremely complex systems are developed as part of our service-oriented architecture (SOA).

As a cloud SaaS software offering, we designed the solution with scalability, client configuration, and upgradeability at its core. HHAX uses a distributed architecture for efficient load balancing and scalability. We configure our web applications on a cluster of web servers running behind a hardware load balancer. HHAX can add additional web servers to the web farm very quickly to handle any increase in the workload. Our web servers are running with below 50% resource usage, which ensures that any unexpected failure of one or two web servers does not affect the application performance and availability.

HHAX's EVV system is setup with a highly scalable and fault tolerant configuration. The EVV system runs from over a dozen physical servers acting together as a cluster. Failure of one or even several servers does not affect the EVV workload, as the telephony system is configured to automatically route calls to the next available server.

IN003 The solution should be flexible and readily adaptable to changing Department and federal requirements and as requested by the Department.

HHAX has an architecture model that supports a Business Rules Engine that is configurable and readily adaptable to changing Department and federal requirements. HHAX adheres to all state and federal regulations and guidelines.

IN003A The solution should address the disruption or limited availability of network connectivity, telephony, and/or cell coverage at the visit site by providing members and providers more than one method to send and receive electronic visit verification (EVV) data.

HHAX provides three (3) alternative methods to send and receive EVV data for areas with limited availability of network connectivity:

1. Fixed Object (FOB)
2. Bluetooth Beacon
3. Offline mode for HHAX Mobile Application

More detail on all three of these offerings can be found in our response to IN001 above.

IN003B The solution should have the ability to capture and retain electronic visit verification (EVV) data gathered when the transmission services are offline for any reason at the visit site and to send or receive queued system data when services are restored.

As referred to above, HHAX has an offline mode for our Mobile Application. This allows caregivers to clock-in and clock-out while offline, with the system automatically transmitting the stored data once internet connectivity returns. The mobile app downloads all visits in the next 24 hours each time the caregiver opens the application, providing access to all needed information and application functionality while offline.

IN004 The solution should provide archival and purge processes that do not degrade performance or interrupt the system.

HHAX built our system with redundancies and makes sure our servers are running at or below 50% utilization. This approach allows for operations, like archival and purge, to take place without any

negative impact on the system.

IN005 The solution should allow centralized deployment of system updates and system maintenance.

One of the leading benefits to a web-based, cloud offering is that all system updates and system maintenance are done through a centralized deployment.

HHAX will make enhancements to the environment regularly. These updates will automatically occur, and clients will have access to them as soon as they are released. We post announcements in the support center, including release notes as well as accompanying webinars. We also send out product marketing emails that highlight new features and functionalities of the HHAX platform. These emails provide users with brief overviews and then direct them to the release notes, where further detail and training webinars are available. Major releases occur every quarter, with updates every 2-4 weeks.

No downtime is required for software releases. If necessary, any scheduled downtime windows are set for after business hours, are announced a week prior, and are very rare occurrences. Depending on the scope of maintenance, users might experience slowness in the platform, but they will continue to have access to the HHAX platform.

IN006	The solution should provide workflow functionality that supports a variety of mechanisms to initiate, execute, suspend, or terminate workflows including, but not limited to:
IN007	Communication events (email, document upload, form submissions, or phone)
IN008	System-generated events
IN009	User-triggered events
IN010	Exception-processing events

Our offering is a SaaS solution, which has predefined rules that can be turned off or on depending on the State's requirements.

At the onset of our engagement with DHHR, our initial priority will be to determine any specific program and service requirements with different policies, procedures, and business rules specific to West Virginia. Our experience has shown us that while there are always similarities between states, it is critical to look for the unique aspects and work closely with the state to position the program for success. HHAX's platform allows for configuration to meet your specific state needs, including communication events, system-triggered events, user-triggered events, and exceptions-processing events.

For example, our sophisticated exception process allows for oversight on all aspects of Visit, caregiver, and Service Plan compliance. The impact exceptions have on claim submission is customizable in the HHAX system. Payers can decide which exceptions are "gates" that prevent the creation and submission of an 837 claim, and which Exceptions will not prevent the creation of a claim. This can be as simple as only blocking those visits that do not comply with the 21st Century Cures Act or extending that to specific requirements established during implementation by DHHR. For example, if the provider or caregiver does not complete the electronic visit confirmation, or the Provider does not indicate the timesheet is "on file," then the EVV system will prevent the creation of a claim to the payer. Alternatively, if a Service Plan is not present, or the caregiver is not compliant, then we can configure

the system to allow production of a claim if the caregiver electronically confirmed the visit. Because of this capability, our reporting and Business Intelligence (BI) tools can track all types of Compliance Activity.

HHAX's system provides an end-to-end solution for EVV and scheduling with integrated authorization management and automation of timesheets. This solution provides a "window" into the day-to-day activities and compliance of members and workers, which will augment the ability to identify fraud, waste, and abuse while ensuring caregivers are providing quality care and services across all service programs identified. Currently, HHAX manages EVV exception reporting and serves as an Aggregator of homecare activity in this manner for the State of New York, providing HHAX with credible experience in this area of EVV, oversight, and compliance monitoring services.

IN011 The solution should include definition and modeling of workflow processes and their constituent activities.

Yes, the HHAX system includes definition and modeling of workflow process and their constituent activities that will be shared with the Department. The below workflow highlights one of these processes.

HHAX incorporates a pre-claim edit called the "HHAeXchange Pre-billing" module. This module works as a real-time, rules-based engine configured based on the unique rules of the State program. HHAX will not allow a provider to submit a claim that does not pass all the pre-bill edits. Not only does this prevent the provider from submitting claims that are not 100% compliant, it also assists the caregiver (and potentially the member) by providing real time information on the non-compliant status of the service.

The HHAX system scrubs all claims prior to sending them to the Fiscal Agent. This is a strict validation based on the business rules associated with each specific program as determined by Medicaid.

When transactions (clock-ins and clock-outs) are received by the EVV system, the data is sent through a series of validation audits that examine the data from a variety of different perspectives to determine its validity for billing. The HHAX Contract Setup Page establishes the following basic rules for billing:

- Contract name
- Invoice type and configuration
- Timesheet requirements
- POC compliance
- Schedule accuracy
- Rounding rules for visits
- Automated eligibility checks
- Compliance rules (validation audits)
- Rules for making changes to EVV data
- Disciplines, service codes, and billing rates
- Invoice building rules
- Claims construction rules

Each transaction set (i.e., clock-in and clock-out) represents a single visit event. Individual clock-ins and clock-outs undergo matching using program-specific business rules. Upon validation of a transaction set, it passes through the audit system, which ensures that all of the following conditions occurred in pre-billing:

AUDIT 1 ensures there is a valid clock-in and clock-out from the same beneficiary's address. Only a matched set of a valid clock-in and clock-out can create a transaction set.

AUDIT 2 checks the identification number (ID) entered to ensure that the clock data came from a valid worker. The worker must be active, have the correct discipline, and be associated with the beneficiary's case in order to pass this validation.

AUDIT 3 verifies automatic number identification (ANI) or Global Positioning System (GPS) information to ensure that performance of the services is from a valid beneficiary's home. The ANI must exactly match one of the phone numbers entered to a valid and active beneficiary in order for the transaction set to pass this validation. With use of GPS in place of ANI, the tolerance (i.e., distance from the mapped GPS coordinates for the beneficiary) undergoes evaluation. It must be within the allowable tolerance per Medicaid rules in order to pass this validation.

AUDIT 4 verifies the clock-in/clock-out set matches against a beneficiary's Medicaid-approved schedule. For programs that include scheduling, the transaction set durations undergo comparison against the beneficiary's schedules and must fall within the allowable tolerance for duration (overall length of the visit) and proximity (to scheduled clock-in and clock-out times). Only transaction sets with times recorded that fall within acceptable duration and proximity pass this validation.

AUDIT 5 verifies the clock-in and clock-out set against the beneficiary's Medicaid-approved active authorizations. Transaction sets, once validated for clock-in and clock-out, worker ID, source location, and schedule, are then compared against each level of the beneficiary's multilevel authorization to ensure it is within the authorization's overall total allowable hours/units for the following:

- Total authorization period
- Monthly limit
- Weekly limit
- Daily limit

Only transaction sets (visits) that fall within all authorization limitations will pass this validation.

AUDIT 6 verifies the service task codes collected from the clock-in and clock-out set against the beneficiary's Medicaid-approved POC. Transaction sets (visits) that meet all of the above validation conditions then undergo matching against the beneficiary's POC, in accordance with the business rules set forth in the Contract Setup page. Several options are available to be set up on the Contract Setup Page to determine if visits match the POC:

- **Contract compliance.** Visits must have at least five service task codes recorded with one of them being a personal care duty.
- **Personal care compliance.** Visits must have at least one personal care duty documented.
- **No compliance.** The system will not validate duties reported against the beneficiary's POC for this program.
- **POC compliance.** All duties set forth in the beneficiary's POC must have documentation as delivered.

Based on the setting selected, the system will hold visits that do not match the POC as indicated. Only visits that comply with the setting selected will pass this validation.

Billing through HHAX is quick and efficient. Our focus is on compliance, helping providers to send clean claims to the State. There is no time constraint in the system, allowing for real-time immediate submission once all pre-billing scrubbing is complete.

Through the processes described above, plus the additional workflow efficiency benefits offered by HHAX, we streamline billing, and minimize paper use.

The HHAX team can configure the system to generate multilevel, escalating alerts of pending, late, and missed visits to the provider, support coordination agency, and other entities as determined by the Agency whenever receipt of calls does not occur within the predetermined tolerance window. Alerts incorporate workflows that permit rules-based routing. This means that we can attach business rules to the workflow of alerts, allowing for condition-based escalation through multiple levels.

When we identify non-compliant activity, the system submits real-time alerts to both the caregiver and central staff (configurable) so that corrective action can immediately occur. Caregivers and providers can communicate in real-time in a common platform with central coordination staff regarding the specific needs of the member and any other actions that are necessary. Real-time communication eliminates the cumbersome and inefficient traditional methods of communication (phone, fax, text, email) and creates a historical record of all communication activity for at least 7 years, or as required by a specific client agreement.

IN012 The solution should have the ability to facilitate mass email notifications.

HHAX can facilitate mass email notifications through our system and based on DHHR's business rules.

In addition, through the direct connection of the State and Provider on the HHAX platform, both entities can communicate electronically in real-time. The State can securely and electronically send a member's information, including Authorization and Service Plan, directly to the chosen Provider who then in turn can quickly schedule the right worker for the member. As the worker completes a check-in and check-out, that data shows up in the HHAX platform in real-time, allowing the schedulers and coordinators to manage any missed or late visits. As a final example, through HHAX's workflow by exception process, the Provider then sends claims through a pre-bill scrubbing process to ensure compliant claims. Those claims then go directly to the State via the submission of an electronic 837 file, with the Provider receiving an electronic 835 file in return.

IN013 The solution should have the ability to reissue and track any correspondence or form as requested by the Department.

Yes, the HHAX platform tracks all correspondences and any event, whether an edit, report, data export, or other item in the system. We will finalize all Department specific requirements prior to implementation, ensuring all requirements will be met in the system.

IN014 The solution should have the ability to schedule any report to be run at varying levels of frequency or on-demand.

Yes, HHAX can schedule reports and data exports to generate automatically at scheduled dates/times and the frequency with which they occur, such as weekly, bi-weekly, monthly, etc.

As a browser-based, cloud offering, the HHAX platform works with the user's operating system in order to print. While printing can occur directly from the application, the reports can also be exported into system friendly file types. To meet the needs of all users, no matter the operating system or browser, we provide both options of export to print or direct print.

Collection View

Collection View Help

Collection View

Visit History

Appointment History

Follow Up History

Current Reason for Non-Payment

Discontinue

Patient History

Visit History

Appointment History

Follow Up History

Current Reason for Non-Payment

Discontinue

Print Cancel OK

Another example of printing from our system is the ability to print a caregiver's schedule right from the calendar:



Application enhancements are developed and released into our development environment where adequate stress tests are performed, before being released to production. Before any functionality is

No downtime is required for software releases. If necessary, any scheduled downtime windows are set for after business hours, are announced a week prior, and are very rare occurrences. Depending on the scope of maintenance, users might experience slowness in the platform, but they will continue to have access to the HHAX platform.

IN017	The Vendor should manage, track, and report on user support services via multiple channels, including:
IN018	Telephone
IN019	Member portal
IN020	Email
IN021	Mail

HHAX Customer Service Model	
National Support Coverage	
Telephone Support (toll free)	Monday–Friday 8:30 a.m.–7:30 p.m. CT
Live Chat	Monday–Friday 8:30 a.m.–7:30 p.m. CT
Service Tickets	24 hours per day, 7 days per week (24/7)

This model guarantees the most important issues are given the highest priorities and thoroughly defines the criteria for categorizing issues into each level of priority.

IN022	The Vendor should provide investigative results inclusive of mitigation measures to address reported incidents within 30 days of the documented incident.
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151 | Page

HHAX will maintain open communication with DHHR about any investigative results within at least 30 days of the documented incident, often sooner.

IN023 The Vendor should support provider compliance through direct assistance, coaching, technical assistance, and other active outreach activities as requested by the Department.

In general, an implementation of our Platform combines on-site training, remote training, on-site post go-live support, daily “lunch and learn” webinars, Quick Start Guides, and a Learning Management System (LMS). We believe that all of these elements are critical to support provider compliance.

From a continuing education standpoint, we employ a Vice President of Education and Content. This leader has a team dedicated to online as well as in-person training programs and content. For example, we developed unique “Quick Start” programs for our Pennsylvania EVV deployment that were very well received by Providers. We design our Quick Start Guides to help new staff access and begin to use the HHAX System. The sample table below illustrates the following:

- Quick Start Videos: Links to 2-7 minute videos, briefly demonstrating HHAX functions
- Additional Resources: Links to supporting documentation and longer videos for deeper dives and additional learning.

Topic	PA CHC Project Overview & Accessing HHAExchange
Audience	All Provider Agencies (EVV, Manual Visit Entry, and EDI Agencies)
Description and Quick Start Videos	Get acquainted with the PA CHC HHAExchange project and learn how to log in to the HHAX System and navigate the home page. <ul style="list-style-type: none"> • Quick Start Video: Project Overview (4 min) • Quick Start Video: Accessing the HHAExchange System (4 min)
Additional Resources	<ul style="list-style-type: none"> • PA CHC Provider Information Center: https://hhaexchange.com/pachc • PA CHC Provider Customer Support Email: PAsupport@HHAExchange.com • Process Guide: Provider System Introduction • Video: System Introduction

In addition, we deliver a large library of on-line content and also offer real-time live Webinars on a regular basis. In PA, for the first month of implementation, we delivered daily “lunch and learn” sessions where providers can log into our system for free and receive education on a different topic each day of the week.

Training Course
Introduction to HHAX
Managing Client Intake (program specific)
Human Resources (Worker) Management
Electronic Visit Verification and Monitoring Training
Scheduling (by program)
Visit Maintenance/Exception Handling
Billing and Invoicing (by program)
Payroll (by program)
Reporting (by program)
Provider System Administration (by provider and by program)
State Employee System Administration (by role and by program)

In addition to the regularly scheduled training sessions, provider agencies can request and obtain additional training based on their perceived needs. In all cases, provider agencies should be required to receive a number of annual in-service training hours (as determined by the Department) to ensure compliance with all program rules and understanding of any changes and additions to program rules.

HHAX will provide a detailed training plan for both initial training and ongoing training. In addition to providing a comprehensive set of training materials (including User Guides, Process Guides, System Workflow documents, Quick Reference Guides, and Job Aids), we employ a state-of-the-art LMS to provide online delivery of training, with real-time tracking and certifications, optimizing a learner's time and reducing the costs associated with traditional ongoing learning methods.

IN024 The solution should provide users a description of the minimum hardware and software requirements, installation, maintenance, and enhancement of software based on role and system requirements prior to system updates.

HHAX is a web-based SaaS platform that does not require any hardware, additional software, network infrastructure, or licensing costs; users simply need access to a web browser.

HHAX recommends the following baseline workstation requirements:

Operating System:

- Microsoft Windows 7 SP1
- Microsoft Windows 8.1
- Microsoft Windows 10

Memory: Minimum 8GB

Processor: Intel® Core™ i5 @ 2.9GHz

Screen Resolution:

- 1280 x 1024
- 1024 x 768

The mobile application is available for free on both Android and Apple.

- Smartphones using the Android OS 2.3 and up
- Apple iPhones running iOS 6.0 and up

IN025 The solution should allow users to schedule and modify system events as requested by the Department.

HHAX will work with the Department to outline and finalize this requirement as we need further discussion to understand this specific functionality. HHAX provides for scheduling of reports, batch file uploading and download, caregiver scheduling, and other elements that can all be modified by users.

IN026 The Vendor should provide a technical support call center located within the contiguous United States.

Yes, HHAeXchange's Support Center is located in Miami, Florida.

IN027 The solution should document call information, as agreed upon by the Department.

HHAX currently documents call information using an internal system to track time of placement as well as ticket creation and any future steps taken. We will share this system and processes with the Department and configure our process to meet your requirements.

IN028 The technical support call center hours of operation should be Monday through Friday, from 9:00 a.m. to 6:00 p.m. Eastern Time (ET) and on an emergency basis as requested by the Department. The call center may be closed for standard federal holidays and West Virginia State holidays,

As mentioned previously, HHAX provides complete customer service with technical and other customer support to Medicaid, administering agencies, and providers to address questions and issues pertaining to the use of the Electronic Visit Verification program.

HHAX Customer Service Model	
National Support Coverage	
Telephone Support (toll free)	Monday–Friday 8:30 a.m.–7:30 p.m. CT
Live Chat	Monday–Friday 8:30 a.m.–7:30 p.m. CT
Service Tickets	24 hours per day, 7 days per week (24/7)

These hours extend beyond the state’s requested, and we can have emergency basis coverage as requested by the Department.

IN029 The Vendor should return all after-hour calls by the next business day, in the caller's preferred language and/or through oral interpretation services. (Reference: <https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html>)

HHAX acknowledges and agrees to this requirement.

IN030 The Vendor should provide functionality to manage calls to the Technical Call Center including, but not limited to:

IN031 Creation of tickets

IN032 Editing existing tickets

IN033 Sorting of call center ticket information

IN034 Filtering of call center tickets or electronic records

Yes, HHAX utilizes a solution internally that tracks all tickets, as well as the ability to edit, sort, and/or filter through the tickets and documentation.

IN035	The Vendor's Technical Call Center should have the ability to track data including, but not limited to:
IN036	The caller
IN037	The question(s) and/or issue(s)
IN038	The Vendor staff responding to the ticket
IN039	The date(s)
IN040	The time(s)
IN041	The status (opened or closed)
IN042	Problem resolution

HHAX maintains all of this data within the ticket. The ticket remains open and is updated as the issue goes through resolution. This process includes proper documentation of the call, the problem or question, the HHAX support representative, and all timestamp and status related elements.

IN043 The Vendor's Technical Call Center should have the ability to repeat call options automatically.

Yes, the HHAX call in number will repeat the options if not option is selected by the user.

IN044 The Vendor should maintain sufficient staff and telephone lines to perform all required technical support call center functions.

HHAX continues to grow our support center. This facility is in Miami, Florida, and continues to expand with new staff in order to support our rapidly growing client base. The infrastructure will allow for sufficient staffing and telephone lines to support our current clients and the DHHR engagement.

IN045 The solution should use automated menus, including an easily accessible option for reaching a live operator.

Yes, HHAX has this built into our call line, as well as offering live chat, email, and remote access support.

IN046 The solution should provide assistance to inquiries received from persons who require special assistance including, but not limited to:

IN047 Persons with Limited English Proficiency (LEP)

IN048 Persons with vision disabilities

IN049 Persons with hearing disabilities

IN050 Persons with speech disabilities

HHAX understands the need to provide assistance to different people requiring special assistance. We offer live chat and email support for those with hearing or speech disabilities, as well as our telephone support for those with vision disabilities. We currently deliver our Interactive Voice Response (IVR) services in 24 languages including English, Spanish, Russian, German, and French, with the additional capacity to program for other languages as required.

IN051 The solution should include an online option for users to report any technical problems.

Yes, as mentioned previously, HHAX provides email and live chat for online support options.

IN052 The Vendor should ensure the solution components that are web based have cross-browser compatibility over the life of the contract and support software utilization in the current version and two (2) prior versions at a minimum for the following browsers including, but not limited to:

IN053 Microsoft Edge

IN054 Apple Safari

IN055 Google Chrome

IN056 Mozilla Firefox

IN057 Microsoft Internet Explorer

As a web-based, cloud offering, HHAX works on all the above listed browsers. While we support the other browsers, and have tested that the system works on them all, we do recommend utilizing Microsoft Internet Explorer, Microsoft Edge, or Google Chrome.

IN058 The solution should incorporate a non-restrictive environment for experienced users to directly access a screen or to move from one screen to another without reverting to the menu structure.

HHAX provides a navigation ribbon that remains at the top of the screen on every page. This ribbon provides dropdown options by category. Experienced users will easily be able to navigate quickly to another screen without going back to a menu. The below image highlights the Admin ribbon and the options available underneath:



IN059 The solution should generate drop-down lists to identify options available, valid values, and code descriptions by screen field.

As mentioned above in IN058, HHAX utilizes dropdown lists throughout our entire platform. This includes navigation, search options and functionality, as well as form filling. Within forms and profiles, drop down menus can also be configured by the Department with custom options:

Mobile/Portal ID Type: ⓘ

Mobile Device ID: ⓘ

Country of Birth: ⓘ

HHAX will work with DHHR to verify and validate compliance with the W3C guidelines as listed at the above link. We will make sure to adhere to any future iterations of this guidance and work closely with the Department to ensure we meet any West Virginia specific elements.

The majority of offering is secured in order to ensure HIPAA, HITECH, and HITRUST compliance for the protection of ePHI and PII. HHAX does provide a state-specific landing page that does not require a password for access. This landing page provides general FAQs, contact information, any State related materials or announcements, among other items.

HHAX takes security of our platform very seriously. HHAX provides complete role-based security access to the system. We utilize a comprehensive table of rights, which covers all aspect of the system, to assign specific security rights to roles. The system limits users by role and you can assign multiple roles to each user. In such cases, the user will receive the security rights of all their assigned roles. The system maintains a history of every login, and times each user session. We can generate complete reporting of user logins and session times on demand.

We are confident our security procedures, certifications, and audits will meet and likely exceed the Department's requirements.

Yes, HHAX provides self-service password resets as well as role-based permissions for admins or other Department assigned users to change passwords. As can be seen in the below image, HHAX masks the display of passwords at the sign-on screen:



Client Login

[Demo](#) →

Login

IN065 The Vendor should ensure that web portal field definitions comply with system field definitions.

HHAX will work with DHHR to verify this requirement during discovery.

IN066 The Vendor should, for the web portal, provide Internet security functionality to include firewalls, intrusion detection, and encrypted network/secure socket layer (SSL).

Yes, HHAX provides all of the above internet security functionalities. HHAX uses redundant firewalls to protect its network from external threats. The firewalls deliver enterprise-class features and uncompromising performance. Key security features activated on the firewall are:

- Gateway anti-virus and anti-spyware
- Network-based malware protection
- SSL/IPSec VPN
- Malware protection from over 12.6 million variants of malware.

HHAX has setup Intrusion Detection and Intrusion Prevention tools to ensure that the infrastructure is protected from possible intrusions.

At HHAX, the firewall rules are set to ensure that none of the applications and resources are accessible from outside the United States.

HHAX uses Web Application Firewalls as an additional layer of protection to our web application that includes:

- Data Loss Prevention (DLP)
- Mitigation of the OWASP Top Ten common vulnerabilities
- Real-time threat protection for packaged & custom applications
- Cookie Tampering
- Cross Site Request Forgery (CSRF/XSRF)
- Cross Site Scripting (XSS)
- Various types of injection attacks

More detail on HHAX's security can be found in the next section of this RFP response, **Section 5. Security Management**.

IN067 The Vendor should provide and maintain a secure data storage solution that includes encryption of data in transit and encryption of data at rest.

Encryption of Data at Rest

At HHAX, PHI and Non-PHI data is stored into separate databases. The database holding PHI data is encrypted at the storage level using Transparent Data Encryption (TDE). This ensures that the data and log files on disk are fully encrypted.

In addition to TDE (which encrypts the whole database at the storage level), highly sensitive data columns are re-encrypted at the application level.

HHAX uses 256-bit AES encryption to secure the above columns. The encryption key is maintained by the application and data is encrypted and decrypted at the application level. In the database, the values are stored in a VARBINARY column.

The encryption/decryption library, as well as its source code, is isolated from the regular development. The source code is maintained in a separate source control system and the access to the code is restricted. Encryption and Decryption functions are exposed as a Web API and the developers use those APIs to encrypt and decrypt information at the application level. The encryption keys used for development and production environments are different.

Encrypted Database Backups

HHAX encrypts all database backups. Please see the Database Backup and Retention Policy document for more details.

Multi Tenancy & Logical Isolation

HHAX application uses Multi-Tenant database architecture. Under this model, the data of all the agencies are physically on the same location, but logically isolated using a VPM (Virtual Private Model).

All data access happens through database stored procedures. Every stored procedure requires User ID and Agency ID as a mandatory parameter. When the stored procedure executes for a particular agency/user, only the data accessible to that agency/user is processed.

Database Connections Security

Database servers are not accessible from outside the network. Database connections are allowed only from the applications and processes hosted within the HHAX Network. SQL Server ports are closed on the firewall and the Infrastructure security team ensures that no ports on the firewall are mapped to the internal SQL Server Ports.

Each application uses a separate connection and login account which has 'just enough' permissions to perform the required operations.

More detail on HHAX's security can be found in the next section of this RFP response, **Section 5. Security Management**.

4. Security Management

Refer to the relevant technical specifications located in **Appendix 1: Detailed Specifications** and pertinent narrative in **Section 4: Project Specifications** in this RFP to cover solution capabilities in this area.

4.1 The Vendor should describe its approach to Security Management below. The narrative response for this category should be organized using the appropriate subject matter area as per *Appendix 1: Detailed Specifications*.

4.2 <Response>

SM001	The solution should authenticate all users when establishing a connection to the solution.
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HHAX provides complete role-based security access to the system, authenticating users when they establish a connection to the system. We utilize a comprehensive table of rights, which covers all aspect of the system, to assign specific security rights to roles. The system limits users by role and you can

assign multiple roles to each user. In such cases, the user will receive the security rights of all their assigned roles. The system maintains a history of every login, and times each user session. We can generate complete reporting of user logins and session times on demand. Role-based user security profiles, configurable to grant or restrict access to various system reports, control access to reports. We can define specific user roles to grant limited and secure access to data, with all such data manipulation recorded in an Audit Log.

Each caregiver receives a unique pin associated back to their profile in HHAX that stores the worker's name, social security number, and date of birth. When the worker enters their pin as part of the check-in or check-out, the visit is attached to the worker's information to uniquely identify them. When downloading our free mobile application, workers will be required to enter their unique pin, which will then associate the device to the specific worker. This prevents checking in/out in duplicate or overlapping appointments.

HHAX password requirements are based on NIST standards and audited as part of our HITRUST CSF Certification. NIST standards recommend the following:

- 1) An eight character minimum and 64 character maximum length
- 2) The ability to use all special characters
- 3) Restriction of sequential or repetitive characters
- 4) Restrict context specific password (i.e. the name of the site)
- 5) Restrict commonly used password (i.e. p@ssw0rd)

SM002 The solution should have the ability to automatically generate a unique user identification during the registration process for new users enrolling in the program.

Users with roles that are assigned the Edit Roles permission are granted the permission to add New Users and deactivate User Accounts in the system. This functionality is permission-based according to role. The New User and Inactivate Users permissions must be enabled by an Agency Admin for a selected role to access respective functionality.

To maintain strong security and access control, HHAX requires the below fields to be entered to ensure each user gets their proper role permissions:

Field	Description
First Name	Enter the user's first name.
Last Name	Enter the user's last name.
Login Name	Enter the login name for the user to enter the system. Login name must be unique within an Agency AND across the HHAX platform. Username can include letters, numbers, underscores, dashes, @ sign, or dots. Note that there is a 50-character limit to any login name. Email address can be used.
Email	Enter the user's unique email address. This email is used for any assigned system notifications to include the initial email with temporary password to log in to the system.
Role	Select the Role(s) for the user.

SM003 The solution should have the ability to assign a new unique user identifier (ID) for an existing user.

Yes, this is a role-based permission within the system. Those admin users with the permission can assign a new unique identifier for an existing user.

SM004 The solution should use a secure file transfer protocol (i.e. SFTP, etc.), secure web interface, or other industry-standard electronic means (such as Gentran, Connect: Direct, or equivalent) or encrypted media to transfer files as approved by the Department.

HHAX Data integration is supported through web service application programming interfaces as well as flat file exchange through Secure File Transfer Protocol (SFTP).

SM005	The solution should warn the user about accessing US Government Federally protected data and allow the user to confirm and proceed with such actions.
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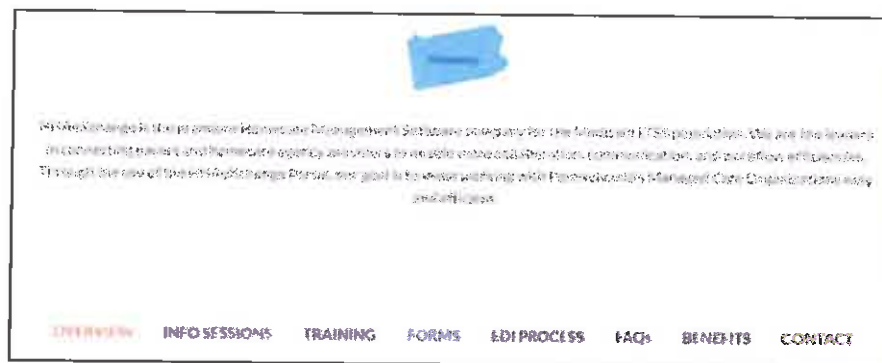
HHAX will need to discuss further with DHHR the specific data that will require this functionality. At HHAX, PHI and Non-PHI data is stored into separate databases. The database holding PHI data is encrypted at the storage level using Transparent Data Encryption (TDE). This ensures that the data and log files on disk are fully encrypted.

We utilize role-based permissions throughout the system to control access to sensitive information.

SM006 The Vendor should provide a secure web-based method to receive requests for authorization to access the solution.

With each state deployment, HHAX sets up a state-specific landing page. This page will serve as a one-stop shop for anyone looking for general information, training details, forms, information on our EDI Process, FAQs, platform benefits, as well as contact information.

The below image highlights part of the page currently setup for the state of Pennsylvania, where we serve over 100,000 members across the entire state:



This page is completely customizable to meet DHHR's needs, which can include a method to receive requests for authorization to access the solution.

SM007	The Vendor should provide Single Sign-On (SSO) capability for authentication and authorization across the solution.
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HHAX provides Single Sign-On (SSO) capability across our entire solution. In addition, we understand the need to improve workflows for back-office users, and with this in mind we are currently in the final

stages of deploying an integration with client SSO systems.

SM008 The solution should provide Department-approved multi-factor authentication for Vendor remote access to solution environment or their contractors, if applicable.

As a web-based cloud solution, HHAX is accessible via a web browser. There is no need to connect to an internal system for remote access. We take security and access restriction very seriously, which is why HHAX was the first EVV Aggregator solution to obtain HITRUST certification in addition to HIPAA and HITECH.

SM009 The solution should use role-based access for data and system functionality.

HHAX provides complete role-based security access to the system. We utilize a comprehensive table of rights, which covers all aspect of the system, to assign specific security rights to roles. The system limits users by role and you can assign multiple roles to each user. In such cases, the user will receive the security rights of all their assigned roles. The system maintains a history of every login, and times each user session. We can generate complete reporting of user logins and session times on demand.

SM010 The solution should have configurable roles by state plan and waiver program that may be created and modified by the Department through a change request as outlined in the Department approved Change Management Plan.

Configurable Roles are a key benefit of the HHAX system. Similar to other elements of the system, HHAX will work with DHHR during discovery to ensure we understand all necessary requirements and State-specific configurations. Over the life of the contract, DHHR may submit change requests for these roles.

HHAX will confirm receipt of the request, verify details if necessary with the submitting user, and provide an estimated timeline for completion of the change.

SM011 The solution should have the ability to record specific access by users to confidential personal information (CPI) contained within the solution. The mechanism should record the following data elements and allow a role-based user to search this log for matching criteria to discern what was accessed including, but not limited to:

SM012 User name

SM013 Date of access

SM014 Time of access

SM015 Name of Individual (First and Last) whose confidential personal information (CPI) was accessed

SM016 Name of computer system used to access confidential personal information (CPI)

SM017 Query/Transaction used

Complete audit trails are available throughout the system, on every page. HHAX logs every user transaction (e.g. user ID, date, time, and File) for changes, adds, and/or deletes across all system

The system internally tracks all additions, edits, and deletions made to HHAX system data. Also designed as an audit tool, this tracking system records every change made to every field in every record, including who made the change and when, and the field value prior to the change. An administrative user with proper authority can update any changes made.

SM018 The solution should provide users role-based access to reporting functionality.

SM019 The solution should allow correspondence to be viewed based on role based access.

An example of this is in our Family Portal, messages can be sent directly to members and only the member and their designees can log in and see these messages. At the same time, this access is limited just to the portal, and will not allow them to get into the full system.

Certain authorized users can access certain sections of the system and attach specific permissions to roles created in HHAX. DHHR can identify staff as administrators, who have the authority to set up new users with specific roles and rights, dependent on their job needs, meeting HIPAA requirements to limit access to data as much as possible, based on the responsibilities of each person.

SM021	The solution should provide role-based security through various methods, including, but not limited to:
SM022	Unique identifiers (IDs)
SM023	Mandatory password standards and policies for length, character requirements, and updates for all users as defined within National Institute of Standards and Technology (NIST) 800-63-3: Digital Identity Guidelines, or equivalent. https://doi.org/10.6028/NIST.SP.800-63-3
SM024	Profile or group access assignments

HHAX has required fields for users that are standard unique identifiers.

HHAX password requirements are based on NIST standards and audited as part of our HITRUST CSF Certification. NIST standards recommend the following:

- 1) An eight character minimum and 64 character maximum length
- 2) The ability to use all special characters
- 3) Restriction of sequential or repetitive characters
- 4) Restrict context specific password (i.e. the name of the site)
- 5) Restrict commonly used password (i.e. p@ssw0rd)

The system limits users by role and admins can assign multiple roles to each user. In such cases, the user will receive the security rights of all their assigned roles. HHAX will work with DHHR to determine what profile or group access levels need defining, and we will configure the system to allow for setting up those users with the necessary roles.

SM025 The solution should provide a mechanism to limit access to information based on user roles and program rules.

HHAX provides complete role-based security access to the system and assigns roles by specific security rights from a comprehensive table of rights that covers all aspects of the HHAX system. The system limits users by role, with the ability to assign multiple roles to each user.

These roles will limit user's ability to not only access certain aspects of the platform, but can also restrict their ability to make changes, export data, access reports, among other things.

SM026	The solution should provide role-based access to all system components and control access through various methods, including, but not limited to:
SM027	Blocking specific window or screen access
SM028	Blocking specific report views or analytics
SM029	Restrict data elements
SM030	Restrict viewing of specific members
SM031	Limit access to other fields within the system as determined by the Department

HHAX Roles and Permissions limit user authority by security rights issued to them. This includes limiting the ability to view or access certain sections of the system; view, export, edit reports and analytics; and

can be configured to meet the State's specific needs and department rules.

We create rules to control which parameters users can access and what changes can be to each of those parameters.

SM032 The solution should update all security roles automatically when a change in the master role is made.

Through the use of roles and permissions, every user is defined by specific security rights from a comprehensive table of rights that covers all aspects of the HHAX system. When the table of rights is updated, user access will automatically update based on the new role definition.

SM033 The solution should allow user access and role changes to be made in real-time.

As a web-based cloud offering, as a user moves through the system the page refreshes and verifies, in real time, that the user's role has permission to access a specific aspect of the system. If the users role changes, they will be denied or will gain access as they attempt to progress through the system based on their new role(s) and permissions.

SM034 The solution should have the ability to restrict concurrent logons.

HHAX will work with DHHR to better understand this restriction during our discovery phase. As workflow enhancement solution, we designed the HHAX platform to allow users to be more efficient. With this in mind, we setup the system so that a user can be in the solution in multiple windows in order to multitask and monitor visits and caregiver scheduling. As with most functionalities in our system, we can configure them to meet different client needs.

SM035 The solution should have the ability to configure the timeout requirements for each system environment and user role.

HHAX has a universal timeout period. This is a global setting and not manager defined. HHAX has the ability to configure this feature, but will need additional discussions with DHHR around this requirement. We set out timeout based on best practices, governed by HIPAA, HITECH, and HITRUST.

SM036 The solution should have the ability to create multi-level escalating alerts for Department-defined events.

HHAX can configure the system to generate multilevel, escalating alerts for such situations as pending, late, and missed visits to the provider, support coordination agency, and other entities as determined by DHHR whenever receipt of calls does not occur within the predetermined tolerance window. Alerts incorporate workflows that permit rules-based routing. This means that we can attach business rules to the workflow of alerts, allowing for condition-based escalation through multiple levels.

When we identify non-compliant activity, the system submits real-time alerts to both the caregiver and central staff (configurable) so that corrective action can immediately occur.

SM037 The solution should identify the recipients of alerts by alert type and user role.

Yes, HHAX can configure alerts based on business rules, such as alert type and user role for the alert.

SM038 The solution should have the ability to allow the Department to define which edits and rules may be overridden within the solution by the direct care worker or provider agency and how the solution will respond with warnings, alerts, or denials of the requested user action.

Our sophisticated exception process allows DHHR to have oversight on all aspects of Visit, Worker, and Plan of Care compliance. For example, DHHR can decide which exceptions are “gates” which will not allow the creation and submission of an 837 claims and which Exceptions will not prevent the creation of a claim. If the provider or Worker does not complete the electronic visit confirmation or the Provider does not indicate the timesheet is “on file”, then the EVV system will prevent the creation of a claim to the State. Alternatively, if a Plan of Care is not present or the Worker is not compliant then this can be configured to allow the claim to be produced as long as the visit was confirmed electronically. These are fully configurable by DHHR in order to determine which edits and rules may be overridden.

SM039	The solution should utilize a Security Information and Event Management (SIEM) solution that generates alerts for events. Copies will be made available to the Department, including, but not limited to:
SM040	Alert generation for attempts to access unauthorized databases from internal and external systems
SM041	Monitoring and reporting of events on an ongoing basis
SM042	The Vendor should provide a report outlining applicable National Institute of Standards and Technology (NIST) SP 800-53 moderate security control responsibilities (reference: https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53r4.pdf) noting which security controls are implemented and/or inherited by the Vendor, implemented by the Department, or shared by both parties. This report should be maintained by the Vendor and outline the following information, including, but not limited to:
SM043	Non-compliant and required security and privacy controls
SM044	Applied mitigations
SM045	Plan to correct deficiencies

HHAX has deployed a number of tools and devices to ensure that the environment and applications are protected from possible attacks and vulnerabilities. Below are the items listed that we use to protect our environment.

HHAX uses redundant firewalls to protect its network from external threats. The firewalls deliver enterprise-class features and uncompromising performance. Key security features activated on the firewall are:

- Gateway anti-virus and anti-spyware
- Network-based malware protection

- HHAX has setup Intrusion Detection and Intrusion Prevention tools to ensure that the infrastructure is protected from possible intrusions.

HHAX uses Web Application Firewalls as an additional layer of protection to our web application that includes:

- Currently HHAX is in the process of installing an internationally-awarded assessment solution for our environment. Its Adaptive Security integrates with our existing infrastructure to instantly identify and assess vulnerabilities as our attack surface changes.

Access to the resources in the data center is granted to authorized personnel after multiple levels of authentication. An authorized employee can access the resources (only as much as required to perform the job function) after the following security validations.

- ## Access Policy and Application Security

In addition to TDE (which encrypts the whole database at the storage level), highly sensitive data columns are re-encrypted at the application level.

HHAX uses 256-bit AES encryption to secure the above columns. The encryption key is maintained by the application and data is encrypted and decrypted at the application level. In the database, the values are stored in a VARBINARY column.

The encryption/decryption library is and its source code is isolated from the regular development. The source code is maintained in a separate source control system and the access to the code is restricted. Encryption and Decryption functions are exposed as a Web API and the developers use those APIs to encrypt and decrypt information at the application level. The encryption keys used for development and production environments are different.

HHAExchange has deployed extensive set of auditing tools and frameworks to ensure that every critical activity and event is captured in the audit logs.

- Network Auditing – Captured using Windows AD auditing policies
- Database Auditing
 - Auditing of logins and connections
 - Code Changes are audited.
- Software Development
 - Changes to source code is audited using built-in auditing capabilities of the source control system (SVN)
 - Development Process – Controlled and audited using JIRA
- Application level auditing
 - Logins and access to application is audited
 - All data modifications are audited in detail, along with the name of the user and the time of change.
 - Access history – Full auditing of the pages accessed, and operations performed by every user.

SM046 The solution should maintain a list of users and owners of each stored report.

In the HHAX platform, Role-based user security profiles, configurable to grant or restrict access to various system reports, control access to reports. We can define specific user roles to grant limited and secure access to data, with all such data manipulation recorded in an Audit Log. All data within the system can be reported on, including custom build reports through our report builder. While our system will track reports and data access, we do not currently define an owner for reports. We will need to discuss this requirement further with the Department to better understand the goals and process behind it. We are confident that we can meet the State's needs with our current setup or through some simple configuration changes.

SM047 The solution should retain and maintain access to reports as specified by the Department's Retention Policy. (Reference: https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1013_DataBackup_Mar2019.pdf)

HHAX utilizes industry standard recovery procedures for retention and storage of backup files and software plus ongoing mirroring of all key data in a disparate location.

- We conduct a full backup of all production databases every night.
- We conduct a differential backup of all production databases every four hours during business hours.

- We conduct a transaction backup of all production databases every five minutes.
- We validate and verify full backups before storing them in the archive location.
- The backup archive maintains full backups for the following:
 - The last 30 days
 - Weekly back-up of the last 52 weeks
 - Monthly back-up of the last 7 years
- We maintain backups in the local storage attached to the servers, NAS storage within the data center, and an external location (Amazon Cloud).

We mirror primary application data to a secondary data center as an external Disaster Recovery Setup. In the event of a catastrophic failure of the primary data center, the most critical sets of operational data are readily available in the secondary location.

SM048 The solution should allow, initially, up to fifteen (15) State users to create ad hoc reports. Additional users should be added at no additional cost to the State.

HHAX does not limit the number of users able to create ad hoc reports. Through roles and permissions, DHHR will define who has access to reports and the ability to create and export data.

With the inclusion of the HHAX Report Builder, we provide a comprehensive Report Builder that the DHHR can use to build reports or create the data exports it desires from the full HHAX SQL data tables. To assist our clients in using the Report Builder/Data Extract tool, we have included dozens of predefined report templates that can be used as is or modified.

During kickoff and implementation, we will work with the DHHR to determine any custom reports and alerts needed, and make sure that they are ready to go in the system. HHAX permits the use of data elements to query and generate ad hoc reports or comprehensive data extract files. Any ad hoc reports or non-standard reports can be scheduled to occur as needed going forward, making the initial setup the only time required to configure the custom reports/alerts.

SM049 The solution should track and store detailed information regarding all reporting requests, including, but not limited to:

SM050 Who requested the information

SM051 Date of request

SM052 Time of request

SM053 What data the report included

SM054 Report storage upon completion

Yes. HHAX's audit logs track all changes and actions that have occurred in the platform, including when a user prints or exports data.

SM055 The solution should generate a periodic report of upcoming user account terminations on a schedule approved by the Department.

All reports in the HHAX platform can be configured to generate on a scheduled determined by the Department. All data in the system, including user account information, can be reported on.

SM056 The solution should maintain a record of all Integrated Eligibility Solution (IES) member information accessed.

HHAX has an existing report called the Eligibility Report. This report displays the results of past Eligibility Checks.

SM057 The solution should maintain a record, including an audit trail, of all manually entered data queries by user, communications, and report distributions.

HHAX understands DHHR's need for a clear and thorough audit log of activities. Complete audit trails are available throughout the system, on every page. HHAX logs every user transaction (e.g. user ID, date, time, and File) for changes, access, adds, and/or deletes across all system modules.

SM058 The Vendor should supply, on an annual basis, a report of the results of all security, privacy, and risk assessments, including all tools used, and an action plan detailing the approach for remediation of security risk vulnerabilities. Data and testing results, including reports, should be retained for 10 years per CMS guidelines.

Our Network Vulnerability Scanner verifies controls we have in place and seamlessly integrates with our Network Pen-testing Tool, built on the world's most impactful penetration testing software, to validate vulnerability exploitability, test controls effectiveness, and drive effective remediation for proven risk. Exploits that are validated from our Network Pen-testing Tool are automatically pushed to our Network Vulnerability and Remediation Scanner for prioritization and remediation.

HHAX will share with DHHR the results of these tests and the remediation steps taken. HHAX retains all data records for ten (10) years from the date of service. Additional long-term storage is also available if clients desire. For DHHR, we will retain all data for up to ten (10) years.

SM059 The solution should log manual overrides and report on them at timed intervals determined by the Department.

The HHAX system allows for flexibility of manual overrides in instances where they are allowed by requiring an "exception" reason when this behavior takes place. We limit providers' authority by security rights issued to them. This includes limiting the ability of providers to modify service information. Authorized users can create rules to control which parameters providers can and cannot update, and what changes can be made to each of those parameters.

The system internally tracks all additions, edits, and deletions made to HHAX system data. Also designed as an audit tool, this tracking system records every change made to every field in every record, including

“One of the features that we really like about HHAExchange is how easy it is to adjust and/or correct shifts that have not been billed once we have identified the problem. This has helped us considerably reduce our A/R, particularly with unique billing situations.”

– John Bennett, Executive Director,
Sunny Days In-Home Care

who made the change and when, and the field value prior to the change. An administrative user with proper authority can update any changes made.

HHAX also includes a user accessible view into the changes made to critical parts of a record that can affect the authenticity or verifiability of visit claims data. In these areas, users can simply click on the **History** icon on the screen and the history of changes made to that section of the record will display. The user cannot change the history of changes made to a record, so it becomes an auditable system point.

The system can generate reports of changes made to specific data fields on demand or automatically. It captures the following information any time a user modifies a visit record (date, time in, time out, or task code):

- The name of the provider who made the change
- The date the change was made (MM/DD/YYYY)
- The time the change was made (HH/MM/SS)
- The value of the field before the change (old value)
- The value of the field after the change (new value)
- The type of action performed (Created, Updated, Deleted)

When a user edits a visit record, the provider must select a reason code that explains the reason for the change. A reference table, editable by Medicaid, and other state agencies, as permitted by security access, drive the allowable reason codes. In addition to the reason codes, HHAX allows the regulatory authorities and the providers to enter action codes relating to the reason codes.

The following is an example that ties all of these functions together for editing a visit:

8. A provider misses a clock-out at a member's home.
9. A supervisor at the provider agency verifies the clock-out time with the member and requires the caregiver to complete a paper timesheet.
10. A supervisor at the provider agency changes the clock-out time of a visit from 0000 to the time the member said the caregiver left (e.g., 0913). This triggers the requirement for a paper timesheet.
11. A supervisor at the provider agency then selects the Reason Code for making the change: (e.g., "Aide forgot to clock in or out.")
12. A supervisor at the provider agency can select an action taken, such as "Disciplined caregiver," from the drop-down list on the system screen.
13. A supervisor at the provider agency can enter notes documenting the situation that resulted in a forgotten end call. The system allows the entry of multiple notes, and all of them appear as part of the visit record.
14. Upon receipt of the paper timesheet from the provider, a supervisor at the provider agency can check off the task codes (services) provided to or refused by the member and those forgotten by the provider.
15. A supervisor at the provider agency then uploads the timesheet to the visit record so during an audit the regulatory authority or auditor can see the reason for the changes to the EVV record, along with all the necessary and related documentation.

Our sophisticated exception process allows DHHR to have oversight on all aspects of Visit, Worker, and Plan of Care compliance. For example, the State can decide which exceptions are "gates" which will not allow the creation and submission of an 837 claims and which Exceptions will not prevent the creation

of a claim. If the provider or Worker does not complete the electronic visit confirmation or the Provider does not indicate the timesheet is “on file”, then the EVV system will prevent the creation of a claim to the payer. Alternatively, if a Plan of Care is not present or the Worker is not compliant then this can be configured to allow the claim to be produced as long as the visit was confirmed electronically. Because of this capability, our reporting and BI tools can then be used to track all types of Compliance Activity.

SM060 The solution should create a log of access attempts and generate a monthly user lock out report to the Vendor’s security management team and to the Department, upon request.

HHAX can create any system access reports needed, if not currently deployed in our system. This includes access attempts and lock out reports. The HHAX platform reporting is setup so that if there is data in the system related to the item in question, it can be reported on.

SM061 The solution should have the ability to provide authorized requestors a report containing the security profile for an individual or role.

HHAX utilizes roles for granting access and control system security. These roles can be audited by DHHR as needed. We will work with the State to better understand all necessary system access reports at the beginning of the project. Over the life of the contract, we will continue to work with the State to add or remove system reports as needed.

SM062 The solution should monitor, detect, and report impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of the protected health information.

HHAX’s information-security practices comply with a variety of federal and state laws, regulations, security standards, and corporate policies. Generally, the purpose of these regulations and standards is to protect individuals and organizations against the unauthorized disclosure of information that could compromise their identity or privacy. Legal regulations cover a variety of types of information, including personally identifiable information (e.g., Social Security Number, driver’s license number), personal financial information (e.g., credit card numbers), medical information, and confidential employee information. We adopted the following rules to enhance our security policies:

Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104–191, 110 Statute 1936, enacted August 21, 1996). We have implemented (and maintain) our services to meet standards mandated by the HIPAA Privacy Rule. Our HIPAA security compliance methodology goes beyond the requirements of the HIPAA Security Rule; it serves as a roadmap to safeguard not just ePHI but for HHAX information assets as a whole. The domains defined in International Organization for Standardization (ISO) 17799, the British Standard 7799 security, and Control Objectives for Information and Related Technology security standards influenced this methodology.

Health Information Technology for Economic and Clinical Health (HITECH). HITECH legislation was created to stimulate the adoption of electronic health records and supporting technology in the United States. The HITECH Act was made law on February 17, 2009, as part of the American Recovery and Reinvestment Act (ARRA) of 2009. We follow HITECH standards to ensure that our handling of all issues relating to PHI conforms to the HIPAA Privacy Rule as well as the HIPAA provisions in ARRA. All employees, consultants, and business associates must fully comply by participating in policies and procedures training. We also require these individuals to understand the policies and procedures

sufficiently enough to carry out their duties in conformity with the Privacy Rule and the HIPAA provisions of ARRA.

The HHAX Data Security Program (DSP) provides direction for managing and protecting the confidentiality, integrity, and availability of corporate information assets. In accordance with our Information Security policies, the DSP contains administrative, technical, and physical safeguards to protect our information assets. Unauthorized modification, deletion, or disclosure of information assets can compromise our mission, violate individual privacy rights, and possibly constitute a criminal act.

The purpose of the DSP is to:

- Document roles and responsibilities for the information security program
- Provide for the confidentiality, integrity, and availability of information, regardless of the medium in which the information asset is held or transmitted (e.g., paper or electronic)
- Document risk management strategies to identify and mitigate threats and vulnerabilities
- Document incident response strategies

We securely handle and store sensitive participant and provider information in accordance with HIPAA requirements, including the HITECH amendments.

We will not use or disclose Protected Health Information (PHI), except either as the HIPAA Privacy Rule permits or requires or as the individual who is the subject of the information (or the individual's personal representative) authorizes in writing.

Per Centers for Medicare & Medicaid Service (CMS) requirements for required disclosures, we will disclose PHI in only two situations:

1. To individuals (or their personal representatives) specifically when they request access to, or an accounting of disclosures of, their PHI
2. To Department of Health and Human Services when it is undertaking a compliance investigation or review or enforcement action

Within permitted but not required disclosures to use and disclose PHI, without an individual's authorization, we will limit such disclosures to the following purposes or situations:

- To the individual (unless required for access or accounting of disclosures)
- Treatment, payment, and healthcare operations
- Opportunity to agree or object
- Incident to an otherwise permitted use and disclosure
- Public interest and benefit activities
- limited data set for the purposes of research, public health, or healthcare operations

Regarding permitted uses and disclosures for treatment, payment, and healthcare operations, we may use and disclose PHI for its own payment and healthcare operations activities. We may also disclose PHI for the treatment activities of any healthcare provider, payment activities of another covered entity and of any healthcare provider, or healthcare operations of another covered entity involving either quality or competency assurance activities or fraud and abuse detection and compliance activities, if both covered entities have or had a relationship with the individual and the PHI pertains to the relationship.

HHaEXchange has the following attestations and certifications in addition to undergoing periodic external audits and annual penetration testing:

- We will provide results of our annual penetration testing to the Department within 30 days of completion

HHAX uses a rigorous incident management and reporting process, which includes root-cause analysis and follow-up on corrective or preventive action items, to address events reported subsequent to the release of a deliverable. We record results of the CQA review and cross-functional processes in the QA Database archive, which our Project team members and executives review.

HHAX will need to further discuss this requirement with DHHR. Information in the HHAX system can be exported in formats compliant with Microsoft Office as well as PDF viewers/editors such as Adobe. Once exported, these files can be edited and redacted as needed. Our system currently supports role-based access to data and files, limiting what certain roles can gain access to.

As long as user roles allow access to the fields, any pre-populated information in a form can be edited by the user. We will need to have further discussion with DHHR to better understand the needed forms and the requirements to edit fields as they pertain to each form.

The benefit of the HHAX system is our complete and thorough audit abilities. Our system maintains a record of all data and all edits made to data. Correspondence and notes have a history stored that will

allow users to view all changes made. The history of changes cannot be altered in order to provide accurate audit abilities.

SM068 The solution should ensure that data, including hard copy documents, are retained, stored, imaged, archived, and protected from destruction. All data should be available according to Department and federal requirements, and in accordance with the Department's Data Retention Policy (Reference: https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1013_DataBackup_Mar2019.pdf)

HHAX retains all data records for ten (10) years from the date of service. Additional long-term storage is also available if clients desire.

For the duration of the contract, HHAX will store all caregiver and member service data online in the HHAX system. HHAX also backs up data throughout the day and overnight to secure, remote data storage areas. Additionally, a tape backup of all daily transaction data is made and securely stored in our data archives. We are proud to say that throughout our history we have never lost a single transaction record.

SM069 The Vendor should ensure that hard copy documents are retained, stored, imaged, archived, and destroyed in accordance with applicable federal requirements and in accordance with the Department's Data Retention Policy (Reference: https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1013_DataBackup_Mar2019.pdf)

As a web-based cloud offering, HHAX maintains the majority of our files electronically. Any hard copy documents required by DHHR will be maintained in compliance with the Department's Data Retention Policy.

SM070 The solution should prevent certain decisions and fields from having the ability to be overridden by users.

Through our roles-based security profiles, users can only access and make changes to fields that apply to their specific roles. DHHR can determine these roles, including giving certain users multiple roles, in order to limit the ability of users to make overrides. In addition, even when given the ability to make changes in the system, these changes are logged, creating a clear audit log of activities.

SM071 The Vendor should ensure that information captured via the web portal meets the relevant data management specifications, including, but not limited to, access, inquiry, update, retention, and archival.

For the duration of the contract, HHAX will store all caregiver and member service data on line in the HHAX system. During our discovery phase, we will work with DHHR to determine the necessary requirements as well as best practices for EVV data, as well as HIPAA and HITECH compliance.

SM072 The solution should have the ability to display and require the user to accept web-site terms of agreement when entering the web portal.

As mentioned previously, HHAX will create a West Virginia specific landing page for users. The page is fully customizable to meet DHHR's needs. We will include trainings, FAQs, as well as the terms of agreement for users to acknowledge.

SM073 The solution should have the ability to establish user access to predefined Department levels including, but not limited to:

SM074 Page level

SM075 Field level

SM076 Data element level

HHAX provides complete role-based security access to the system. We utilize a comprehensive table of rights, which covers all aspect of the system, to assign specific security rights to roles. The system limits users by role and you can assign multiple roles to each user. In such cases, the user will receive the security rights of all their assigned roles. The system maintains a history of every login, and times each user session. We can generate complete reporting of user logins and session times on demand.

SM077 The Vendor should provide a public facing website that provides access to a secure portal including, but not limited to:

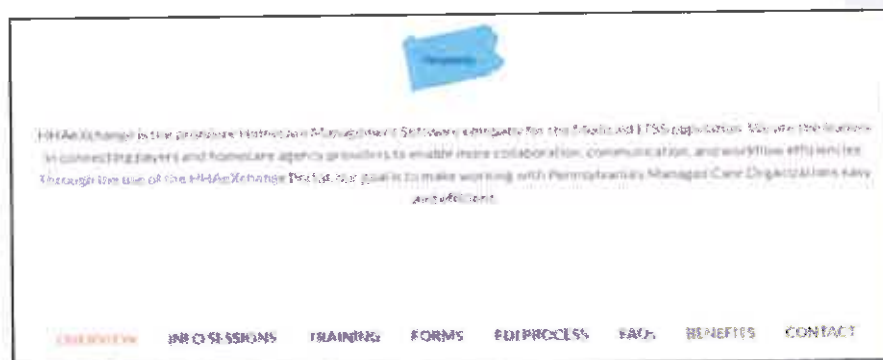
SM078 Instructions on how to use the secure site

SM079 Site map

SM080 Contact information

With each state deployment, HHAX sets up a state-specific landing page. This page will serve as a one-stop shop for anyone looking for general information, training details, forms, information on our EDI Process, FAQs, platform benefits, as well as contact information.

The below image highlights part of the page currently setup for the state of Pennsylvania, where we serve over 100,000 members across the entire state:



This page is completely customizable to meet DHHR's needs, which can include a method to receive requests for authorization to access the solution.

SM081 The solution should have the ability to send users their initial auto-generated password via email and require that they change their password upon their next sign-on.

Yes, once the admin enters all of the new users information, including what roles they have, which will dictate their access and functionality within the system, the admin will click save and the user automatically receives an email with a temporary password to log in to the system.

SM082 The solution should have the ability to require qualifying information to access system records via the web portal including, but not limited to:

SM083 Provider number

SM084 Prior authorization number

SM085 Medicaid ID number

SM086 Date of service

SM087 Claim number

When accessing the system, a user's role will determine what records they can access, as well as what data they can edit or modify. Data in the system is searchable by provider number, prior authorization number, Medicaid ID number, date of service, claim number, among others.

SM088 The solution should allow a system administrator to reset user passwords.

System Administrators, with proper and State approved role assignment, can not only create new users, but will also be able to reset user passwords.

SM089	The solution should allow users to change their passwords on demand.
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Yes, the HHAX platform provides a self-service password reset functionality for users.

SM090 The solution should have the ability to set and adjust password expiration dates.

HHAX password requirements are based on NIST standards and audited as part of our HITRUST CSF Certification. These standards provide a guide for best practices with passwords and expiration dates. We do have the ability to configure this if DHHR requires a different approach.

SM091 The solution should have the ability to warn the user that the Caps Lock is on when entering sign-on passwords.

Yes, the HHAX will alert users that the caps lock is on when they go to enter their password.

SM092	The Vendor should establish an expiration schedule for system component required passwords to minimize system or user disruption.
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HHAX uses one password per user for all components of the system. The users role will determine the access they have to different components and data within the system. Our scheduled for expiration

currently follows NIST standards, but will be a topic reviewed and discussed with DHHR to ensure we are meeting your specific requirements.

SM093 The solution should store passwords in encrypted form. The Advanced Encryption Standard (AES) 256-bit standard or equivalent should be used. (Reference: <https://nvlpubs.nist.gov/nistpubs/FIPS/NIST.FIPS.197.pdf>)

HHAX uses 256-bit AES encryption. The encryption key is maintained by the application and data is encrypted and decrypted at the application level. In the database, the values are stored in a VARBINARY column.

The encryption/decryption library is and its source code is isolated from the regular development. The source code is maintained in a separate source control system and the access to the code is restricted. Encryption and Decryption functions are exposed as a Web API and the developers use those APIs to encrypt and decrypt information at the application level. The encryption keys used for development and production environments are different.

SM094 The solution should enforce password policies for length, character requirements, and updates for all users as agreed upon by the Department

HHAX password requirements are based on NIST standards and audited as part of our HITRUST CSF Certification. NIST standards recommend the following:

- 1) An eight character minimum and 64 character maximum length
- 2) The ability to use all special characters
- 3) Restriction of sequential or repetitive characters
- 4) Restrict context specific password (i.e. the name of the site)
- 5) Restrict commonly used password (i.e. p@ssw0rd)

SM095 The solution should allow self-service password resets.

Yes, the HHAX platform provides a self-service password reset functionality for users.

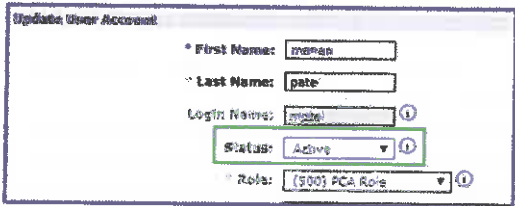
SM096 The solution should send system-generated email notifications of password change events and expiration warnings at Department approved intervals.

Yes, this is a standard functionality of the system. Our standard approach is to govern all password related changes and events based on NIST and industry best practices. We will work with DHHR to determine if these meet the State's needs, and then configure the system as needed.

SM097 The Vendor should deactivate all system access for users immediately upon notification of termination, departure, or reassignment.

HHAX can help the state with this process, in addition, our system provides DHHR selected users with the "Inactive Users" permission. Only roles with the Inactivate Users permission can deactivate a user; otherwise the Status field is unavailable to edit. This gives DHHR the freedom to reach out to HHAX

support to deactivate users immediately, or have your admins log in and change the user's status to inactive per the below simple steps:

Step	Action
1	Navigate to Admin > User Management > Search User .
2	Click on the Edit link to access the Update User Account page.
3	From the Status field select Inactive . 
4	Click Save . Once saved, the user cannot access the system with given credentials.

SM098 The solution should have the ability to lock out a user after a pre-determined number of unsuccessful login attempts.

Yes, the HHAX system currently provides users with 5 login attempts before locking out the user:



Once locked out, the user can use the self-service process or contact an admin with password reset rights to regain access to the system

SM099 The solution should automatically suspend all users who have not accessed the solution within a specified period of time as requested by the Department.

This functionality is configurable to meet DHHR's needs. During discovery, HHAX will work with DHHR to determine any settings, such as user suspension after not logging in during the State's specified period of time.

SM100 The solution should have the ability to close accounts that have been suspended more than a predetermined number of days as requested by the Department.

Similar to SM099 above, this time period will be discussed and configured to meet the Department's specific requirements.

SM101 The solution should have the ability to terminate authorized sessions after predetermined time period of inactivity, as requested by the Department, after a warning message is displayed to the user informing them that the session will terminate in an identified period of time.

Yes. HHAX has a universal timeout period. This is a global setting currently, but as with most aspects of the platform, we can configure it if DHHR requires a different timeout period.

SM102 The solution should provide three types of controls to maintain the integrity, availability, and confidentiality of protected health information (PHI) data contained within the system. These controls should be in place at all appropriate points of processing as follows:

SM103 Preventive Controls: Controls designed to prevent errors and unauthorized events from occurring

SM104 Detective Controls: Controls designed to identify errors and unauthorized transactions that have occurred in the system.

SM105 Corrective Controls: Controls designed to ensure that the problems identified by the detective controls are corrected.

At HHAX, PHI and Non-PHI data is stored into separate databases. The database holding PHI data is encrypted at the storage level using Transparent Data Encryption (TDE). This ensures that the data and log files on disk are fully encrypted.

In addition to TDE (which encrypts the whole database at the storage level), highly sensitive data columns are re-encrypted at the application level. HHAX uses 256-bit AES encryption to secure the columns. The encryption key is maintained by the application and data is encrypted and decrypted at the application level. In the database, the values are stored in a VARBINARY column.

SM106 Upon login, the solution should inform users of privacy policy, including the logging of users' access attempts to personally identifiable information (PII) and/or protected health information (PHI) and other actions taken within the application that are subject to privacy reporting and disclosure notification, including the legal sanctions imposed for improper disclosure and use to be approved by the Department.

The HHAX platform has the functionality to provide users with announcements and notes when they first log on to the system. These notes are then logged in the audit log as accepted or read, and specifically by which user. HHAX can provide a system note that is not permanently dismissed, but rather is logged as accepted or read each time the user logs into the system.

SM107 The Vendor should deliver reporting on all unauthorized disclosures of personally identifiable information (PII) and/or protected health information (PHI) immediately upon discovery.

HHAX goes through an audit by a third-party company every year. We currently hold HIPAA Type 2 certification. HHAX has not had any HIPAA breaches, but will report them immediately if it were to occur in the future.

SM108 The Vendor should perform data mapping to identify confidential data and Protected Health Information (PHI) contained in the system, the flow of that data through the system, and where that data resides.

At HHAX, PHI and Non-PHI data is stored into separate databases. The database holding PHI data is encrypted at the storage level using Transparent Data Encryption (TDE). This ensures that the data and log files on disk are fully encrypted.

SM109 The Vendor staff should adhere to all Department security requirements when on-site at Department facilities and as required by the facility's security requirements.

HHAX understands the importance of adhering to Department security requirements and acknowledges this requirement. We will ensure all staff are trained on any DHHR specific security requirements prior to arrival onsite.

SM110 The Vendor should protect the Vendor's data center location(s) against intrusion at all times and maintain a surveillance alarm system that is linked to a manned monitoring center.

Database servers are not accessible from outside the network. Database connections are allowed only from the applications and processes hosted within the HHAX Network. SQL Server ports are closed on the firewall and the Infrastructure security team ensures that no ports on the firewall are mapped to the internal SQL Server Ports. Each application uses a separate connection and login account which has 'just enough' permissions to perform the required operations.

Database roles are created based on the level of access required to perform the tasks. Separate roles are created for read access and write access. Access to production database is granted only to super users.

- Application is accessible only through secure HTTP request (HTTPS)
- Secure cookies are used
- Cookies are not used to store sensitive information or application data

Only two categories of developers have access to the production environment. The access is controlled through a Security Certificate, VPN credentials and Windows AD credentials. The development teams having access to the production environment are:

1. Release Team – This team accesses the production environment as follows:
 - Accesses the web servers for release/deployment. Access is limited to SFTP, IIS and the application deployment folders.
 - Accesses the database servers for database script deployment. Access limited to create/alter scripts and tables. This team does not have access to sensitive data such as SSN and DOB.
2. Bug Fix/Emergency Team
 - This team accesses the production environment for critical bug fixes (if any). This team does not have access to sensitive data such as SSN and DOB.

DBA team has access to the production environment. The access is controlled through a Security Certificate, VPN credentials and Windows AD credentials. This team does not have access to the sensitive information such as SSN and DOB.

Both of HHAX's data centers are Telx sites that provide 24/7/365 onsite security personnel. Physical access to the data center is controlled and limited to key HHAX security team members.

SM111 The Vendor should provide the Department access to all facilities to conduct announced and unannounced visits of the Vendor's facilities.

Per DHHR's response to questions, HHAX will work with DHHR to provide access to our facilities as needed, but we will require screening and notice ahead of time. As security and data control are key focuses at HHAX, we cannot accommodate unannounced visits.

SM112 The Vendor should maintain a current database of individuals who have access to its facilities and the database should be available for the Department's inspection upon request.

The HHAX security team, led by our Chief Security Officer Adrian Salas, maintains a list of those with facility access. This team will be engaged from the onset of the project with DHHR, and will be open to sharing which staff have access.

SM113 The solution should have the ability to reassign existing records from one user identifier (ID) to another user ID in the case of fraud, errors, and omissions that affect data integrity and reporting according to the Department's business rules. All reassignment of records should be captured in audit logs.

HHAX will work with DHHR to determine all necessary business rules at the onset of the engagement. Our system records all changes in the system in our audit logs, making this a standard functionality across the entire platform, on every page. Users with the proper roles assigned to them in the system will be able to reassign records as needed, with these changes logged for auditing purposes.

SM114 The solution should audit and track all activity specific to each user including, but not limited to:

SM115	Invalid login attempts
SM116	Transaction activities
SM117	Track adds, changes, and deletes of individual member visit verification data
SM118	Password changes
SM119	Security question and/or Key creation
SM120	Updates to security questions
SM121	User navigation history

HHAX understands DHHR's need for a clear and thorough audit log of activities. Complete audit trails are available throughout the system, on every page. HHAX logs every user transaction (e.g. user ID, date, time, and File) for changes, adds, and/or deletes across all system modules.

The system internally tracks all additions, edits, and deletions made to HHAX system data. Also designed as an audit tool, this tracking system records every change made to every field in every record, including who made the change and when, and the field value prior to the change. An administrative user with proper authority can update any changes made.

HHAX also includes a user accessible view into the changes made to critical parts of a record that can affect the authenticity or verifiability of visit claims data. In these areas, users can simply click on the HISTORY icon on the screen and the history of changes made to that section of the record will display. The user cannot change the history of changes made to a record, so it becomes an auditable system point.

The system can generate reports of changes made to specific data fields on demand or automatically. It captures the following information any time a user modifies a visit record (date, time-in, time-out, or task code):

- The name of the provider who made the change
- The date the change was made (MM/DD/YYYY)
- The time the change was made (HH/MM/SS)
- The value of the field before the change (old value)
- The value of the field after the change (new value)
- The type of action performed (Created, Updated, Deleted)

SM122	The Vendor should ensure that its employees and subcontractors complete and maintain required security training and follow State and Department policies regarding security. This should be done, at a minimum, on an annual basis and for all new hires within five (5) business days of being hired (Reference: https://www.wv.gov/Policies/Pages/default.aspx#undefined)
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Every software developer at HHAX goes through a systematic security training program. The training program includes the following:

- Initial training (Upon Hiring)
 - Training on HIPAA/HITECH
 - Training on Secure Software Development
 - Training on Security Best Practices
- Continuous Training Programs
 - Monthly Training on Secure Development, Application Security and Defensive Programming
 - Yearly Training on HIPAA/HITECH

In addition to developers, all HHAX employees, companywide, must complete yearly training on HIPAA/HITECH and security best practices.

SM123	The solution should collect sufficient detail to produce an immutable audit log of all manual and automated system activity including, but not limited to the following elements:
SM124	User Identification
SM125	Machine/Internet Protocol Address Identification
SM126	Time and Date of Action
SM127	Actions Performed

As mentioned above, complete audit trails are available throughout the system, on every page. HHAX logs every user transaction (e.g. user ID, date, time, and File) across all system modules. This audit log

includes DHHR's required elements.

SM128 The solution should record an immutable audit log of security role assignment and revocation activities performed within the solution and changes to security role assignments on servers and in databases.

Users with roles that are assigned the *Edit Roles* permission are granted the permission to assign permissions to a role in the system, as well as assigning the roles to users.

Similar to any other page in the system, changes made to a role or the assignment of a role will be logged for auditing purposes.

SM129 The Vendor should disable building and system access in real-time for staff upon termination, departure, or reassignment from the project.

Once HHAX staff are no longer working on the DHHR project, whether through termination or reassignment, we will alert DHHR immediately to ensure any access to the Department is removed. As it pertains to the system, the HHAX platform works in real-time for updates to system access. As soon as a user's role or access is revoked, they will no longer be able to get into the platform.

SM130 The solution should generate audit reports based on a request from authorized requestors at the Department.

Yes, HHAX treats auditing as a foundational element of our solution, providing complete audit trails available throughout the system, on every page. We can report on this data on a schedule or provide audit reports per request from authorized requestors at the Department.

SM131 The solution should have the ability to control access to member records based on user roles and system credentials.

HHAX provides complete role-based security access to the system. We utilize a comprehensive table of rights, which covers all aspect of the system, to assign specific security rights to roles. The system limits users by role and you can assign multiple roles to each user. In such cases, the user will receive the security rights of all their assigned roles. The system maintains a history of every login, and times each user session. We can generate complete reporting of user logins and session times on demand.

Role-based user security profiles, configurable to grant or restrict access to various system reports, control access to reports. We can define specific user roles to grant limited and secure access to data, with all such data manipulation recorded in an Audit Log.

SM132	The solution should support member-delegated authority including, but not limited to:
SM133	Assistors
SM134	Authorized representatives

Yes, UHAY supports the solution that is proposed in the table.

Yes, HHAX supports the member or member designee(s) throughout the system. If utilizing a family portal to verify services, the member and/or the member designee(s) will have access to the portal. This portal does not provide full access to the system, just to the family portal for communication and service review.

SM135	The Vendor should require that all employees accessing sensitive and critical member data successfully pass State and Federal fingerprint-based background checks prior to potential or actual data access. See request for proposal (RFP) Section 3: General Terms and Conditions for more information.
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HHAX requires all staff, upon acceptance of their offer of employment, to pass a background check. We will work with DHHR to share this process and ensure our background check processes aligns with DHHR's requirements.

SM136	The Vendor should conduct information security assessments and audits of the solution to be conducted by the Vendor, by the Department, or by an external entity hired by the Department as directed by the Department.
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HHAX has the following attestations and certifications in addition to undergoing periodic external audits and penetration testing:

- HITRUST CSF
- SOC 1 Type 2
- SOC 2 Type 2
- HIPAA / HITECH Type 2

We will need further discussion, including sharing these audits and the thorough process taken, with the Department to ensure we meet your specific needs.

SM137	The Vendor should conduct all security, privacy, and/or risk assessments inclusive of vulnerability scans of the solution and the results of the vulnerability scan should be included with the assessment results.
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HHAX has deployed a number of tools and devices to ensure that the environment and applications are protected from possible attacks and vulnerabilities. We have setup Intrusion Detection and Intrusion Prevention tools to ensure that the infrastructure is protected from possible intrusions.

At HHAX, the firewall rules are set to ensure that none of the applications and resources are accessible from outside the United States.

HHaEXchange uses Web Application Firewalls as an additional layer of protection to our web application that includes:

- Data Loss Prevention (DLP)
- Mitigation of the OWASP Top Ten common vulnerabilities
- Real-time threat protection for packaged & custom applications
- Cookie Tampering
- Cross Site Request Forgery (CSRF/XSRF)
- Cross Site Scripting (XSS)
- Various types of injection attacks

Recently, HHAX installed an internationally-awarded assessment solution for our environment. Its Adaptive Security integrates with our existing infrastructure to instantly identify and assess vulnerabilities as our attack surface changes.

Our Network Vulnerability Scanner verifies controls we have in place and seamlessly integrates with our Network Pen-testing Tool, built on the world's most impactful penetration testing software, to validate vulnerability exploitability, test controls effectiveness, and drive effective remediation for proven risk. Exploits that are validated from our Network Pen-testing Tool are automatically pushed to our Network Vulnerability and Remediation Scanner for prioritization and remediation.

We will setup a process for sharing with DHHR the assessment results.

SM138 The Vendor should allow for only Department approved users to enter and/or approve change request activities, per the Change Management Plan.

As part of our Change Management Plan, HHAX will work with DHHR to identify users that are approved by the Department for submitting and/or approving change request activities. In addition, this plan will also include the process for adding, removing, or updating the list of approved users.

SM139 The solution should comply with the standards and protocols under sections 1104 and 1561 of the Affordable Care Act (ACA). (Reference: <https://www.caqh.org/core/operating-rules-mandate>) (Reference: <https://www.healthit.gov/sites/default/files/rules-regulation/aca-1561-recommendations-final2.pdf>)

HHAX is fully compliant with, and incorporates the industry standards for HIPAA security, privacy, and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, standards that provide greater accessibility for individuals with disabilities, and compliance with federal civil rights laws; standards adopted by the Secretary under section 1104 of the ACA; and standards and protocols adopted by the Secretary under section 1561 of the ACA.

We provide the assurance that timely and reliable adoption of industry standards that promote reuse, data exchange, and reduction of administrative burden on members, providers, and applicants and productive use of those standards are completed in a timely manner.

We incorporate industry standards in requirements, development, and testing phases, including practices and procedures for the system development phases such as requirements analysis, system testing, and user-acceptance testing.

SM140 The Vendor should follow Federal, State, and Department policies for receipt and removal of hardware and electronic media that contain electronic protected health information according to 45 CFR164.310. (Reference: [HTTPS://www.hhs.gov/sites/default/files/patient-protection.pdf](https://www.hhs.gov/sites/default/files/patient-protection.pdf))

HHAX adheres to all federal, State, and Department policies for all of our client engagements. As we have current provider clients operating in West Virginia, HHAX is already operating in West Virginia and adhering to the laws that impact our provider clients. During our discovery phase, we will discuss all requirements, including any unique State and/or Department policies to ensure complete compliance of our solution for DHHR.

As a web-based cloud solution, the only hardware potentially provided by HHAX will be our Fixed Object (FOB) devices. We will adhere to all relevant policies for removal of these devices when needed.

SM141 The solution should allow local and central system security administrators to add and change permissions for local and central system access.

This functionality is governed by our roles and permissions. We will work with DHHR to identify all local and central system security administrators to ensure they are given the proper permissions within the system in order to change permissions for local and central system access.

SM142 The Vendor should maintain the same level of security compliance during any interruption of normal operations as outlined in the RFP Contract Deliverables and applicable federal requirements.

HHAX will maintain the same level of security compliance during any interruption of normal operations, which are unlikely due to our existing processes and backups.

HHAX has a Disaster Recovery Plan that complies with federal guidelines (45 CFR 94.62[f]), identifying every resource that requires backup and to what extent backup is required. The Disaster Recovery Plan is robust and includes multiple back-ups each day in the event of a system failure. This includes offsite electronic and physical storage in the United States.

We perform full backups on a daily basis and differential backups every four hours. We perform transactional backups every five minutes. Once we verify the health of the backup, we maintain three copies of the backups locally on the network access service and in an external cloud backup store. We retain our backup archive for seven years.

All network/hardware equipment is setup in pairs of two and configured in an active/passive mode. If the active equipment fails, an automatic failover to the passive equipment will occur.

We configure all network equipment, including routers/firewalls, switches, load balancers, Internet, and power connections to recover automatically in case of a failure of the primary equipment. In such an event, the passive node automatically promotes to the active role, and the recovery occurs transparently to users.

SM143 The solution should have the ability to securely access all data in the event of an emergency without any impacts to the confidentiality or integrity of the data.

The HHAX application runs on multiple web servers configured behind a hardware load balancer. Each server runs with below 50% resource usage. In case of a failure of a web server, the other servers in the web farm have sufficient spare resources to handle the additional workload, and the application usage is not disturbed. The whole process is automatic, and no manual intervention is required to perform the recovery.

We mirror all active database servers to a passive stand-by server, and in the event of a failure of the primary server, we can promote the stand-by node to an active role within a matter of a few seconds. This process involves executing a SQL statement to switch the role and a DNS entry change to redirect the application to the new primary server.

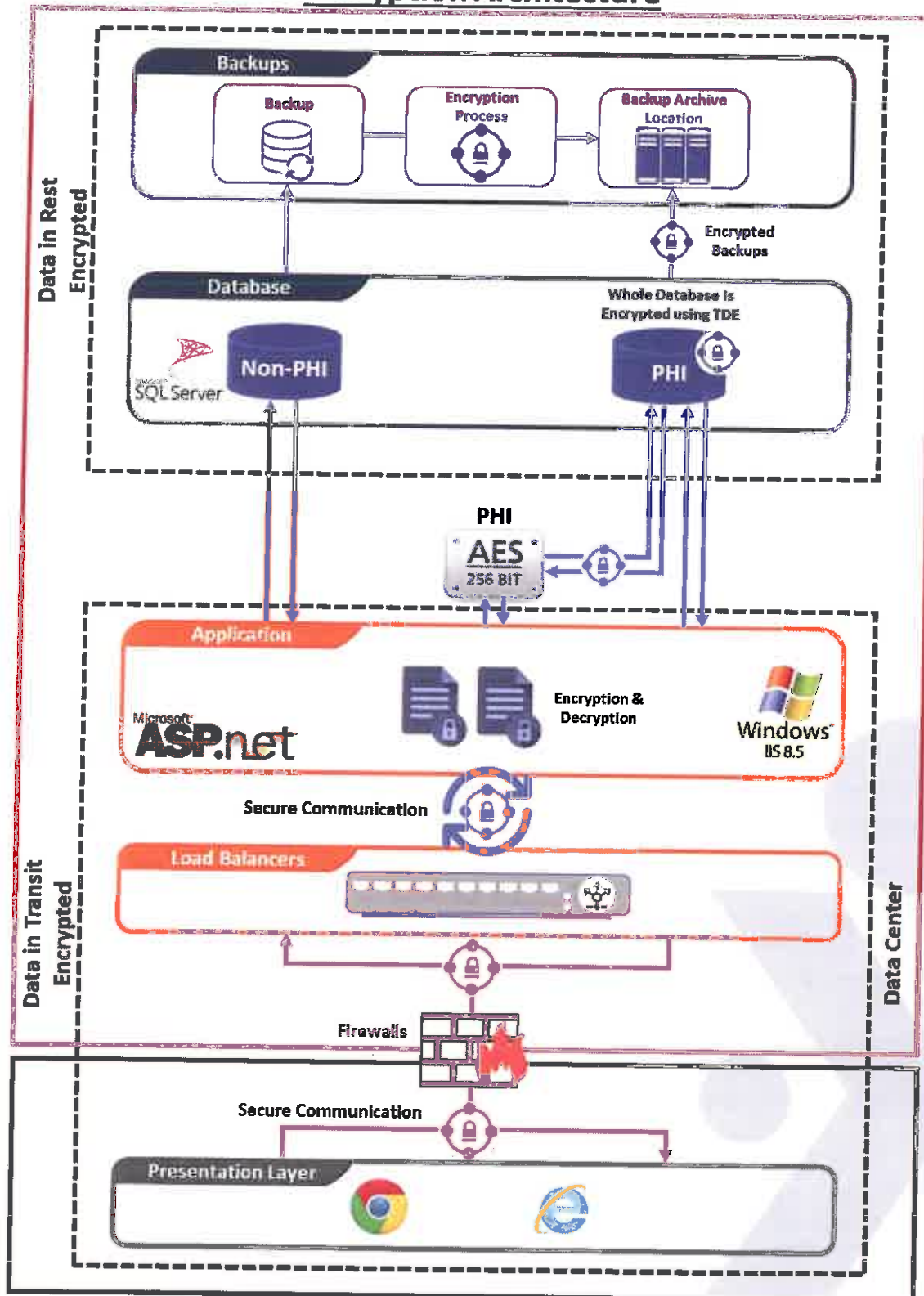
The possibility of a situation requiring a recovery using a full backup is very unlikely, considering that we mirror the primary databases to three stand-by servers, resulting in four real-time copies of the primary data available at any point in time—two that reside within the same data center and two that reside in an external data center.

SM144 The Vendor should deliver the system architectural activity and process diagrams that detail security and privacy controls to the Department upon request.

HHAX will deliver these at the Department's request. We have also provided a high-level diagram on the following page:



Encryption Architecture



SM145	The Vendor should ensure that all Vendor-owned hardware and software are configured securely, including but not limited to:
SM146	Being protected by industry standard virus protection software, which is automatically updated according to a Department-approved schedule.
SM147	Having all security patches installed that are relevant to the applicable operating system and all other system software and hardware.
SM148	Maintaining compatibility with Department software and systems.
SM149	Utilizing only licensed software and hardware solutions that have not been classified as End-of-Life (EOL).

HHAX configures all of our hardware and software to meet DHHR's above requirements. All staff computers are setup to auto-update to the latest version, especially any security patches. We conduct annual, and sometimes multiple times a year, security training for all staff on email security, including Spam, Fishing, and other security threats that could impact the company. As the first EVV solution to receive HITRUST certification, HHAX maintains a status as an industry leader when it comes to security.

SM150	The Vendor should ensure they are in compliance with the State and Department Information Technology Security and Privacy Policies.
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During our initial kickoff and discovery phases, HHAX will work with DHHR to map out all of the State and Department policies to ensure that HHAX is in complete compliance. We are confident that our focus on security as well as our current HIPAA, HITECH, HITRUST, SOC1 Type II, and SOC2 Type II certifications that we will be able to meet of DHHR's requirements.

SM151	The Vendor should maintain documentation of encryption keys, interface credentials, and service account credentials, and provide the Department with updated documentation every time an update is made.
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HHAX prides itself on being proactive in updating our documentation and ensuring our clients receive the new documentation quickly. As part of our implementation, we will review all deliverables, including documentation on encryption and other credentials. As changes are made, we will update the documentation as well as reviewing the changes with DHHR.

SM152	The Vendor should provide continuous monitoring of the solution using intrusion detection software (IDS).
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HHAX has Intrusion Detection and Intrusion Prevention tools to ensure that the infrastructure is protected from possible intrusions.

At HHAExchange, the firewall rules are set to ensure that none of the applications and resources are accessible from outside the United States.

HHAX uses Web Application Firewalls as an additional layer of protection to our web application that includes:

- Data Loss Prevention (DLP)
- Mitigation of the OWASP Top Ten common vulnerabilities
- Real-time threat protection for packaged & custom applications
- Cookie Tampering
- Cross Site Request Forgery (CSRF/XSRF)
- Cross Site Scripting (XSS)
- Various types of injection attacks

SM153 The Vendor should provide reports at intervals as agreed upon by the Bureau from the intrusion detection software (IDS).

Yes, HHAX agrees to provide reports at agreed upon interval to Department.

SM154 The Vendor should provide continuous monitoring of the solution using industry standard intrusion prevention software (IPS).

Yes, HHAX has Intrusion Detection and Intrusion Prevention tools to ensure that the infrastructure is protected from possible intrusions.

SM155 The Vendor should provide reports at intervals agreed upon by the Department from the intrusion prevention software (IPS).

Yes, HHAX agrees to provide reports at agreed upon interval to Department.

SM156 The solution should have the ability to support non-disclosure of information.

HHAX will require further discussion with DHHR around this requirement. Our platform is designed to provide access to only the information necessary for a specific user to do their job, per HIPAA requirements around PHI and ePHI.

SM157 The Vendor's Technical Call Center should have the ability to authenticate the caller/user as required by the Department.

Yes, HHAX's call center authenticates users before providing details or helping them with any access issues they may have. In order to ensure compliance with Department requirements, we will make sure to discuss and update this process based on DHHR's specific requirements.

SM158 The solution should provide complete logical and physical segregation of electronic visit verification (EVV) data and files from the data and files of other Vendor/Vendor customers.

HHAX uses Multi-Tenant database architecture. Under this model, the data of all of our clients are physically on the same location, but logically isolated using a VPM (Virtual Private Model). All data access happens through database stored procedures. Every stored procedure requires User ID and Agency ID as a mandatory parameter. When the stored procedure executes for a particular agency/user, only the data accessible to that agency/user is processed.

Traditional Dedicated Server Environment



In a traditional server environment, clients often pay for unused CPU, disk, and memory.

Virtual Private Model (VPM)



In a VPM model, we can better utilize resources through running multiple virtual servers on a single piece of hardware. This also drives down overall costs.

Database servers are not accessible from outside the network. Database connections are allowed only from the applications and processes hosted within the HHAX Network. SQL Server ports are closed on the firewall and the Infrastructure security team ensures that no ports on the firewall are mapped to the internal SQL Server Ports. Each application uses a separate connection and login account which has 'just enough' permissions to perform the required operations.

Database roles are created based on the level of access required to perform the tasks. Separate roles are created for read access and write access. Access to production database is granted only to super users.

- Application is accessible only through secure HTTP request (HTTPS)
- Secure cookies are used
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- Secure cookies are used
- Cookies are not used to store sensitive information or application data

ATTACHMENT 9: IMPLEMENTATION SPECIFICATIONS APPROACH

1. Project Management Methodology

1.1 The Vendor's proposal should describe the Vendor's methodology, tools, and techniques used to support projects from requirements through finished deliverables, including deployment of the new solution, project management, checkpoints, and periodic status reporting.

1.1.1 Describe policies and procedures employed to ensure timely completion of tasks in a quality fashion.

1.2 <Response>

HHAX prescribes to the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK) as the framework to guide all projects conducted at HHAX. PMI defines project management as "the application of knowledge, skills, tools and techniques to a broad range of activities in order to meet the requirements of a particular project." Project Management is accomplished through the appropriate application and integration of processes, which are categorized into six (6) Process Groups. These six Process Groups are: (1) Project Initiation & Planning; (2) Solution Planning; (3) Solution Design, Testing, & Operational Readiness; (4) Solution Deployment; (5) Project Monitor and Control; and (6) Post Go-Live Support. These processes ensure the effective flow of the project throughout its life cycle and encompass the tools and techniques necessary to ensure a successful implementation. These six process groups are incorporated into each of HHAX's project plans. The table listed in the "Implementation Methodology" section of this document describes the activities that will occur in each Process Group.

PM001	The solution should have the ability to modify settings through the approved Change Management Plan to configure the business rules engine performing tasks, including, but not limited to:
PM002	Rule deletion
PM003	Rule modification
PM004	Addition of new rules
PM005	Business edits
PM006	Others as defined by the Department

Yes, HHAX has an architecture model that supports a Business Rules Engine. We will need further discussions and discovery to better understand DHHR's goals and needs as they pertain to the engine.

PM007 The Vendor should collaborate with the Department to establish the initial roles and level of access and responsibility for each class of user.

HHAX will work with the Department to establish the initial roles and permission for each class of user. HHAX provides complete role-based security access to the system. We utilize a comprehensive table of rights, which covers all aspect of the system, to assign specific security rights to roles. The system limits users by role and you can assign multiple roles to each user. In such cases, the user will receive the security rights of all their assigned roles. The system maintains a history of every login, and times each user session. We can generate complete reporting of user logins and session times on demand.

Role-based user security profiles, configurable to grant or restrict access to various system reports, control access to reports. We can define specific user roles to grant limited and secure access to data, with all such data manipulation recorded in an Audit Log.

PM008 The solution and supporting processes should comply with the Centers for Medicare & Medicaid Services (CMS) Seven Conditions and Standards and the most current version of CMS Medicaid Information Technology Architecture (MITA). (Reference: <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/EFR-Seven-Conditions-and-Standards.pdf>)

HHAX will conform to all relevant MITA standards to share data and reuse business models, applications, and components. We will work cooperatively to ensure that our solutions remain in line with MITA through the life of the contract with the Department. We have engaged a 3rd party to analyze our MITA compliance in order to plan and roadmap our offering to ensure continued compliance with MITA.

Implementation of the HHAX EVV and Aggregation Solution will bolster the scores in 3 specific business areas for business, information, and technical architecture scores. Care Management, Performance Management, and Plan Management areas will be directly positively impacted by the installation of our EVV solution. The ability to securely share data across platforms, among stakeholders, and within the intrastate of West Virginia, including clinical data is described in our technical proposal. HHAX's EVV solution supports level 3 maturity across our solution and level 4 in many technical and information architecture standards. We will support the ongoing MITA evaluation and documentation processes by providing scorecard formatted data, artifacts, and narratives to the Commonwealth. We are proposing to use ReadyCert for management of the Certification process, we will also use ReadyCert to score, store artifacts and, report on MITA Maturity for each business area and every process our solution impacts.

PM009 The Vendor should conduct an overview with the Department of solution changes that are ready to be moved into the production environment as directed in the Change Management Plan.

As a cloud hosted solution, HHAX will make enhancements to the environment regularly. These updates will automatically occur, and clients will have access to them as soon as they are released. We post announcements in the support center, including release notes as well as accompanying webinars.

Before any functionality is pushed from development to production, code is sent to a sandbox environment to allow your users to log in to access the functionality of the platform, test the features, and provide feedback. HHAX will conduct an overview with the Department of solution changes that are ready to be moved into the production environment.

PM010 The Vendor should request authorization in writing from the Department prior to promoting any system changes to the production environment or solution as agreed upon by the department.

HHAX acknowledges and agrees to this process.

PM011 The solution should have the ability to allow the modification of edits per the Change Management Plan.

We will work with the Department to finalize our mutually agreed to Change Management Plan. This

PIM012 The Vendor should provide a manual visit verification process that is adaptable to changes in program requirements throughout the contract period as directed by the Change Management Plan.

In order to maintain a thorough audit log, and provide reporting for transparency, the HHAX system requires an “exception” when making overrides. Our sophisticated exception process allows for oversight on all aspects of Visit, caregiver, and Service Plan compliance.

PM013	The solution reporting should be configurable so that standard reports and recipients of reports can be changed easily over the life of the contract without additional cost, as defined in the approved Change Management Plan.
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PM014	The Vendor should update the user manual and receive Department approval each time a solution change or upgrade is implemented as directed by the Change Management Plan and within an agreed upon time-frame by the Department.
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HHAX agrees to provide and maintain up to date documentation, manuals, and any required certifications as agreed to in the contract with DHHR. We update our documentation in advance of implementing any change as a standard best practice. We will supply DHHR with these updated documents prior to implementing the change.

196 | Page

The State has the ability to securely and electronically send a member's information including Authorization and Plan of Care directly to the chosen Provider who then in turn can quickly schedule the right caregiver for the member. As the caregiver completes a check in and check out, that data shows up in the HHAX platform in real-time, allowing the schedulers and coordinators to manage any missed or late visits. As a final example, through HHAX's workflow by exception process, the Provider then sends claims through a pre-bill scrubbing process to ensure compliant claims. Those claims are then sent directly to the Department via the submission of an electronic 837 file, with the Provider receiving an electronic 835 file in return. Through the processes described above, plus the additional workflow efficiency benefits offered by HHAX, billing is streamlined, and paper is minimized if not completely eliminated.

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| PM019 | The solution should have the ability for the Department to control and monitor system change requests as defined in the approved Change Management Plan. |
| PM020 | The solution should have the ability for the Department to set and change priority levels on individual change requests as defined in the approved Change Management Plan. |

HHAX will work with the Department to define the process for system change requests. The HHAX system is setup to be configurable without needing custom coding or extensive system changes. We understand the Department is establishing a pool for future changes to the platform, and HHAX will work with the Department to create an avenue and process for change requests during our finalization of the Change Management Plan.

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| PM021 | The Vendor should conduct a security, privacy, and/or risk assessment of any new functionality prior to its deployment to production , the results of which should be delivered to the Department within an agreed upon timeframe by the Department. The Vendor should obtain Department approval for proposed resolutions to all assessment findings prior to deployment to production per the Change Management Plan. |
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HHAX acknowledges this request and agrees. This is a standard practice for all new enhancements to the system.

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| PM022 | The Vendor should coordinate all testing activities as agreed upon by the Department. |
|--------------|----------------------------------------------------------------------------------------------|

HHAX puts our foundational plan documents into action to ensure that our integrations and training will operate smoothly in a live environment. We will select users to do production testing where we bring our system to life for them to ensure the system is operating as planned. This allows both HHAX and DHHR to respond to any unanticipated outcomes in a production environment and to gain valuable feedback from the initial providers.

Our IT integration is backed by a testing plan for each data file to ensure that data is complete, all data scenarios have been identified, and proper Quality Assurance procedures are in place to validate test data. Below is a sample table of contents for the comprehensive test plan:

1	INTRODUCTION	5
1.1	PURPOSE AND SCOPE	5
1.2	OUT OF SCOPE	5
1.3	BACKGROUND	5
2	TEST STRATEGY	6
2.1	Test Level Selection	6
2.2	Test Approach	6
2.2.1	Data Validation (Database level)	6
2.2.2	Application/Functional Validation (User Interface level)	6
2.2.3	Test Iterations	6
2.3	Test Execution - Entry Criteria	6
2.4	Test Execution - Exit Criteria	7
2.5	Test Scope	7
2.5.1	Test Scenarios/Use Cases	7
2.6	INTERFACES	7
2.6.1	Data Upload File - Mainframe	7
2.6.2	Data Upload File - Authorization	7
2.6.3	Data Update File - Provider	8
2.6.4	Data Download File - Authorization Deletion Delta	8
2.7	Test Cycles	9
3	ROLES AND RESPONSIBILITIES	9
4	TEST ENVIRONMENT AND RESOURCES	11
4.1	Unit Test Environment	11
4.2	Environment Access	11
4.3	Test Data Acquisition	11
5	TEST ASSUMPTIONS AND RISKS	11
5.1	Assumptions	11
5.2	Dependencies	12
6	TEST REPORTING	13
7	TEST APPROACH FOR PAYER	14
7.1	Testing of Real Data Files on Test Agency - First Load	14
7.2	Testing of Real Data Files on Test Agency - Identified Scenarios/Use Cases	14
7.3	Testing of Real Data Files on Test Agency - Pending Scenarios from Cycle 2 (7.2)	16

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At this stage of the project, we also validate EVV files from all third party EVV vendors identified as systems providers currently have in use today. We expect more than 60 percent of all personal care EVV visits are already collected by our partner, which will reduce the impact of EVV integrations in the State. We also have more than 20 other EVV vendor integrations built with EVV companies across the nation which can easily be activated in West Virginia as well. This allows us to have connections “at the ready” for each provider that chooses to integrate their current EVV system, while ensuring the EVV vendors can collect and transfer all required data fields. HHAX is a strong proponent of “Open Systems” and is committed to working with each Cures Act Compliant EVV vendor that is currently collecting data for New Jersey providers in an open, efficient data exchange. We have developed a stand-alone File Validation Tool that allows providers to test files for format independently and get test results immediately. See example below.

Once providers have validated their files, HHAX offers an EDI Tool that gives providers a real-time monitoring dashboard that not only highlights errors, but provides tools to resolve the errors as well. See below example.

Any bugs or defects found during testing will be analyzed to determine the cause. We will then jointly make corrections to ensure all defects are cured before production. This allows our developers to work through any issues, while also allowing DMAHS and other users to test the changes in a controlled environment before being deployed to the live environment.

- Custom test plan
- "Sandbox" environment for testing new features and functionalities
- Mutually agreed to process (including UAT, interface testing, etc.)

PM023 The Vendor should prepare a comprehensive set of test scenarios, within a timeframe as agreed upon by the Department, including but not limited to:

PM024 Applicable test cases

PM025 Expected test results

PM026 Others as defined by the Department

PM027 The Vendor should provide the Department and/or its designees access to test cases and test data to facilitate execution of applicable testing cycles.

As mentioned above, HHAX will work with the Department to develop a mutually agreed to test plan. We acknowledge the requirements the State provided in the RFP. We believe success comes not just from a scripted test plan, but open conversation on State goals, risks, and other elements to ensure the program runs smoothly and integrates with all necessary systems. HHAX understands the importance of CMS requirements, and making sure that the new EVV system augments your current platform, without causing any setbacks or breaking any CMS requirements.

PM028 The Vendor should provide the Department with a fully tested and operations-ready User Acceptance Test environment that is isolated and separate from all other environments.

Yes, HHAX provides what we call a "Sandbox" environment for testing that is isolated and separate from all other environments.

PM029 The Vendor should discuss and finalize with the Department the level of testing required based on the significance of the change as directed in the Change Management Plan.

HHAX acknowledges and accepts the above requirement.

PM030 The Vendor should provide the Department weekly reports of testing status, including, but not limited to:

PM031 Metrics on the number of tests completed

PM032 Number of deferred or canceled tests

PM033 Results of the tests executed

PM034 Defects identified by severity level

PM035 Corrective actions taken

PM036 Others as defined by the Department

PM037 The Vendor should conduct Pilot Testing to validate the capacity and processing capabilities of the solution in a tightly controlled production environment.

PM038 The Vendor should include a test of actual data processing in a full operational environment, with successful end-to-end solution functionality during Pilot Testing.

PM039 The Vendor should provide written test results of the Pilot Testing to the Department within an agreed upon timeframe.

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PM039 The Vendor should provide written test results of the Pilot Testing to the Department within an agreed upon timeframe.

PM040	The Vendor should provide the Department official written notification of readiness for full production operations after completion of Pilot Testing.
PM041	The Vendor should work with the Department to develop an interface testing acceptance standard to outline the minimum requirements that must be met prior to allowing external electronic visit verification (EVV) data partners to submit data to the EVV solution.
PM042	The Vendor should conduct interface testing with external electronic visit verification (EVV) data partners approved by the Department.
PM043	The Vendor should provide testing and training environments that include sufficient, representative data elements that are in the production environment. The Vendor should not invoke or charge the Department for license fees for any of the testing or training environments.
PM044	The Vendor should use a User Acceptance Testing (UAT) environment that mirrors all programs in production to allow the Department to conduct testing prior to new software updates and to serve as an ongoing training platform for users.
PM045	The Vendor should create, use, and make available to the Department, representative samples for testing edits, business rules, and workflow processing.
PM046	The Vendor should create or modify existing data as needed for testing in a test environment, in compliance with federal guidelines. (Reference: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/XLC/Downloads/TestingFramework.pdf)
PM047	The Vendor should maintain a clearly organized test case library that can be accessed by all testers, including Department users, with search capability that is cross-referenced to the code that it tests.

Please refer to our response above to PM022. HHAX will finalize a testing plan with the Department that includes all of the above items.

PM048	The Vendor should ensure web portal design, development, implementation (DDI) and operations are in accordance with Department and federal regulations and guidelines related to security, accessibility, confidentiality, and auditing. (Reference: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Downloads/IS_Policy-.pdf)
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As you are aware, data theft continues to grow as technology advances in the industry. We agree with the importance that the Department is putting on security. In order to protect sensitive Protected Health Information (PHI), HHAX has obtained HIPAA, HITECH, SOC2 Type II, SOC1 Type II, and HITRUST certifications.

Within these certifications and attestations, HHAX is audited against industry best practices, federal and state requirements, as well as additional security specific situations to ensure our system is secure and compliant.

HHAX's infrastructure security team is led by a seasoned management team with security certifications including CCDP, CCNP Security, Linux+, LPIC-1, SUSE Certified Linux Administrator, Cisco ASA Specialist,

Cisco Firewall Security Specialist, Cisco IOS Security Specialist, Cisco IPS Specialist and Cisco VPN Security.

HHAX's application security team is led by a seasoned team of Secure Software Development experts and former Microsoft SQL Server MVPs.

PM049 The solution should be developed and implemented in accordance with the project work plan.

HHAX acknowledges and agrees to this requirement. We have provided a draft work plan for Department review in Appendix 3.

PM050	The Vendor should conduct the following types of testing in support of the solution:
PM051	Unit testing
PM052	Iterative functional testing
PM053	System integration testing (SIT)
PM054	Interface testing
PM055	Regression testing
PM056	End-to-end testing
PM057	Security testing
PM058	Performance testing
PM059	Usability/Accessibility testing
PM060	Browser testing
PM061	User acceptance testing (UAT)
PM062	Data conversion testing
PM063	Operational readiness testing (ORT)
PM064	Other testing as identified by the Department and/or Vendor
PM065	The Vendor should be prepared to assist the Department, as necessary, with User acceptance testing (UAT).
PM066	The Vendor should be prepared to conduct User acceptance testing (UAT) in all cases whereby the Department does not elect to conduct UAT.
PM067	The Vendor should complete regression testing subsequent to, but not limited to, the following:
PM068	Deployment of new solution components
PM069	Integration of each solution component into the primary solution
PM070	Every migration of new build versions to each test environment
PM071	Solution fixes
PM072	Solution patches

PM073	Solution releases
PM074	Others as defined by the Department
PM075	The Vendor should utilize a subset of system integration testing (SIT) scenarios representative of maximum functional and technical solution coverage for the purposes of regression testing.
PM076	The Vendor should obtain approval from the Department on which scenarios should be used for regression testing.
PM077	The Vendor should utilize end-to-end test cases in support of regression testing.
PM078	The Vendor should perform privacy and security testing on functional, technical, and infrastructure components to ensure the solution meets all State, Department, and Federal privacy and security requirements. (Reference: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Downloads/IS_Policy-.pdf)
PM079	The Vendor should propose testing scenarios and/or cases to the Department for their approval.
PM080	The Vendor's performance testing methodology should allow for performance tests to be representative of the expected peak period volumes for solution operation.
PM081	The Vendor's performance testing should occur on a production ready version of the solution.
PM082	The solution's performance testing environment should mirror the final production solution specifications.
PM083	The Vendor should perform usability/ accessibility testing for various types of users, including, but not limited to:
PM084	Internal users
PM085	External users
PM086	Users with limited computer skills
PM087	New user registration
PM088	Users with disabilities
PM089	Others as defined by the Department

HHAX acknowledges and agrees to the above testing requirements. We will finalizing a comprehensive testing plan with the Department during our initial kickoff and discovery phases. As mentioned previously, HHAX has extensive experience with the above requirements, and we have provided below a screenshot of our table of contents for a standard testing plan:

TABLE OF CONTENTS

1 INTRODUCTION	5
1.1 PURPOSE AND SCOPE	5
1.2 OUT OF SCOPE	5
1.3 BACKGROUND	5
2 TEST STRATEGY	6
2.1 TEST LEVEL SELECTION	6
2.2 TEST APPROACH	6
2.2.1 Data Validation (Database level)	6
2.2.2 Application/Functional Validation (User Interface level)	6
2.2.3 Test Iterations	6
2.3 TEST EXECUTION - ENTRY CRITERIA	6
2.4 TEST EXECUTION - EXIT CRITERIA	7
2.5 TEST SCOPE	7
2.5.1 Test Scenarios/Use Cases	7
2.6 INTERFACES	7
2.6.1 Data Upload File - Member	7
2.6.2 Data Upload File - Authorization	8
2.6.3 Data Upload File - Provider	8
2.6.4 Data Download File - Authorization Deletion Delta	9
2.7 TEST CYCLES	9
3 ROLES AND RESPONSIBILITIES	9
4 TEST ENVIRONMENT AND RESOURCES	11
4.1 UNIT TEST ENVIRONMENT	11
4.2 ENVIRONMENT ACCESS	11
4.3 TEST DATA ACQUISITION	11
5 TEST ASSUMPTIONS AND RISKS	11
5.1 ASSUMPTIONS	11
5.2 DEPENDENCIES	12
6 TEST REPORTING	13
7 TEST APPROACH FOR PAYER	14
7.1 TESTING OF REAL DATA FILES ON TEST AGENCY - FIRST LOAD	14
7.2 TESTING OF REAL DATA FILES ON TEST AGENCY - IDENTIFIED SCENARIOS/USE CASES	16
7.3 TESTING OF REAL DATA FILES ON TEST AGENCY - PENDING SCENARIOS FROM CYCLE 2 (7.2)	18

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PM090	The Vendor should conduct an Operational Readiness Review (ORR) prior to statewide implementation of the solution.
PM091	The Vendor's Operational Readiness Review (ORR) testing should include a volume/stress test of at least 30 calendar days of production-capacity volumes to demonstrate that the solution and Vendor staff members are prepared for full production.
PM092	The Vendor should document and propose solutions, and timeframes for corrective actions to all issues, problems, and defects identified through the Operational Readiness Review (ORR).
PM093	The Vendor should prepare and submit to the Department an Operational Readiness Review (ORR) Report that demonstrates that the Vendor and solution are ready to begin operations.

As part of our Project Work Plan, HHAX will work with Department to develop a detailed test plan. We understand the importance of system integration and making sure that the offering accomplishes all of the State's required tasks.

As part of our implementation, we provide a "Sandbox" environment for testing. This environment is identical to the live environment, providing a secure environment to test integrations, updates, or customize modules.

HHAX agrees to finalize details around an Operational Readiness Review with the Department, which we have included in our draft project work plan in Appendix 3.

PM094	The Vendor should correct any report errors identified by the Department or the Vendor and correct the report within an agreed upon timeframe, through additional steps as defined in the Change Management Plan, including, but not limited to:
PM095	Correct the report
PM096	Verify the report
PM097	Distribute or re-distribute the report
PM098	Others actions as defined by the Department

HHAX acknowledges and agrees to the above requirements. This is a standard procedure for HHAX when dealing with report errors.

PM099	The Vendor should assist the Department with specialized research and reporting as requested.
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HHAX will provide access to our reporting utility and real-time analytic dashboard. These reports enable members, caregivers, and central staff to monitor the activity and compliance aspects of the entire homecare network on a claim by claim, member by member, caregiver by caregiver, and/or system-wide basis with drill down capabilities on a variety of levels.

The HHAX system offers a wide variety of real-time data and dashboards as well as retrospective reporting capabilities. Our Structured Query Language reporting engine provides the ability to build versatile reporting mechanisms and data exports (for client Data Warehouse needs) from the data collected during service delivery.

In addition, HHAX is happy to assist the Department with specialized research and reporting at your request. We will need to discuss further the type of research the State anticipates, but we are confident that our system, between the standard, ad hoc, and business intelligence reports, can meet all of the Department's needs.

PM100	The Vendor should be able to test edits, business rules, and workflow processing and report on results.
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Yes, HHAX provides extensive testing to ensure the platform configurations are operating as expected. We will work with Department designated users to verify and review reports and results from these test runs.

PM101	The Vendor should support either the transition of the solution to an entity designated by the Department and/or support the retirement of the solution at the end of the term of the contract, including all contract extensions as defined in the Turnover and Closeout Management Plan.
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As a web-based, cloud SaaS solution, HHAX is unable to transition our specific solution to another entity designated by the department. At the end of the contract, if not extended to HHAX, we will work closely

206 | Page

Turnover training will incorporate the one-time training classes listed below.

COURSE TITLE	SUPPORT MATERIALS
Orientation to Nonproprietary Systems & Business Processes	Live presentation, recorded video, written support materials
EVV System and Clock-In and Clock-Out Management	Live presentation, recorded video, written support materials
Pre-Claims Visit Scrubbing	Live presentation, recorded video, written support materials
Claims Submission	Live presentation, recorded video, written support materials
Reporting	Live presentation, recorded video, written support materials
Miscellaneous Operational Issues	Live presentation, recorded video, written support materials

The Department-approved contract Turnover Plan will describe required resources, including staff and any required training. We will develop a statement of resources and training that DHHR, other state agencies, and Area Agencies on Aging will need in order to assume operation of the nonproprietary systems and business processes for EVV.

Turnover Project Manager

Three months prior to the end of the contract or any extension thereof, HHAX will appoint, with Medicaid approval, a manager to coordinate and supervise all turnover activities. This manager shall have the qualifications and experience necessary to manage the turnover project successfully.

- Four months prior to the end of the contract, HHAX will submit to Medicaid a candidate for the position of Turnover Project Manager.
- Medicaid shall approve or disapprove of the submitted candidate. If disapproved, substitute candidates will be submitted until Medicaid approves a candidate.
- Three months prior to the end of the contract or any extension thereof, once the candidate has been approved and appointed to the Turnover Project Manager position, HHAX will transfer any existing duties of that person to other HHAX staff and the Turnover Project Manager will commence work.
- The Turnover Project Manager will coordinate and supervise all turnover activities.

Maintaining Staffing Levels during Turnover Period

HHAX will not reduce operational staffing levels during the turnover period without prior Medicaid approval.

- All staff will be maintained at their current employment levels during the turnover period.
- Additional staff, such as the Turnover Project Manager, will be added to augment and direct the turnover process.

Provide a Draft Turnover Plan

HHAX's approach to project turnover is designed to be efficient and flexible and to accommodate Medicaid and other stakeholders. Our Turnover Plan will describe how HHAX will assist in the transition of all project-related documentation at the end of our service term for Medicaid. As described below, HHAX will work collaboratively with Medicaid and its incoming vendor, as applicable, to ensure that

processes and historic data and documentation are transitioned smoothly in order to not disrupt the flow of results to Medicaid.

Following is our draft Turnover Plan.

DRAFT TURNOVER PLAN

Goal: Describe how HHAX will assist in the transition of all project-related documentation at the end of our service term for Medicaid. As described in the below DRAFT TURNOVER PLAN, HHAX will work collaboratively with Medicaid and its incoming vendor, as applicable, to ensure that processes and historic data and documentation are transitioned smoothly in order to not disrupt the flow of results to Medicaid.

Therefore, to that end, HHAX will provide the following turnover services as follows:

1. Four months prior to the end of the contract or any extension thereof:

- a. HHAX will appoint, with Medicaid approval, a manager to coordinate and supervise all turnover activities. This manager shall have the qualifications and experience necessary to manage the turnover project successfully.
- b. HHAX will submit to Medicaid a candidate for the position of Turnover Project Manager at least one month prior to the contract expiration or any extensions thereof.
- c. Medicaid shall approve or disapprove of the submitted candidate. If unapproved, substitute candidates will be submitted until Medicaid approves a candidate.
- d. Once the candidate has been approved and appointed to the Turnover Project Manager position, HHAX will transfer any existing duties of that person to other HHAX staff and the Turnover Project Manager will commence work.
- e. The Turnover Project Manager will coordinate and supervise all turnover activities.

2. Three months out from end of contract or any extensions thereof:

- a. HHAX will provide the Agency with detailed functional organization charts for each subcomponent of this project.
- b. Each functional organization chart will include detailed job descriptions and the recommended level of experience for each position.
- c. HHAX will provide the Agency with all of the documents that we currently use to train staff.
- d. HHAX will begin training Medicaid staff or its designated agent in the operation of non-proprietary systems and business processes. This training will be completed two months prior to the end of the contract or any extensions thereof. Medicaid may, at its discretion, modify this timing.

3. Throughout The Turnover Period:

- a. HHAX will not reduce operational staffing levels during the turnover period without prior Medicaid approval.
- b. All staff will be maintained at their current employment levels during the turnover period.
- c. Additional staff, such as the Turnover Project Manager, will be added to augment and direct the turnover process.
- d. HHAX will maintain sufficient staff throughout the turnover period to ensure a professional, well-planned, and well-executed turnover.

4. Within three working days of the expiration of the contract or any extensions thereof:

- a. HHAX will provide Medicaid with copies of all relevant nonproprietary data and all documentation, including but not limited to the following:
 - i. Copies of working papers, including procedures, programs, and schedules;
 - ii. Status of current projects;
 - iii. Copies of correspondence (internal and external);

- iv. Listings of third-party software used by the vendor(s), including availability of the software for transfer or purchase by Medicaid or successor vendor(s);
- v. Description of functional business process flows;
- vi. Documentation of ongoing outstanding issues;
- vii. Other documentation necessary to support contract operations; and
- viii. Other pertinent information necessary to take over and operate the project or to assume the operational activities successfully.

PM102 The Vendor should obtain Department approval of all scripts prior to implementation that will be used in the Technical Call Center.

HHAX Acknowledges and agrees to obtain Department approval of all scripts prior to implementation.

PM103 The Vendor should identify and be responsible for the implementation and integration of all third-party software used in support of the solution.

HHAX does not require any third-party software to support our solution outside of working with provider agencies that have an existing EVV vendor.

Currently HHAX works with over 30 other EVV vendors to accept and aggregate third-party EVV data. HHAX does not charge its clients for these aggregation services. In some rare instances, the third-party vendor may request a fee for supplying EVV data and in those cases, we would work with DHHR to negotiate the most cost-effective means of obtaining the necessary EVV third-party data.

PM104 The Vendor should conduct requirements validation and joint application design in support of requirements analysis and solution design activities as agreed upon by the Department.

HHAX agrees to conduct requirements validation and joint application design as agreed upon by the Department.

PM105	The Vendor should maintain a requirements traceability matrix (RTM) throughout the lifecycle of the project.
PM106	The Vendor should provide all stakeholders identified by the Department access to the requirements traceability matrix (RTM).
PM107	The Vendor should document in the requirements traceability matrix (RTM) where each requirement is accounted for, including, but not limited to:
PM108	Design documentation
PM109	Code modules
PM110	Test conditions
PM111	Test scenarios
PM112	Test cases
PM113	Certification criteria
PM114	Medicaid Information Technology Architecture (MITA) business areas and processes
PM115	Medicaid Information Technology Architecture (MITA) Standards and Conditions
PM116	Others as defined by the Department
PM117	The Vendor should demonstrate through the requirements traceability matrix (RTM) that all documented and approved specifications have been traced throughout the development lifecycle.

HHAX will maintain and review with the Department our Requirements Traceability Matrix (RTM) for the DHHR engagement. This is a critical component of our early phases and discussions.

PM118	The Vendor should work with the Department during joint application design (JAD) sessions to validate the scope, purpose, and implications of each Request for Proposal (RFP) specification.
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HHAX acknowledges and agrees. For all of our new implementations, we believe early discussion and verification of all requirements is critical to a success deployment.

PM119 The Vendor should identify and work to resolve gaps between the Vendor's and the Department's understanding of a specification(s) during joint application design (JAD) sessions.

HHAX acknowledges and agrees to this critical component of the design phase.

1.3 Work Plan

1.3.1 The Vendor's proposal should supply a narrative describing the Vendor's proposed processes and methodologies for providing the scope of work described in this RFP. Include any assumptions as well as the Vendor's approach to meeting the Initial Work Plan. The Vendor should include detail sufficient to give DHHR an understanding of how the Vendor's knowledge and approach will:

1.3.1.1 Manage the work

1.3.1.2 Guide work execution

1.3.1.3 Document planning assumptions and decisions

1.3.1.4 Facilitate communication among stakeholders

1.3.1.5 Define key management review as to content, scope, and schedule

1.3.2 The Vendor should also submit an Initial Work Plan in Attachment 5: Initial Work Plan that demonstrates that the Vendor has a thorough understanding of the scope of work and project requirements.

1.3.3 <Response>

Influenced by our Agile development methods, your Project Manager will execute our implementation process in accordance with PMI best practices, as outlined in the PMBOK. HHAX's implementation process is completed in phases, as shown in the table below. Our work plan is structured to demonstrate project tasks, dates, and resources under each delivery stage.

HHAX has provided an initial work plan, that includes the State's requested detail, as Appendix 3 to this proposal. We will work closely with DHHR during the discovery phase to outline all tasks, milestones, and requirements. From this discovery phase, HHAX will submit an updated work plan to DHHR for final review and approval before beginning implementation.

HHAX prescribes to the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK) as the framework to guide all projects conducted at HHAX. PMI defines project management as "the application of knowledge, skills, tools and techniques to a broad range of activities in order to meet the requirements of a particular project." Project Management is accomplished through the appropriate application and integration of processes, which are categorized into six (6) Process Groups. These six Process Groups are: (1) Project Initiation & Planning; (2) Solution Planning; (3) Solution Design, Testing, & Operational Readiness; (4) Solution Deployment; (5) Project Monitor and Control; and (6) Post Go-Live Support. These processes ensure the effective flow of the project throughout its life cycle and encompass the tools and techniques necessary to ensure a successful implementation. These six process groups are incorporated into each of HHAX's project plans. The table listed in the "Implementation Methodology" section of this document describes the activities that will occur in each Process Group.

Establishing Project Controls

Throughout the HHAX project phases, our Implementation Team demands strict project controls to ensure that we deliver our solution on time, within budget and within scope. We pride ourselves on being consultative, working as a true partner with DHHR, meaning we will not make key decisions in the project without fully vetting them with DHHR beforehand. This activity may include adding regular meetings, revising program goals/requirements, document planning, and crashing the project with resources to address any project delays.

Promptly following the contract start date, your HHAX Project Manager will work directly with the DHHR Project Manager to schedule a project kickoff meeting. Because we feel it is important to establish a working relationship between internal and external project team members, the HHAX team will plan to be in-person for the project kickoff. Our team will prepare a clear and detailed project kickoff meeting agenda, presentation, and goals to ensure that the project kickoff sets the baseline for carrying out the activities necessary to plan and define project work moving forward. A typical agenda used in our standard kickoff presentation includes:

- Welcome and Introductions – Introduce the HHAX project team and get to know the Department’s project team members and key stakeholders.
- Project Goals and Objectives – Specifically call out and identify high-level project goals and objectives to guide us in the planning process, including identified milestones.
- Implementation Strategy Overview – Review HHAX’s Agile approach to design, development, and configuration.
- Data Approach / Requirements Gathering – Conduct a product demonstration for the Department’s team members that may not have seen the solution, to date; establish expectations for how HHAX approaches data extract, load, and transfer; and review our approach for requirements gathering using our Design Packet (including RTM).
- User Acceptance Testing (UAT) Overview – Review our UAT process and establish expectations for resources, process, and issue tracking.

HHA will work with DHHR to ensure that our kickoff presentation meets the needs of your team and objectives, prior to scheduling the onsite visit. The HHAX Project Manager uses these baseline goals to report against throughout the project phases.

The project kickoff meeting directly informs the HHAX Project Management Plan (PMP), including specifically setting baselines and expectations. By establishing baselines early in the project work, including clearly articulating them in the PMP, your HHAX project team can effectively analyze the project’s progress against previously established data points and remain proactive in managing and controlling risks and realized issues.

Communications Approach

Pre-implementation, we encourage standing meetings to ensure appropriate management of risks and issues through regular communication. Below is the standard communication schedule we employ during implementations; however, it we will work with DHHR to tailor this to your unique needs.

Purpose	Frequency	Participants
HHAX Core Project Team Stand-up	Daily	HHAX: Core team
HHAX Internal Status Update	Weekly	HHAX: Core team, Operations, Sales Engineering, Sales
Project Managers Touch Base	Daily	HHAX: Project Manager DHHR: Project Manager
Project Leadership Status Update	Weekly	HHAX: Core team, Operations Lead DHHR: Core team, Executive Sponsor

Business Acceptance Testing (BAT) Stand-up	Daily	HHAX: Core team DHHR: Core team, Testers
Executive Committee Meeting	Monthly	HHAX: Management DHHR: Management

In accordance with best practices, and in-line with all of our client contracts, your designated Project Manager will deliver weekly status reports on project progress to you no later than 5PM ET. They will also work to identify and schedule an agreeable time for weekly status meetings, which includes all project team members, and will provide a written agenda at least one business day prior to the meeting. During weekly status meetings, HHAX will lead the meeting by reviewing weekly project status reports. HHAX's current weekly status report template includes the following components:

- Project Status Summary – using stoplight indicators for overall project status, schedule, scope, and risks.
- Project Milestones Dates – using stoplight indicators for each date to indicate potential risks or realized issues for each projected milestone in the project lifecycle.
- 30-60-90 Day Focus – summary of each task or activity slated for completion in the next 30, 60, and 90 days.
- Risks & Issues – documented risks and hot issues that have been identified throughout the course of the project, including status, priority, and owner.
- Action Items – documented new, outstanding, or recently closed action items, including status and/or proposed next steps, due date, and owner.

Post-implementation, HHAX regularly provides our clients with monthly or quarterly (depending on preference) reports on service level agreements, usage and adoption, and other account-related metrics. By using the results from ongoing and annual account evaluation and determining accountability, HHAX shows our commitment to improvement by remaining transparent in the areas that you seek improvement, as frequently or infrequently that DHHR wishes to review them. For example, if usage and adoption metrics are not maintained according to your expectations, your Account Manager will work to identify a corrective action plan (CAP) and report on appropriate metrics, accordingly, until you feel that the issues have been corrected.

Maintaining Project Schedule

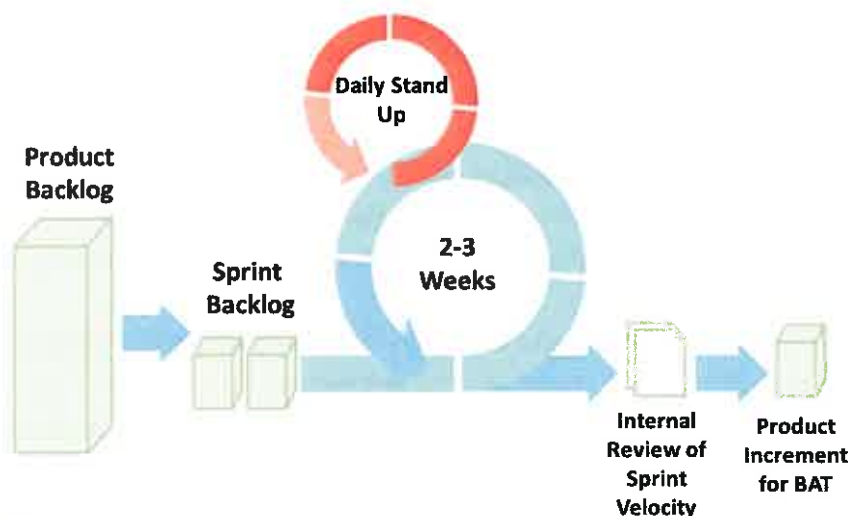
HHAX utilizes a waterfall approach to project management where a project is completed in distinct stages and moved step by step toward the operational phase. We group all tasks by type of activity and each project follows the same phases:

- Requirements - where we analyze business needs and document what business rules and State specific configurations are needed
- Design - where we create diagrams and plan software configuration
- Testing - where we make sure the configuration and business rules do what they are supposed to do without creating issues
- Operations - where we deploy the configuration and business rules to a production environment and provide support

Software Evolution and Product Enhancements

HHAX uses Product Backlog (defined functions/features) to determine the sprint capacity and define just-in-time requirements for the product backlog components that fit into the upcoming sprint – this activity produces the Sprint Backlog. Our developers will choose tickets from the Sprint Backlog and we will have a daily Stand Up meeting to talk through three questions: 1) What did you accomplish since yesterday's stand up? 2) What are you planning to work on now? 3) Do you have any impediments to getting your work done?

Finally, the end of each sprint will produce two things: 1) Internal review of what was completed in each sprint (that is, the sprint velocity). How much of the scope did we accomplish? Can we accomplish more in the next sprint or less? 2) Product Increment for UAT (for example, enrollment metrics/dimensions).



1.4 Issue Management

- 1.4.1 The Vendor's proposal should describe the Vendor's process for issue management, including: issue logging, resolution, tracking of unresolved problems, escalation procedures, closeout, and reporting practices.
- 1.4.2 The Vendor should describe its proposed approach for integration of issue management across sub-contractors, if applicable, as well as other DHHR and Vendor project stakeholders.
- 1.4.3 The Vendor should also detail any planned use of an automated solution to support issue management.
- 1.4.4 <Response>

HHAX provides complete customer service with technical and other customer support that meets and exceeds all of DHHR's stated requirements to address questions and issues pertaining to the use of the EVV system.

HHAX Customer Service Model

National Support Coverage	
Telephone Support (toll free)	Monday – Friday 7:30 a.m. – 7:30 p.m. ET Outside of the above hours we will respond to voicemails within 2 hours.

Live Chat	Monday – Friday 7:30 a.m. – 7:30 p.m. ET
Service Tickets	24 hours per day, 7 days per week (24/7)

We manage customer service issues with a triage model in which the most critical issues get the fastest response, follow up, and resolution, with corresponding reductions as the issues are less critical. The value of strong, responsive customer service cannot be overstated. To ensure a successful EVV project throughout implementation and the entire contract term, we will provide service based on the Issue Response Model described below.

Level	Incident Identification
Critical	Any issue that prevents Medicaid and/or multiple agencies from accessing or operating in the system
High	Any issue that prevents Medicaid and/or one agency from working, billing, or running payroll
Medium	Any issue that prevents one agency from performing a noncritical single function in the system (e.g., not letting the user save an absence)
Low	Any issue that occurs for one agency in one specific scenario (e.g., not able to save a note with a special character)

This model guarantees the most important issues are given the highest priorities and thoroughly defines the criteria for categorizing issues into each level of priority.

1.5 Risk Management

1.5.1 The Vendor's proposal should describe the Vendor's risk management practices, the expected risk areas, and mitigation plans.

1.5.2 In addition, the response should elaborate on the Vendor's internal risk management plan. This should include reference to the use of any specific methodologies, as well as any specific tools being used.

1.5.3 <Response>

HHAX uses the HITRUST CSF with the intention of gathering and reporting cohesive information in an efficient manner. HHAX also uses the HITRUST CSF assessment report in its overall risk management program. We utilize controls with the intention of targeting potential exposure for our business partners.

The Information Protection Program Domain of the CSF Assessment dictates that HHAX has a formal protection program based on an accepted industry framework that is reviewed and updated as needed. User security roles are clearly defined and communicated. In addition, HHAX works with an information security workforce improvement program. We ensure plans for security testing, training, and monitoring activities are developed, implemented, maintained, and reviewed for consistency with the risk management strategy and response priorities. Management briefs users to ensure that their security role(s)/responsibilities conform with the terms and conditions of employment prior to obtaining access to the organization's information systems. HHAX also provides end users with guidelines regarding the security expectation of their roles. Additionally, end users are motivated to comply with security policies, and maintaining the appropriate skills and qualifications for their role(s).

Information security objectives, approach, scope, importance, goals, and principles for HHAX's security program are formally identified, communicated throughout the business to users in a form that is relevant, accessible, and understandable to the intended reader and supported by a control framework that considers legislative, regulatory, contractual requirements, and other policy-related requirements.

HHAX performs risk assessments in a consistent way and at plan intervals, or when there are major changes to the HHAX environment. HHAX reviews the risk results annually. We use a formal methodology with defined criteria for determining risk treatments and ensuring the corrective action plans for the security program and the associated business information systems are prioritized and maintained, and the remedial information security actions necessary to mitigate risk to business operation and assets, individuals, and other organizations are documented. Risk assessments include the evaluation of multiple factors that might impact security as well the likelihood and impact from a loss of confidentiality, integrity, and availability of information systems. HHAX mitigates any harmful effect that is known to HHAX of a use or disclosure of PHI by the organization or business associates, in violation of its policies and procedures.

1.6 Quality Management

- 1.6.1 The Vendor's proposal should describe the Vendor's approach to ensure the quality of the solution and include details on the management of requirements through traceability matrices, configuration management activities, organizational readiness, and deliverables and artifacts.
- 1.6.2 The Vendor's approach should also detail information on the proposed quality metrics as well as the Vendor's approach to managing solution defect and issue tracking.
- 1.6.3 More specifically, the Vendor's approach to quality management should include, at a minimum, the following elements:
 - 1.6.3.1 Management of the solution specifications. This includes the identification of inconsistencies between the specifications, project deliverables, and/or artifacts.
 - 1.6.3.2 Management of the Requirements Traceability Matrix (RTM) that will be used for specifications management. This includes detail on how the quality management approach will support maintain the traceability between the specification and the proposed solution.
 - 1.6.3.3 Management of configuration management activities, including but not limited to the control and monitoring of the software library.
 - 1.6.3.4 Management of practices and procedures that will be followed for reporting, tracking, and resolving problems or issues identified in the solution's development, transition, and maintenance.
 - 1.6.3.5 The Vendor's approach to business process changes resulting of requests from DHHR.
 - 1.6.3.6 The Vendor's approach to an organizational readiness assessment of DHHR's organization. This may include a gap analysis and recommendations for organization change required to support the solution's implementation in DHHR environment. This assessment should be approved a minimum of three (3) months prior to the solution's deployment.

- ### 1.6.5 <Response>

- **Product R&D Metrics**
 - Product Backlog Density and Health
 - Scrum Team Velocity
 - Release Plan Readiness Charts

- We create and maintain solution specifications in the HHAX project management and issue management system JIRA, where linkages between user stories and system requirements allow for traceability.

JIRA Software Development and Requirements Management tools and TestRail Quality Management tools integrate with each other for traceability. Individual user stories relate to specific system requirements and each user story is directly linked with multiple test cases which aggregate up to an overall regression test suite.

Usage of Administrative Control Panels are shared between customers and HHAX administrative personnel, with access managed through role-based security mechanisms.

With every completed software development iteration (i.e. 2-week sprint), individual delivery teams as well as Quality Management Leadership inspect quality metrics of that completed increment as part of a standard agile software development routine.

218 | Page

HHAX follows and complies with strict guidelines from MITA 3.0 and the CMS Outcomes-Based Certification criteria for EVV Systems. To do this, HHAX employs a 3rd-party software and professional services organization to aide in conducting assessments for both DHHR and HHAX organizations and systems as it relates to readiness and compliances (EHR ReadyCert). Such assessments allow for identification and remediation of any readiness or compliance gaps in advance of the solution's deployment.

1.7 Change Management

1.7.2 <Response>

- Change must go through a QA process
- Analysis of what the impact of the change will have during and after deployment
- Declaration of downtime, if any
- Communication plan, if necessary
- Risk assessment with mitigations for each identified risk
- Rollback plan
- Post deployment verification plan
- Proposed start and end time of the change

Cab reviews take place once a week, and through email when necessary.

1.8 Organizational Change Management

- 1.8.1 The Vendor's proposal should describe the Vendor's methodology, tools, and techniques for communicating and accomplishing organizational change management for DHHR. Discuss how the Vendor can assist DHHR in communicating, training, and implementing organizational change to DHHR.**
- 1.8.2 The Vendor's proposed methodology should at a minimum address the following areas:**
 - 1.8.2.1 The Vendor's organizational change management methodology**
 - 1.8.2.2 Determination of the impact of change**
 - 1.8.2.3 Methods of responding to the change, process harmonization, and approach towards potential resistance**
 - 1.8.2.4 Methods for helping to promote successful change management**
 - 1.8.2.5 Lessons Learned regarding change management challenges**

1.8.3 <Response>

Without organizational change management, there is a major risk of failure when implementing new technology and business processes. Successful change requires staff to adopt new mindsets, processes, and technologies in order to reach goals and improve workflows. Change Management is critical to making sure users embrace the desired outcomes with strong adoption and true conversion.

The rate of major organizational change has accelerated dramatically. Global research and advisory company Gartner reports that the average organization has undergone five enterprise changes in the past three years and 73% of organizations expect more change initiatives in the next few years.

Major changes can impact organizations across the board. To combat this risk, HHAX developed a communication plan, a road map for change sponsors, integrated training programs, and a plan for dealing with resistance. Staff from HHAX and DHHR will work together to influence the following:

- Clear communication to clarify user understanding of the upcoming change
- Identifying and mitigating risks
- Improving user proficiency and skills through initial and ongoing training programs

Management's role

HHAX will work with DHHR stakeholders to ensure they are equipped to coach their direct reports toward full utilization of the new system. Key to this support is understanding and addressing the following items:

- What is changing?
- Why is it changing?
- How will it affect your area?
- How will it affect you directly?

HR's role

HR can play a dual role in change management by initiating and leading the change and by serving as a facilitator for changes that other leaders and departments initiated.

The HR department performs a variety of functions associated with the communication, implementation and tracking of major changes. Most commonly, HR professionals assist employees by serving as a point of contact for questions and concerns and by explaining any impact on staffing. In addition, HR often coordinates meetings and communications about the change and related initiatives.

In addition, HHAX provides ongoing training and support. This includes lunch and learn webinars, as well as other webinars designed to make adoption easier by diving deeper into specific areas of the platform, or serving as a source to refresh a user's training. Transitioning to a new software can be disruptive and needs to be planned around different types of users with different learning speeds. HHAX provides training that will help all users to adopt the new system quickly and efficiently.

2.1 The Vendor should respond to the headings below and describe the overall approach for the following areas of system development life cycle (SDLC) and support.

2.2.1 Requirements Analysis and Solution Design Methodology

2.2.3 Data Conversion

2.3 Requirements Analysis and Solution Design Methodology

2.3.2 During the solution's design, the Vendor should conduct requirements analysis, during which it reviews, refines, and seeks approval for all preliminary requirements included in this RFP, and add requirements where gaps are identified through a detailed analysis exercise. The result should be a final set of detailed requirements to be used for configuring and building the Electronic Visit Verification (EVV) solution. These requirements should be the basis for the Vendor to create usage scenarios and detailed business process workflows.

2.3.4 The Vendor and DHHR should conduct a formal review of the high-level architectural design prior to detailed design of the automated system/application to achieve confidence that the design satisfies the system requirements and is in conformance with the enterprise architecture and prescribed design standards.

221 | Page

- 2.3.5.1** The first component should be a Preliminary System Design, which outlines the overall functions that will be developed, their interactions, components, and high-level architecture.
- 2.3.5.2** The second component should be a Detailed System Design (DSD), which will give the planned implementation details of the design for each component, interactions, and place in the overall technical architecture.
- 2.3.5.3** The third component should be the Final System Design, which will give the actual implementation details of each component and sub-component from a functional and technical perspective, including the final architecture implementation.
- 2.3.6** The Vendor's proposal should also describe its approach to conducting requirements validation sessions and Joint Application Development (JAD) sessions. The Vendor's proposal should also include the number and topics of the sessions to be held in support of both requirements validation sessions and JAD sessions.
- 2.3.7** The Vendor's proposed approach to requirements analysis and solution design should also include detail on the following:
 - 2.3.7.1** Process for identifying and resolving gaps between the Vendor's and DHHR's understanding of an RFP specification.
 - 2.3.7.2** How the solution's design will include collaborative design with functional and technical subject matter experts.
 - 2.3.7.3** How the Vendor intends to obtain DHHR approval on RFP specifications.
 - 2.3.7.4** Description of how the proposed solution will fulfill the Medicaid Information Technology Architecture (MITA) requirements.
 - 2.3.7.5** Design documentation for all those project deliverables delivered during the Solution Planning and Solution Design, Testing, and Operational Readiness task groups.
- 2.3.8** The Vendor should propose an approach describing how the EVV design will integrate with other EVV components and DHHR enterprise. The Vendor should also propose how design decisions will be coordinated across all functional areas and modules.
- 2.3.9 <Response>**

A key to success for our West Virginia implementation is building a strong foundation from both a provider outreach and an IT integration standpoint. We focus on provider outreach and IT integration, which are the foundational building blocks of the implementation's success.

We understand the need for provider adoption of the EVV requirements and have proven techniques to ensure that providers have high adoption rates. We build our outreach plan in conjunction with DHHR's staff members who have specialized history in communication, training, and change management with West Virginia providers.

Our offering is fully developed and compliant with the 21st Century Cures Act. As an industry leader in EVV and Aggregation, the design phase becomes less a complete system design and more a comprehensive dive into State-specific configurations and all required integrations. HHAX is providing a platform that will allow for a streamlined implementation.

2.4.1 During the Development Phase, the Vendor's system development team should take the detailed logical information documented in the System Design Phase and transform it into an executable form to ensure that all individual components of the automated system/application function correctly and interface properly with other components.

2.4.3 The Vendor's proposal should present a narrative description of the Vendor's proposed approach to solution development, including the Vendor's proposed:

2.4.3.1.1 Regular system maintenance, performance optimization, resource capacity utilization, capacity planning, and capacity expansion.

2.4.3.1.3 Methodology and approach for implementing and maintaining solution documentation, including data structures, Entity Relationship Diagrams (ERDs), user manuals, Business Rules Engine (BRE), and all other documentation related to the EVV platform, operating system, and programming language.

2.4.3.1.5 Methodology and approach to programming and unit testing on all system functions to ensure that a single component can function correctly on a standalone basis.

2.4.3.1.7 Methodology and approach to ensure installation and enhancement or modification of the components of the proposed solution meets the specifications developed and approved by DHHR.

HHAX utilizes the Agile software development methodology, which is a group of software development methods based on iterative and incremental development in which requirements and solutions evolve through collaboration between self-organizing, cross-functional teams. It is a conceptual framework that promotes foreseen tight iterations throughout the development cycle. It promotes adaptive planning, evolutionary development and delivery, and a time-boxed iterative approach, and encourages rapid and flexible response to change. HHAX utilizes the Agile methodology as a basis for project management and

change management, allowing us to deliver our solutions on time and on budget while maintaining – as the name suggests – the agility to adjust to unexpected changes or challenges.

Our offering is fully developed and compliant with the 21st Century Cures Act. Through the design and development phase, HHAX will determine and configure any State-specific requirements and integrations.

2.5 Data Conversion Strategy, Approach, and Timeline

2.5.1 The Vendor's proposal should describe what the Vendor believes to be an effective data conversion strategy and approach for supporting migration of data from the current solution (Section 4.1: Background and Current Operating Environment) to the proposed solution (Section 4.2: Overview of Expected Medicaid EVV and Supporting Services).

2.5.2 The Vendor's proposal should also describe how the Vendor will ensure data integrity and consistency through all phases of the project.

2.5.3 <Response>

HHAX can support both data freezing or parallel implementation for data conversion. HHAX will work with DHHR to determine the best approach after further discovery discussions. Our clients currently do more parallel migrations than freezing as it allows them not only to monitor the data coming in, but it also allows for them to make sure that the workflows and processes are working downstream as well.

We will integrate with the Departments existing systems in order to receive applicable data. It is important to note that a lot of the data utilized in our system is being received from the Departments databases so that we can mirror that information in our system. Our offering is not replaced the Department's databases, but it will need to be fed data in order to tie schedules to authorizations and member data to claims for EVV compliance.

HHAX can automatically load files from the Department's MMIS or other databases. Formats accepted include:

- XML data feed
- Comma separated values (CSV) files
- Fixed field files
- Microsoft Excel® files

We have also created multiple interfaces between our solutions and various regulatory and third-party systems. For the State, other State agencies, and Area Office on Aging, HHAX will map each required system interface based on each unique environment and the needs of the program authorities.

File loading can be a one-time event (as in the transfer from a legacy system to HHAX) or conducted as continuous or regularly scheduled events. HHAX supports web services as well as extract/transform/load data transfers for both continuous and scheduled file uploads. For example, the State may elect to trigger a real-time data transfer upon the following events:

- Each time a new beneficiary is entered into the Medicaid system with a status of "Eligible"
- Each time a new provider is entered into the Medicaid system
- Each time a new direct-care worker is entered into the Medicaid system
- A nightly batch file transfer of all new data
- A periodic posting of new data files to an SFTP site

In addition to regulatory interfaces, the HHAX system can provide interfaces to many different system types.

System	Interface Type	Sample System Provider Interfaces
Data Warehousing	Flat file	SQL Server, MySQL, MS Access
Point of Care/Electronic Health Record Systems	HL7 and CSV	McKesson, Allscripts, HCHB, Epic, etc.
General Ledger	Flat file	MAS 90, MAS 500, QuickBooks, Fund Easy, Microsoft Dynamics
Payroll System	CSV and Excel file	ADP, PayChex, BDB, ADS, PayPro, CYMA

Sample Interface Types & Commercial System Interfaces.

HHAX implements an aggregation model that first surveys, and then offers free integration of any third-party data that will satisfy the EVV requirements in the 21st Century Cures Act. In some cases, HHAX ingests third party EVV data directly from the provider, and in other cases HHAX receives EVV data through a direct connection to the providers third party vendor company. HHAX employs a team of data integration experts focused on proactive outreach to providers to work with their software vendors. This facilitates successful integrations.

To achieve successful interfacing with multiple service providers and technology vendors, HHAX deploys a proprietary **self-service EDI Portal platform**. Individual providers access the portal to upload confirmed visits and test the interface until it is correct for processing. At the completion of testing, files start to continuously flow to HHAX from the third-party vendor systems. As the HHAX portal receives data records and determines there are deficiencies, the system returns these records for correction to the provider and the visit is resent to HHAX when corrected; this ensures that the HHAX platform and the providers platform stay synchronized, an important value to the provider. **Any viable EVV vendor must deploy this type of self-service EDI integration to be successful in an Open Model system as the number of providers and various EVV systems in play is simply too large to manage one by one.** HHAExchange successfully pioneered this approach in our recent Pennsylvania deployment.

Currently, HHAX manages the Verification Organization (VO) services for many clients billing Medicaid and provides reports and portal access to New York State Medicaid employees to validate services and provide required documentation on exception reporting and identify metrics related to quality of care. In this capacity, HHAX serves as an aggregator of data on behalf of the State of New York.

Several of our VO clients also manage their own, subcontracted vendor networks. HHAX manages the services for the providers in these networks and has greatly expanded the reach that HHAX has in NY state. HHAExchange has a dedicated VO Department that works directly with the provider agencies in lieu of a required annual audit attestation exercise. Our internal VO department also handles all onboarding of new provider agencies and new subcontracting vendor providers.

2.6 Testing

The primary purpose of the Testing Phase is to determine whether the developed solution is ready for implementation. During the Testing Phase, formally controlled and focused testing is performed to detect errors, issues, and defects that need to be resolved. DHHR envisions the stages of the Testing Phase occurring concurrently with the Development Phase, with testing for each development iteration.

2.6.1 Testing should occur throughout the development process, and the initial planning for testing activities should occur early in the project. DHHR

recommends that planning for the Testing Phase occur as early in the project as possible to ensure successful testing results.

2.6.2 The DHHR defines the types of testing as follows:

- 2.6.2.1 Unit Testing:** Unit testing assesses and corrects the functionality of individual or small groups of code or modules. Unit testing ensures the various objects and components that make up the system are individually tested, and that errors are detected and corrected prior to exiting the development environment.
- 2.6.2.2 Integration Testing:** Developers perform integration testing after integrating completed components or modules into the overall system codebase. This testing ensures that the completed components or modules work at a level of efficiency acceptable by DHHR and that existing components and shared components have not been broken by the new module.
- 2.6.2.3 Iterative Functional Testing:** Iterative functional testing ensures that the components developed for each logical iteration of the system meet all functional and technical requirements as defined and approved by DHHR.
- 2.6.2.4 System Integration Testing:** System testing assesses the functionality and interoperability of the solution and the multiple other systems and subsystems it interacts with, such as databases, hardware, software, rules engine, document management system, identity management system, workflow, interfaces, and web services, and their integration with infrastructure into an overall integrated solution. This test includes a test installation and configuration of the solution, with a subsequent functional regression test to confirm the installation's success.
- 2.6.2.5 Interface Testing:** Interface testing ensures the completeness of interface development and the readiness of developed interfaces for integration in the wider system.
- 2.6.2.6 Regression Testing:** Regression testing assesses the integrity of the solution subsequent to the deployment of new solution components and/or fixes.
- 2.6.2.7 End-to-End Testing:** End-to-end testing is a quality assurance testing methodology that strives to ensure correct functioning and performance of applications in production-like scenarios. This methodology checks if an application performs as designed on all levels and across all subsystems. It is intended to encompass testing for solution's key business and functional processes in their entirety from their start through completion.
- 2.6.2.8 Security Testing:** Security testing is the testing of functional, technical, infrastructure, and operational solution components to ensure the solution and operations meet all security requirements.
- 2.6.2.9 Performance Testing:** Performance testing ensures that the solution meets the minimum performance service levels required by DHHR, in terms of query and page response times under simulated load for a

number of users for multiple concurrent functions in a given period. Performance testing scenarios take into account expected peak period volumes for application processing such as closing of open enrollment periods.

- 2.6.2.10 **Usability/Accessibility Testing:** Usability testing ensures the solution user interface design takes into account usability considerations for its target user groups.
- 2.6.2.11 **Browser Testing:** Browser testing ensures that the solution operates in the most likely configurations of browser versions and operating solutions. The Vendor is responsible for providing the machine configurations to perform all necessary browser testing. Browser testing also includes the testing of mobile view and mobile browsers.
- 2.6.2.12 **User Acceptance Testing (UAT):** UAT ensures that the developed system meets all expectations of DHHR and all solution users. UAT test scripts cover all facets of the system, and the Vendor should be responsible for drafting all UAT scenarios and cases per DHHR's direction. DHHR will be responsible for identifying the participants involved in UAT, for the overall execution of UAT scripts, and for any ad-hoc UAT testing.
- 2.6.2.13 **Data Conversion Testing:** Data conversion testing ensures that data migrated from the current solution are brought across to the new solution in a usable, complete, correct, and expected state.
- 2.6.2.14 **Operational Readiness Testing (ORT):** ORT is performed to examine the operational capability of the solution and its associated processes and procedures. ORT focuses on the validation or verification of the processes involved primarily outside of the system.
- 2.6.2.15 **Parallel Testing:** Parallel testing is a method of comparing the activities and/or data of the old solution against the new solution. In order to reduce risk, the old and new solutions run simultaneously for some period of time after which, if criteria for the new solution is met, the old solution is disabled.
- 2.6.3 **The Vendor's proposal should describe the Vendor's understanding of the aforementioned testing types, and should include detail on the approach and methodology for the following:**
 - 2.6.3.1 All aforementioned testing types, as well as any others the Vendor plans to deploy
 - 2.6.3.2 Timing for execution of each testing type
 - 2.6.3.3 Usage of tools the Vendor proposes be used in support of each testing type
 - 2.6.3.4 Testing environments to be used in support of each testing type, and for all necessary testing activities
 - 2.6.3.5 Validating the traceability of requirements throughout the full testing process
- 2.6.4 **The Vendor's proposal should also include detail on the Vendor's proposed source code management tool, as well as details on the project repository that**

will be used to store usage scenarios, use cases, requirements, designs, test scenarios, test cases, test results, and other project artifacts.

2.6.5 The Vendor's proposal should also present a narrative description that includes the following:

2.6.5.1 Approach to completion of the Solution Design, Testing, and Operational Readiness task group's testing-related deliverables.

2.6.5.2 Approach to obtaining DHHR's approval of the testing-related project milestones including the proposed acceptance criteria for each milestone.

2.6.5.3 Approach to:

2.6.5.3.1 Working with federal partners, DHHR, the Project Management vendor, the Independent Verification and Validation (IV&V) vendor, and/or any other vendor throughout all testing phases

2.6.5.3.2 Developing test cases and scripts to thoroughly test system functionality

2.6.5.3.3 Supplying documentation of each testing type

2.6.5.3.4 Preparing data for each testing type

2.6.5.4 Details on the support the Vendor intends to supply during UAT, such as the Vendor's approach to:

2.6.5.4.1 Developing the UAT Plan, scripts, cases, timeline, and supporting processes

2.6.5.4.2 Preparing test data

2.6.5.4.3 DAT results analysis, identification of defect severity, and defect resolution

2.6.5.4.4 Defect tracking, repair, and reporting

2.6.5.4.5 UAT final report that includes:

2.6.5.4.5.1 A written certification letter certifying that UAT was successfully completed

2.6.5.4.5.2 A list of all defects and issues

2.6.5.4.5.3 A list of all resolved critical defects and/or issues

2.6.5.5 The Vendor's proposal should also include detail on the approach to ORT including details on:

2.6.5.5.1 ORT approach

2.6.5.5.2 ORT final report that includes:

2.6.5.5.2.1 A written certification letter certifying that DAT was successfully completed

2.6.5.5.2.2 A list of all defects and issues

2.6.5.5.2.3 A list of all resolved critical defects and/or issues

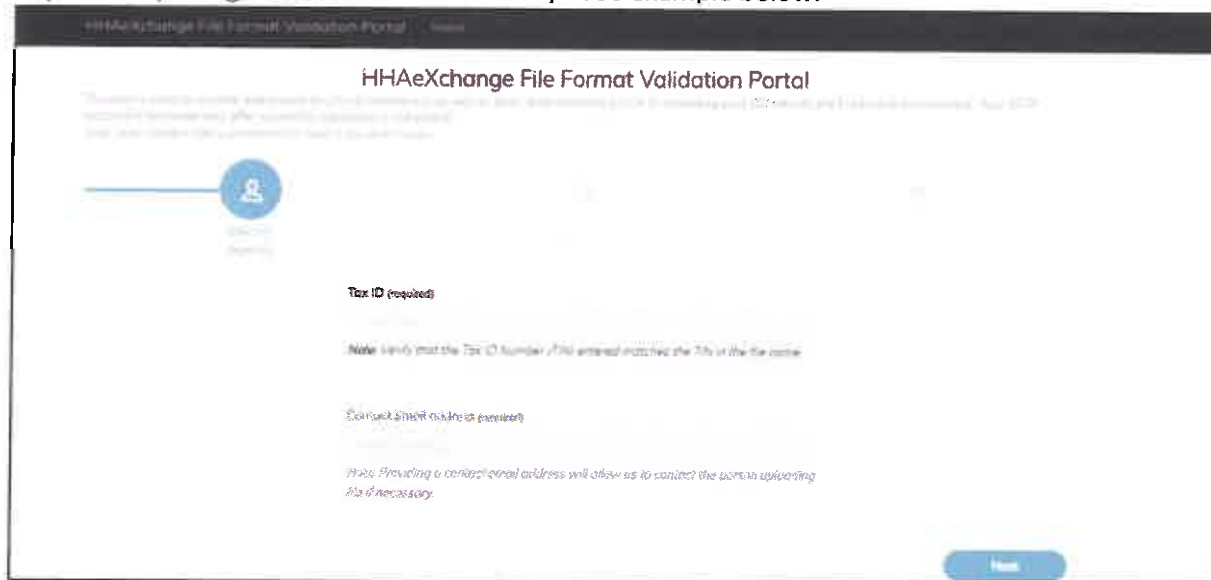
2.6.6 <Response>

HHAX puts our foundational plan documents into action to ensure that our integrations and training will operate smoothly in a live environment. We will select DHHR users and providers to do production testing where we bring our system to life for them to ensure the system is operating as planned. This allows both HHAX and DHHR to respond to any unanticipated outcomes in a production environment and to gain valuable feedback from the initial providers.

Our IT integration is backed by a testing plan for each data file to ensure that data is complete, all data scenarios have been identified, and proper Quality Assurance procedures are in place to validate test data. Below is a sample table of contents for the comprehensive test plan:

TABLE OF CONTENTS	
1	INTRODUCTION 5
1.1	PURPOSE AND SCOPE 5
1.2	OUT OF SCOPE 5
1.3	BACKGROUND 5
2	TEST STRATEGY 6
2.1	TEST LEVEL SELECTION 6
2.2	TEST APPROACH 6
2.2.1	Data Validation (Database level) 6
2.2.2	Application/Functional Validation (User Interface level) 6
2.2.3	Test Iterations 6
2.3	TEST EXECUTION - ENTRY CRITERIA 6
2.4	TEST EXECUTION - EXIT CRITERIA 7
2.5	TEST SCOPE 7
2.5.1	Test Scenarios/Use Cases 7
2.6	INTERFACES 7
2.6.1	Data Upload File - Member 7
2.6.2	Data Upload File - Authorization 8
2.6.3	Data Upload File - Provider 8
2.6.4	Data Download File - Authorization Deletion Data 9
2.7	TEST CYCLES 9
3	ROLES AND RESPONSIBILITIES 9
4	TEST ENVIRONMENT AND RESOURCES 11
4.1	UNIT TEST ENVIRONMENT 11
4.2	ENVIRONMENT ACCESS 11
4.3	TEST DATA ACQUISITION 11
5	TEST ASSUMPTIONS AND RISKS 11
5.1	ASSUMPTIONS 11
5.2	DEPENDENCIES 12
6	TEST REPORTING 13
7	TEST APPROACH FOR PAYER 14
7.1	TESTING OF REAL DATA FILES ON TEST AGENCY - FIRST LOAD 14
7.2	TESTING OF REAL DATA FILES ON TEST AGENCY - IDENTIFIED SCENARIOS/USE CASES 16
7.3	TESTING OF REAL DATA FILES ON TEST AGENCY - PENDING SCENARIOS FROM CYCLE 2 (7.2) 18

At this stage of the project, we also validate EVV files from all third party EVV vendors identified as systems providers currently have in use today. HHAX has more than 20 other EVV vendor integrations built with EVV companies across the nation which can easily be activated in West Virginia as well. This allows us to have connections “at the ready” for each provider that chooses to integrate their current EVV system, while ensuring the EVV vendors can collect and transfer all required data fields. HHAX is a strong proponent of “Open Systems” and is committed to working with each Cures Act Compliant EVV vendor that is currently collecting data for West Virginia providers in an open, efficient data exchange. We have developed a stand-alone File Validation Tool that allows providers to test files for format independently and get test results immediately. See example below:



HHAXexchange File Format Validation Portal

HHAXexchange File Format Validation Portal

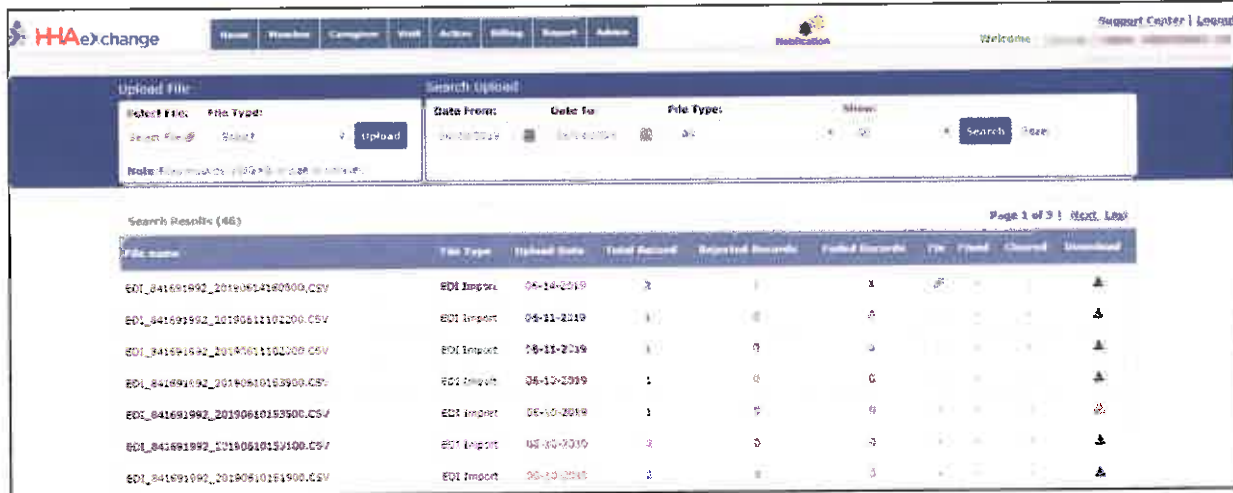
Tax ID (required)

Email (must include an @ symbol)

Note: Verify that the Tax ID Number (TIN) entered matches the TIN in the file name.

Test

Once providers have validated their files, HHAX offers an EDI Tool that gives providers a real-time monitoring dashboard that not only highlights errors, but provides tools to resolve the errors as well. See below example.



File Name	File Type	Upload Date	Total Records	Reported Records	Failed Records	File	View	Download	Unlink
EDI_041691992_20190614100000.CSV	EDI Import	04-14-2019	2	0	2				
EDI_041691992_20190612100000.CSV	EDI Import	04-12-2019	1	0	1				
EDI_041691992_20190611000000.CSV	EDI Import	04-11-2019	1	0	1				
EDI_041691992_20190610000000.CSV	EDI Import	04-10-2019	1	0	1				
EDI_041691992_20190610000000.CSV	EDI Import	04-10-2019	1	0	1				
EDI_041691992_20190610000000.CSV	EDI Import	04-10-2019	1	0	1				
EDI_041691992_20190610000000.CSV	EDI Import	04-10-2019	1	0	1				
EDI_041691992_20190610000000.CSV	EDI Import	04-10-2019	1	0	1				

Any bugs or defects found during testing will be analyzed to determine the cause. We will then jointly make corrections to ensure all defects are cured before production. This allows our developers to work through any issues, while also allowing DMAHS and other users to test the changes in a controlled environment before being deployed to the live environment.

We will work with DHHR to finalize a Master Test Plan that includes:

- Custom test plan
- “Sandbox” environment for testing new features and functionalities
- Mutually agreed to process (including UAT, interface testing, etc.)

3. Deployment Methodology

3.1 Describe the Vendor's overall approach regarding the following areas of SDLC and support. The Vendor's proposal should include in its response what the Vendor believes will be an effective process for each component and flow between each of the following areas:

- 3.1.1 Implementation/Rollout Planning**
- 3.1.2 Implementation Methodology and Timeline**
- 3.1.3 Issues, Challenges, and Risks**
- 3.1.4 Lessons Learned**
- 3.1.5 <Response>**



HHAX proposes a deployment of its systems in phases, including a geographical/regional rollout, which will be reviewed and approved by DHHR and can easily be modified. These phases are designed to begin implementing value as soon as possible in the schedule.

Our project begins with implementation planning with DHHR. We communicate effectively all key decisions to the internal project stakeholders to ensure proper input and feedback from all key personnel assigned to the project. We will provide the anticipated project timeline and task schedule and gain insight and consensus from DHHR. During planning, we will implement project management strategies to ensure efficient project communication and project schedule management.

A few key planning tasks are:

- Establish project roles including the project sponsor, project manager, governance committee, technical lead, and provider outreach lead
- Review best practices and lessons learned from other states to ensure success
- Approve project timeline and schedule and ensure proper resourcing to meet milestones

We also know that the 21st Century Cures act requires states to “take into account a stakeholder process that includes input from beneficiaries, family caregivers, individuals who furnish personal care services or home health care services, and other stakeholders, as determined by the State in accordance with guidance from the Secretary...”

We are committed to helping the State to develop a comprehensive stakeholder engagement plan that is Cures Act compliant and builds consensus early in the project timeline. Making sure that members and caregivers can smoothly adjust to the new implementation is essential for the success of the project. HHAX is committed to providing beneficiary/caregiver support throughout the project with a cohesive plan. We also engage the members and caregivers early with a survey to understand their current use of EVV systems and assure them that they can continue to use these systems in the future.

3.2 Implementation/Rollout Planning

3.2.1 The Vendor's proposal should describe the Vendor's methodology, tools, and techniques for implementation/rollout planning. The Vendor should include what specific staging, readiness, and deployment techniques it will use to determine the proper sequencing of deployment processes and functions required for successful implementation.

3.2.2 The Vendor's proposal should include, but not be limited to, details on its approach and methodology for the following:

3.2.2.1 Completing all Solution Deployment task group-related deliverables

3.2.2.2 Obtaining approval of all Solution Deployment task group-related deliverables and milestones

3.2.2.3 Completing operational readiness and operational readiness testing (ORT)

3.2.2.4 Documenting emergency back-out strategy

3.2.2.5 Completing Pilot testing

3.2.2.6 Confirming stakeholder readiness for new solution implementation

3.2.3 The Vendor's proposal should also include details on its approach to supporting and/or supplying:

3.2.3.1 System documentation

3.2.3.2 User documentation

3.2.3.3 Reports

3.2.3.4 Report distribution schedule

3.2.3.5 Production environment, including the final production schedule

3.2.3.6 Data conversion

3.2.3.7 Pre-implementation training

3.2.3.8 Updates to project management plans for operations

3.2.4 <Response>

Influenced by our Agile development methods, your Project Manager will execute our implementation process in accordance with PMI best practices, as outlined in the PMBOK. HHAX's implementation process is completed in phases, as shown in the table below. Our project plan is structured to demonstrate project tasks, dates, and resources under each delivery stage.

PMI Project Phase	Activities	HHAX Dept. Owner
Contract Awards	<ul style="list-style-type: none"> Contractual agreement negotiations and signature 	Sales Team
Phase 1: Project Initiation & Planning	<ul style="list-style-type: none"> Project Scope Definition Contract Sign Off Schedule Kick-off Meeting Kick-off Meeting Establish Weekly Meeting Cadence Send Project Management Materials & File Specifications 	Implementation Team
Phase 2: Solution Planning	<ul style="list-style-type: none"> Deep Dive Breakout Meetings – Discovery / Integration / IT / Billing Workflows and Requirements Documentation Deliverables 	Implementation Team
Phase 3: Solution Design, Testing, & Operational Readiness	<ul style="list-style-type: none"> IT Integration Development and Testing Deliverables 	Implementation Team
Phase 4: Solution Deployment	<ul style="list-style-type: none"> Technical Go-Live Provider Onboarding Provider Portal Creation 3rd Party Provider Integrations Provider Onboarding Training Provider Go-Live Payer Onboarding Reporting Package Deliverables 	Implementation Team
Phase 5: Project Monitor and Control	<ul style="list-style-type: none"> Deliverables Transition from Implementation Team to Ops 	Implementation Team
Phase 6: Post Go-Live Support	<ul style="list-style-type: none"> Post Go-Live Support 	Operations Team

Throughout the course of the project, all project reporting will focus around measuring progress against the project baselines that are established during Phase 1 – Kickoff. Your HHAX Project Manager is responsible for monitoring project progress throughout the implementation, including baselining to the approved project plan, conducting risk assessment, escalating issues, and general status reporting. As your team reviews our project plan, please note that we have demonstrated our team's commitment to the PMBOK methods described in this section, by aligning project tasks under project phase headings.

After implementation, clients are transitioned from a Project Manager to an Account Manager, and requested changes to the product are managed through a Change Request process. Clients are usually transitioned to support 60-90 days post go-live.

3.3 Implementation Methodology and Timeline

3.3.1 The Vendor's proposal should describe an effective implementation and deployment strategy to meet DHHR's specifications and help ensure State compliance with mandatory EVV deadlines defined in the Cures Act.

3.3.2 The Vendor's Initial Work Plan and work breakdown structure (WBS) in Attachment 5: Initial Work Plan should include a sufficient level of detail to show the tasks and phasing strategy to deliver full solution functionality and the proposed implementation timing for both PCS and HHCS.

3.3.3 <Response>

HHAX directs the Department to our initial work plan that includes our milestones and timeline. HHAX will implement prior to January 1, 2021, to ensure compliance with the Cures Act. We tailored our timeline for a soft launch. Providers will go-live on October 21, 2020, which allows a soft launch so providers can get familiar with EVV and the tool prior to compliance date.

After initial testing and integration, the joint team from HHAX and DHHR is now ready to implement EVV with providers across the State. HHAX is confident that the project plan to this point will have strongly positioned the team to successfully move forward, due to our experience with deploying to a decentralized workforce that is consumer and agency directed.

HHAX will deploy EVV to all providers over a defined period. The rollout and associated training will proceed by defined regions, each with a specified rollout period. The focus of this phase is ensuring that providers transition seamlessly to collecting time-stamped visits that are used to bill the MCOs or State.

At the onset of the engagement, HHAX will work with DHHR to understand your priorities, preferences, contingencies, and any other considerations that would affect the strategy for developing a rollout plan. To give insight into how an implementation plan might be approached, we have put together a high-level description of our approach to implementation.

Our objectives for implementation are as follows:

- Roll out EVV state-wide for Personal care to achieve Cures Act compliance as soon as possible
- Optimize schedule to implement core EVV compliance as early as possible
- Design and implement a comprehensive stakeholder management strategy
- Integrate seamlessly with West Virginia's MMIS as necessary and as early as possible in the schedule

- Work collaboratively as a team with DHHR and other stakeholders to ensure all business requirements are met
- Ensure providers can use any qualified EVV system to comply with EVV requirements
- Maximize integration with the State and any other systems to ensure seamless authorization and billing processes and offer comprehensive performance and compliance oversight and monitoring

The rollout and associated training will proceed in three geographic regions. By the end of this rollout, all 3rd party EVV vendors will be connected, all providers will be performing clock-in/clock-out, and all encounters (visit verifications) and corresponding claims will be sent to the state.

In order to accomplish this, HHAX will need to receive member data and will also need crosswalk data to determine member-plan assignments.

At the end of this process, the state will be compliant with the EVV mandate of the 21st Century Cures Act. The State will be able to monitor EVV compliance by the providers and will be enjoying the benefits of pre-claim checks that reconcile claims with the service information confirmed through the EVV process.

The providers will be allowed the choice of using their own EVV or adopting HHAX's EVV. 3rd party EVV will be subject to certification by HHAX to ensure that proper functionality and interface requirements are met. Allowing choice maximizes provider and caregiver adoption, while avoiding unnecessary disruption with incumbent systems. Regardless of EVV method used, all visits will be billed through HHAX and sent to the State and MCOs for their respective members.

Next, HHAX will introduce case placement by the Department and the MMIS case management system. At this point, State case management staff will begin using the HHAX platform on an operational basis, with the ability to make selections of specific providers or broadcast to many providers through case assignment. The broadcast feature and its corresponding tracking provides a running record of communication for each case.

Through this process, all parties will have increased efficiency due to the communication, case acceptance will occur faster, there will be fewer exceptions and for those that do occur, they will be resolved more expeditiously and there will be a single record of resolution. In this step, we expect provider and member satisfaction to increase and quality of care will also likely improve as the efficiencies affect the overall experience.

As providers begin using their provider portals to confirm their visits with EVV technology, the joint team begins monitoring all aspects of the system. We monitor crucial success goals, such as delivery of member demographics to the portal, the EVV technology is being properly used, and initial claims are submitted for payment through the provider portals. HHAX and DHHR will monitor the claims submission process to ensure providers are being paid in a correct and timely manner. Our Business Intelligence tools will allow the team to monitor providers closely in an effective and efficient manner and identify potential issues immediately.

At the end of this stage, the state will be compliant with the EVV mandate of the 21st Century Cures Act, will be able to monitor EVV compliance by the providers and will be enjoying the benefits of pre-claim checks that reconcile claims with the service information confirmed through the EVV process.

In this last Stage, if desired, integrated authorization management for the state, county or designated case management staff is added. As members are on-boarded and linked with providers, the authorization can then be seamlessly linked to the case to ensure that the caregiver is able to schedule based on, and limited by, the authorization.

This stage introduces even greater efficiencies, allowing delivery of the authorization at the time of case placement with an immediate ability for the member and caregiver to schedule based on and/or within the authorization. This eliminates key-entry of the authorizations and ensures that services are scheduled within the limits of the authorization.

This stage also establishes a “single source of truth” for the authorization and, in conjunction with the two-way communication, ensures that authorization changes and other issues can be resolved quickly, with no ambiguity and with a complete audit trail of the communications and changes.

The ability of central program staff is drastically increased with this stage. Staff can monitor for authorization utilization, speed of authorization acceptance, visit compliance, and overall utilization levels. In addition, all parties benefit from a drastic reduction in claim denials, avoiding the attendant overhead related to problem resolution. Members and caregivers benefit from increased efficiency in scheduling and automatic compliance with authorization, early warning of exceptions and overall efficiencies and satisfaction from a streamlined process supported by enhanced communication.

The cornerstone of our effective relationship for this engagement will be the mutual agreement of HHAX and the State that we have developed and implemented a fully functional solution to achieve the goals of the EVV project. Our actionable results will be the basis of our discussions with DHHR to determine the most effective and efficient deployment of resources to meet project objectives.

The HHAX team utilizes multiple methods of communication:

- Formal and informal meetings
- Phase-gate reviews
- Reports
- Formal presentations

To secure the success of our work on the Department’s behalf, we will use a variety of communication methods to relay our results, discuss potential challenges and solutions, and present other topics of importance:

Formal and Informal Meetings

Through both formal and informal meetings held in person at Agency offices, at our offices, or via teleconference, we will ensure that we meet project timelines, produce deliverables of high quality and the greatest value to the Agency, address any potential issues or challenges, and resolve issues to our mutual satisfaction. We will discuss with the Agency how often these meetings need to occur at Agency offices. The types of meetings that we foresee being of the greatest value to the Agency include:

Start-up Process and Kickoff Meeting

We undertake a thorough start-up process, which includes a pre-kickoff meeting, a requirements-gathering process, and identification of project communications, reporting, and project management activities. Key project start-up tasks include the following:

- Sign contract
- Prepare and schedule the pre-kickoff meeting and, later, a formal kickoff meeting
- Create and publish the project charter

- Create and publish the Communication and risk-management plans
- Conduct the data pre-kickoff meeting and, later, a formal data kickoff meeting
- Update and publish the project schedule
- Establish the date and time for weekly project status calls
- Establish schedules for executive status reporting and phase-gate reviews

Upon contract award, the key project team members for this contract will schedule the pre-kickoff meeting to discuss the timeframes for completion of the tasks (as defined in the formal project plan), agree to technical details, and create the communication and risk-management plans for review by the Agency.

During the pre-kickoff meeting, we will identify issues to address before contract implementation, establish timelines, and assign responsible parties to each task and/or issue. The meeting agendas will include topics designed to uncover any potential issues or roadblocks to the success of the project and ensure that we address them. Discussion topics will include the following:

- Roles and responsibilities
- Any IT elements, including system requirements, system access, data file transmissions, electronic data interchange protocols, and methods of coordinating data transfer
- General business requirements, including Medicaid policies, statutes, regulations, and invoicing procedures

Decisions made at these meetings will create a solid project roadmap that we will update with more detail as we complete the requirements analysis and validation process.

Implementation Phase Meetings

During the implementation phase, we strongly recommend that key project team members and Agency personnel meet at least once per week to discuss the project's progress and confirm adherence to the Agency's schedule requirements.

Ongoing Project Status meetings

Upon Agency agreement that the implementation phase is complete and ongoing operations can begin, we will continue to meet with Agency personnel as requested to review results and discuss any necessary refinements.

Meeting Agendas and Minutes

For each in-person or teleconference meeting we conduct, we will prepare a standardized meeting agenda that will include a list of topics mutually agreed upon with the Agency.

Monthly Status Meetings

We will hold monthly status meetings to update the Agency on all accomplishments, next steps, issues and issue resolutions.

Phase-gate Reviews

We will hold phase-gate reviews on a regular basis to indicate the position of the project in the cycle and address any identified issues or risks.

Reports

Working with the Agency, we will customize or develop a variety of reports designed to communicate project status during implementation and as required during operations. We will design these reports to equip the project team, executives, and other project stakeholders with the visibility and control needed to conduct timely and successful project implementations.

Formal Presentations to the Agency and Project Stakeholders

We have consistently found that a formal presentation to our clients and their project stakeholders is an effective tool to increase project awareness and support, and to demonstrate the value of a program's activities. During these presentations, we provide a detailed overview of our team's activities, accomplishments, and future goals as well as Status Reports regarding contract deliverables for each contract year. We also engage participants in a discussion of project activities, enhancements, and refinements that are of the greatest interest to them.

HHAX will prepare written communication, participate in stakeholder meetings, and provide web-based outreach and training materials for users of the system. We have extensive experience in providing process-focused user training on behalf of regulatory programs. We will not distribute any materials without prior approval from DHHR.

HHAX provides a formal, web-based Communication Outreach (CO) plan. Planning for CO commences in the early phases of the project, starting at the Kickoff meeting, and continues with implementation managers and trainers helping stakeholders to develop the plan and associated communications materials. The CO Plan will specify activities, as well as the time frames and intended audiences for these activities. We will author all written communications (including presentations, introductory training materials, and letters related to the program and system) and deliver them via a secure web portal after obtaining Agency approval.

Written Communications Supplied by HHAX

Written Communication Items	Printed Copies Delivered to Providers and State Users	Available Online for Download
Program Introductory Letters	✓	✓
Program Introduction Manuals (for Each Program)	✓	✓
Complete System User Manual	✓	✓
Electronic Visit Verification (EVV) User Guide (by Role, for Each Program)	✓	✓
EVV Instruction Card (for Use by Workers)	✓	✓
Quick Reference Guides (by Role, for Each Program)	✓	✓
State Administrator's Guide	✓	✓
Provider's Administrative Guide	✓	✓
Data Interface Manual (for Each Program)	✓	✓
Technical Specifications Guide	–	✓
System Controls Guide	–	✓

3.4 Issues, Challenges, and Risks

DHHR is interested in any information that may help identify issues, clarify the specifications, reduce risk of the procurement, and identify issues and challenges of designing and implementing the proposed solution.

3.4.1 The Vendor's proposal should highlight any concerns or recommendations in this section.

3.4.2 <Response>

HHAX has provided below in our response to "Lessons Learned" a table that outlines some challenges, issues, and/or risks, and how we were able to and recommend mitigating these challenges going forward.

3.5 Lessons Learned

DHHR would find it helpful to understand what the Vendor sees as the successes and primary challenges in the implementation of similar systems. In order to gain this insight, DHHR would like to draw upon the Vendor's experiences with similar projects.

3.5.1 The Vendor's proposal should describe any "lessons learned" from the Vendor's relevant experience and how those lessons learned will impact the Vendor's approach to this project.

3.5.2 <Response>

As learned during the deployment of Zone 1 in Pennsylvania for the Community HealthChoices (CHC) program, the potential challenges and solutions to mitigate these identified challenges are as follows:

Potential Challenge/Barrier to Implement EVV	Solution to Mitigate Challenges
Not enough time prior to implementation to affect a smooth transition	Allow enough time prior to EVV launch to onboard necessary integration and training in order to ensure successful deployment
Unavailability or inaccuracy of critical Authorization and Participant data	Share test files in the early stages of the implementation in order to confirm accuracy and completeness of important State data
Large volume of Providers that need to be trained	Provide continue access to self-service training programs and guides for all Providers. Launch early on-site and orientation and awareness programs.
Large volume of Providers that need EDI integration because they are using 3 rd party EVV	Complete the provider Survey process early to determine their needs and desires for EDI integration and tools to use for EVV.
Inclusion of Non-Homecare Service data and availability to input non-homecare services in a timely manner	Early definition of all non-homecare services for inclusion in the EVV program
Multiple User Rights need to be established to protect confidentiality and privacy	Early survey and identification of proper User rights across all stakeholders.

As it pertains to continuing education, HHAX employs a team dedicated to online as well as in-person training programs and content. For example, we developed unique "Quick Start" programs for our Pennsylvania EVV deployment that were very well received by Providers. We design our Quick Start

Guides to help new staff access and begin to use the HHAX System. The sample table below illustrates the following:

- Quick Start Videos: Links to 2-7 minute videos, briefly demonstrating HHAX functions
- Additional Resources: Links to supporting documentation and longer videos for deeper dives and additional learning.

Topic	PA CHC Project Overview & Accessing HHAExchange
Audience	All Provider Agencies (EMV, Manual Visit Entry, and FDI Agencies)
Description and Quick Start Videos	Get acquainted with the PA CHC HHAExchange project and learn how to log in to the HHAX System and navigate the home page. <ul style="list-style-type: none"> • Quick Start Video: Project Overview (4 min) • Quick Start Video: Accessing the HHAExchange System (4 min)
Additional Resources	<ul style="list-style-type: none"> • PA CHC Provider Information Center: https://hhaexchange.com/pachc • PA CHC Provider Customer Support Email: PAsupport@HHAExchange.com • Process Guide: Provider System Introduction • Video: System Introduction

4. Training

4.1 The Vendor's proposal should present a narrative description of the Vendor's proposed approach to completion of the training throughout the contract, including the Vendor's proposed:

4.1.1 Approach to the completion of the training deliverables (as listed in Appendix 2: Deliverables and Milestones Dictionary), including methodology for updating deliverables throughout the lifecycle of the project.

4.1.2 Approach to development, maintenance, and implementation of the Training Management Plan, including methodologies addressing:

4.1.2.1 Assessment of internal and external training needs, including gap analysis

4.1.2.2 Approach to user training, supporting all business processes as identified in the RFP

4.1.2.3 Delivery of end-user training throughout the solution's implementation

4.1.2.4 Development and use of online tutorials, online help, online policy and procedure manuals, and hard copy user manuals for the delivery of training

4.1.2.5 Development and use of live, web seminar, and video-based training

4.1.2.6 The target audiences for training, including DHHR staff, Vendor staff, clients, providers, and third-party stakeholders that work in the system

4.1.2.7 Plan to provide and/or leverage existing DHHR training facilities to perform end-user training detailed in this section

4.1.2.8 Tools that the Vendor will use to support training

4.1.2.9 The planned curriculum for each system user role and audience

4.1.2.10 Initial training schedule

4.1.2.11 Version control and maintenance of training documentation

4.1.2.12 Training evaluation, including the use of evaluation survey tools to determine whether the trainings produced the expected results

4.1.2.13 Initial and ongoing training outcomes tracking and reporting, including information such as, but not limited to, the number of training sessions, type of training, training locations, number of trainees, and information

regarding the actual training results and recommendations for follow-up training

4.1.2.14 Approach to "train-the-trainer" activities during the Operations phase

4.1.3 Approach to role-based training during both implementation, and maintenance and operations

4.1.4 Approach to development of training materials

4.1.5 Approach to training evaluations

4.2 <Response>

We have extensive experience in providing process-focused user training on behalf of regulatory programs. In general, an implementation of our Platform combines on-site training, remote training, on-site post go-live support, daily "lunch and learn" webinars, Quick Start Guides, and a Learning Management System (LMS).

In addition to the regularly scheduled training sessions, provider agencies can request and obtain additional training based on their perceived needs. In all cases, provider agencies should be required to receive a number of annual in-service training hours (as determined by the Department) to ensure compliance with all program rules and understanding of any changes and additions to program rules.

We deliver a large library of on-line content and also offer real-time live Webinars on a regular basis. In Pennsylvania, for the first month of implementation, we delivered daily "lunch and learn" sessions where providers can log into our system for free and receive education on a different topic each day of the week. Below we have highlighted some of our training course categories:

Training Course
Introduction to HHAX
Managing Client Intake (program specific)
Human Resources (Worker) Management
Electronic Visit Verification and Monitoring Training
Scheduling (by program)
Visit Maintenance/Exception Handling
Billing and Invoicing (by program)
Payroll (by program)
Reporting (by program)
Provider System Administration (by provider and by program)
State Employee System Administration (by role and by program)

HHAX will provide a detailed training plan for both initial training and ongoing training.

From a continuing education standpoint, Mark Putter, our Vice President of Training and Education, has a team dedicated to online as well as in-person training programs and content. For example, we developed unique "Quick Start" programs for our Pennsylvania EVV deployment that were very well received by Providers. We design our Quick Start Guides to help new staff access and begin to use the HHAX System. The sample table below illustrates the following:

- **Quick Start Videos:** Links to 2-7-minute videos, briefly demonstrating HHAX functions
- **Additional Resources:** Links to supporting documentation and longer videos for deeper dives and additional learning.

Topic	PA CHC Project Overview & Accessing HHAExchange
Audience	All Provider Agencies (EVV, Manual Visit Entry, and EDI Agencies)
Description and Quick Start Videos	<p>Get acquainted with the PA CHC HHAExchange project and learn how to log in to the HHAX System and navigate the home page.</p> <ul style="list-style-type: none"> • Quick Start Video: Project Overview (4 min) • Quick Start Video: Accessing the HHAExchange System (4 min)
Additional Resources	<ul style="list-style-type: none"> • PA CHC Provider Information Center: https://hhaexchange.com/pachc • PA CHC Provider Customer Support Email: PAsupport@HHAExchange.com • Process Guide: Provider System Introduction • Video: System Introduction

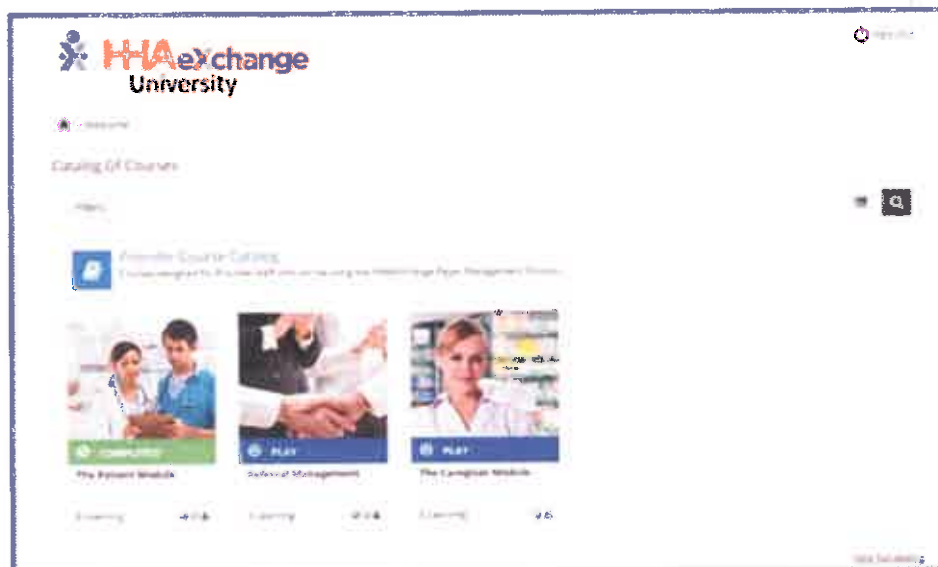
In addition to providing a comprehensive set of training materials (including User Guides, Process Guides, System Workflow documents, Quick Reference Guides, and Job Aids), we employ a state-of-the-art LMS to provide online delivery of training, with real-time tracking and certifications, optimizing a learner's time and reducing the costs associated with traditional ongoing learning methods.

HHAExchange University

Our automated LMS allows our clients to learn about our solution and its latest features at their own pace and convenience through a series of interactive, self-paced web-based training modules.

HHAExchange University features:

- Advanced test engine and course tracking features, allowing organizations to easily monitor and track the performance of their personnel
- A game-like design, allowing for increased user engagement—learners can receive badges and awards for completing training modules and achieving set milestones
- Certification programs created to validate student skill levels for selected topics—users can obtain HHAExchange University certifications by completing courses and learning plans
- The ability for users to browse and subscribe to courses through a personalized course catalog



HHAeXchange University. Catalog of Courses.

Users can directly access training for all major system areas. MP4 video files coupled with support materials and validated testing ensure users can get all the training they need and want on their own schedules.

Once selected, HHAX will work closely with DHHR to create a detailed training plan with dates, locations, and required staff. Our goal is to provide a system that improves workflows and reduces the burden on your Providers, and DCWs. Training is critical to successful adoption of any EVV system, and we commit time and resources to ensure the continuous success of the program.

TN001	The Vendor should provide outreach to users to ensure and document their readiness to begin using the solution. The outreach should include all user groups including, but not limited to:
TN002	Members or Legal Representative
TN003	Direct Care Workers
TN004	Provider Agencies
TN005	The Department
TN006	Other as defined by the Department

As described in our implementation approach section, HHAX will prepare written communication, participate in stakeholder meetings, and provide web-based outreach and training materials for users of the system. We have extensive experience in providing process-focused user training on behalf of regulatory programs. We will not distribute any materials without prior approval from DHHR.

HHAX provides a formal, web-based Communication Outreach (CO) plan. Planning for CO commences in the early phases of the project, starting at the Kickoff meeting, and continues with implementation managers and trainers helping stakeholders to develop the plan and associated communications materials. The CO Plan will specify activities, as well as the time frames and intended audiences for these activities. We will author all written communications (including presentations, introductory

training materials, and letters related to the program and system) and deliver them via a secure web portal after obtaining Agency approval.

Written Communications Supplied by HHAX

Written Communication Items	Printed Copies Delivered to Providers and State Users	Available Online for Download
Program Introductory Letters	✓	✓
Program Introduction Manuals (for Each Program)	✓	✓
Complete System User Manual	✓	✓
Electronic Visit Verification (EVV) User Guide (by Role, for Each Program)	✓	✓
EVV Instruction Card (for Use by Workers)	✓	✓
Quick Reference Guides (by Role, for Each Program)	✓	✓
State Administrator's Guide	✓	✓
Provider's Administrative Guide	✓	✓
Data Interface Manual (for Each Program)	✓	✓
Technical Specifications Guide	—	✓
System Controls Guide	—	✓

TN007 The Vendor should provide training at the time of registration.

HHAX recommends regional trainings initially to help increase adoption and reduce provider abrasion. These trainings will be augmented with webinars and online resources to help reinforce the new information.

HHAX currently serves multiple large, national managed care organizations (MCOs). Recently, we conducted trainings across the entire state of Florida, in English and Spanish, for three large MCOs. We worked with the MCOs to map out the higher concentrated areas throughout the state to host regional onsite trainings.

We believe that successful provider adoption starts early through stakeholder engagement and clear and recurring communication. At the beginning of the process, HHAX will assign a provider onboarding specialist. This specialist will monitor the adoption of each provider. With their focus on provider adoption, this creates an early warning system if a provider does not seem to be moving through the stages of the project.

HHAX maintains a comprehensive training and resource database in our support center. This includes short instructional videos, process guides, and recorded webinars. We also emphasize the train the trainer approach. At each provider office, we recommend assigning one employee to become a key contact and take on the responsibility of first line support and trainer for new hires or refresher training.

TN008 The Vendor should collaborate with the Department and the stakeholder community to develop strategies to train members receiving services.

HHAX will work with the Department and the stakeholder community to develop these strategies. We will need to clarify what aspects of the solutions the Department wants members to receive training on, as EVV is most commonly a system for back office users, provider agencies, and the DCWs providing services.

HHAX does provide a family portal for members to review and approve services. We will work with the necessary stakeholders to determine the best approach for training members on this portal.

TN009 The Vendor should provide both web-based and ten (10) state-wide in-person trainings to users prior to the initial implementation of the solution based on a schedule and locations as agreed upon by the Department.

As mentioned previously in our response, HHAX provides both onsite and web-based trainings. On-site state-wide meetings will be critical to the implementation and adoption of our platform. We recommend, as much as possible, to provide the in-person trainings in locations around the State that will allow for providers to attend from roughly 40 minutes away.

In our most recent statewide deployment in Florida, we were given files from our MCO clients that listed the addresses of all of their providers. From this, HHAX took the lead in mapping out the locations and looking for areas with high concentration. From here, we were able to determine the best locations to maximize provider attendance. HHAX then located acceptable facilities to host the training sessions, at no additional cost to our clients.

TN010 The Vendor should provide written training materials for both in-person and web-based training options.

HHAX acknowledges and agrees. This is a standard best practice that we utilize for all of our trainings.

TN011 The Vendor should submit all training materials to the Department for review and approval at least 45 calendar days prior to the date of the first training session.

HHAX acknowledges and agrees.

N012 The Vendor should provide training materials offered in accessible formats consistent with requirements of the Americans with Disabilities Act (ADA) throughout the life of the solution. (Reference: https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.pdf)

HHAX will work with the Department to ensure we are in full compliance with ADA, including providing training materials in accessible formats.

TN013 The Vendor should provide training materials and training courses that are accessible for users who do not speak, read, or write the English language, upon request by the Department according to <https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html>.

HHAX acknowledges and agrees to meet this requirement upon request by the Department. As mentioned previously, we hosted our regional trainings in English and Spanish in Florida recently.

TN014 The Vendor should obtain independent verification of the accuracy of all translations made pursuant to language and accessibility requirements.

All translations provided by HHAX are from a translation service provider that we work with. HHAX does not do any translations ourselves. We will work with the Department to ensure that we are meeting all of your translation needs and requirements.

TN015 The Vendor should provide web-based training available to users throughout the life of the solution.

HHAX will provide a detailed training plan for both initial training and ongoing training. As well as providing a comprehensive set of training materials (including User Guides, Process Guides, System Workflow documents, Quick Reference Guides, and Job Aids), we employ a state-of-the-art LMS to provide online delivery of training, with real-time tracking and certifications, optimizing a learner's time and reducing the costs associated with traditional ongoing learning methods.

TN016 The Vendor should provide a detailed approach to user training with respect to solution modifications.

In addition to providing release notes detailing what the enhancements are to our clients, we also update our support center with a webinar that walks the users through the new enhancements. This process can vary depending on the scope of enhancement. We will work with the Department to finalize a plan for user training on solution modifications.

TN017 The solution should maintain a record of all user training, including the name of the individual trained, the date of training, the specific training completed, and whether the training was in-person or web-based.

HHAX acknowledges and agrees. Our in-person trainings will log all in attendance through user sign-in sheets. For any scheduled webinar training, users will register for the event. Once the webinar is live, our training team will log all users in attendance.

We previously mentioned our LMS, which is linked to each user to track their achievements and provide additional training as needed.

TN018 The Vendor's training records should be included in the data available for reporting.

HHAX will provide reporting on training records to the Department. We will finalize this detail in our training plan, as well as the schedule for when to send the reports and which stakeholders will receive it.

TN019 The Vendor should provide a user manual to all users.

TN020 The user manual should be subject to Department approval.

TN021 The user manual should be available online and in hard copy upon request of the user.

HHAX is an experience EVV and Aggregation vendor. Our web-based, cloud offering has established user guides and detail job aids for all aspects of the offering. We will share these with the Department for

review, as well as providing hard copies upon request. These user guides currently reside in our support center.

TN022	The user manual should be offered in accessible formats consistent with requirements of the Americans with Disabilities Act. (Reference: https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.pdf)
TN023	The user manual should be available in at least those languages the Department is required to accommodate, in addition to English, pursuant to 45 Code of Regulations (CFR) Section 80.3(b)(2). (Reference: https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html)

HHAX will work with the Department to determine all necessary formats and languages needed for our manuals and other communications. This process is built into our discovery and kickoff discussions.

In addition to providing communications in non-English languages, our mobile application currently supports seven (7) languages (with easy configuration of additional languages as needed):

- English (North America)
- Spanish (Latin America)
- French (European)
- Chinese (Traditional)
- Russian
- Haitian Creole
- Korean

We designed the HHAX systems to be compatible with assistive technology and provide alternatives via web connectivity, Interactive Voice Response (IVR) applications, mobile application technology, or fixed device services. In addition, we currently deliver our IVR services in 24 languages including English, Spanish, Russian, German, and French, with the additional capacity to program for other languages as required. There is ongoing focus to ensure we design and test our updates and releases to confirm ongoing accessibility. HHAX takes all recommendations and feedback on potential assistive updates seriously and works to maintain currency with technology changes.

We understand the importance of proper communication to help providers, caregivers, and members to learn about the new requirements and system. We recently led information sessions across the entire state of Florida, where HHAX is working with four MCOs to cover over 90% of the lives in the state. Understanding the demographics in the state, we conducted successful and well received sessions in Spanish, with advance registration to ensure we had the proper number of sessions to meet demand.

We will work with the Department to determine all required formats for written materials, including fonts and alternatives for those with disabilities. Further discussion with the State is required to finalize all required languages and any special formats that are needed from the kickoff of the program. Over time, we will always adapt and develop new offerings to meet any needs as they are requested.

As a cloud-based offering, our system operates through a user's chosen internet browser. This approach allows for browser-based plugins, developed for ADA Section 508 compliance, to enhance our system for those with disabilities. HHAX utilizes a text forward design, allowing for text readers and other offerings to easily understand the programming and read the screen for those with visual impairments. We take this approach to compliance with ADA 508 as our goal as an offering is to integrate as much as possible with existing workflows, while providing enhancements to improve efficiency. With this in mind, HHAX understands that those with disabilities have established plugins and processes they

currently use to enhance their work routines. Instead of altering their processes and creating a new hurdle for them to do their work, we aim to utilize their existing solutions to enhance our offering.

TN024	The solution should support workforce security awareness through such methods including, but not limited to:
TN025	Security reminders (at login or screen access)
TN026	Training reminders
TN027	Online training capabilities
TN028	Training tracking
TN029	Others as defined by the Department.

HHAX provides all of the above listed requirements. Our communication system within the platform allows for notices, alerts, and reminders to appear first thing after login. The user then has to mark the message as read, which is then auditable in the system.

We previously discussed our extensive training abilities, but we can also track caregiver compliance in our system as well. This can include certification reminders, flu shot due, and other elements that will keep the Department's network in compliance.

5. CMS Certification

5.1 The Vendor's proposal should describe in detail the Vendor's experience with CMS Certification including the MECT, and a proposed approach to certification of the solution.

5.2 In addition, describe the Vendor's experience in projects subjected to IV & V oversight, the approach to interaction with an IV & V team, and responding to IV & V findings.

5.3 <Response>

The Center for Medicare and Medicaid Services (CMS) released the Medicaid Enterprise Certification Toolkit (MECT) version 2.3 in August of 2018. MECT and the accompanying Medicaid Enterprise Certification Lifecycle provide the detailed outline we can follow to ensure successful certification of our EVV solution for DHHR.

We understand through the Department's response to questions that the new Outcomes Based EVV Certification will be the process followed. HHAX is also highlighting our abilities to support the Department's MECT elements as we understand that other aspects of the MMIS will still have to follow MECT. The below detail also illustrates our ability to evolve and maintain compliance with all new CMS requirements.

The Certification Team

HHAX's Certification lead is Adrian Salas. Mr. Salas is well versed in compliance techniques for federal frameworks. As our Chief Security Officer, he spearheaded our successful attainment of HIPAA, HITECH, HITRUST, SOC2 Type II, and SOC1 Type II certifications. Many of the MECT Security and Privacy requirements that are included in CMS MECT certification checklists for EVV mirror NIST security controls making the transition from these various frameworks to CMS' MECT framework easy and seamless.

Because systems are not certified in a vacuum and no two certification efforts are the same, the hallmarks of successful CMS Certifications are organization and coordination. HHAX's approach to the process of Certification involves both of these necessities. Mr. Salas will take a proactive role in ensuring effective communication and coordination for certification activities. He will conduct a joint certification planning meeting with DHHR and the State's selected System Integrator (SI) (Contractor, the PMO Contractor, and the IV&V Contractor) at the beginning of the Implementation Phase. The goal of this planning meeting is to lay out a mutual communication plan for all certification activities and milestones.

Mr. Salas will lead the HHAX certification team and coordinate production, review, delivery and acceptance of certification artifacts. Our certification team will include Mr. Salas as lead, the HHAX Project Manager, Our Implementation Lead, a technical certification analyst, and our Training Lead. Our team approach to certification ensures that expertise in both the technical and business aspects of EVV are represented. Beginning during the Implementation Phase, the certification team will meet internally on a regular basis to review project status and upcoming deliverables.

The Certification team will meet monthly with DHHR throughout the project and weekly in preparation of the R2 and R3 CMS gate reviews. The focus of these meetings is to ensure certification planning remains a focus as documents, artifacts, reports, updates, and other Medicaid Enterprise Certification Life Cycle (MECL) activities are completed and delivered to DHHR for approval. In addition to the focus on MECT and Milestone requirements, the monthly meetings will be the forum for assisting DHHR with evaluation and updates to MITA Maturity of business processes that the installation of our EVV system impacts. We will review the State Self-Assessment (SS-A) document and are confident that installing HHAX will result in a positive impact on DHHR's associated maturity scores. Documentation of MITA maturity will be in a scorecard and narrative format suitable for use in updating MITA documents for the APD process. Our solution has been in use in the Medicaid market for 12 years and sustains a minimum level 3 MITA technology score.

The Certification team will be responsible to produce and review all MECL deliverable documents for presentation to DHHR using a formal Deliverable Expectation Document (DED) process. After DHHR approval, each artifact will then be stored in our shared certification repository. Mr. Salas is responsible for managing all certification related communications between the DHHR Project Manager, the IV&V contractor, SI contractor, and other stakeholders.

Tools

HHAX is using ReadyCert as the repository and certification management tool. ReadyCert is designed for CMS certification. DHHR will find ReadyCert easier and more efficient to use for certification than paper copies of CMS Checklist Excel spreadsheets. ReadyCert facilitates cooperation and collaboration because everyone with access is using the same tool, accessing and reviewing the same data, in one place. No one has to worry about version control or identifying the latest version. ReadyCert is the only version that represents the single source of truth.

ReadyCert has numerous key features important to the Department:

- ReadyCert links MECT objectives and system review criteria to solution descriptions, screen shots, reports, business process models and MITA business processes. MITA Maturity improvement flow from MECT responses.

- ReadyCert has a repository to store documentation and artifacts for each of the CMS Review Milestones (R1, R2, and R3). Artifacts can include graphics, manuals, screen shots and can be uploaded in preparation of each of the gate review and for any activity in MECL.
- ReadyCert is hosted on Microsoft Azure Government geo-redundant servers and is on a tethered cloud within the continental USA and delivered via the web and is browser and device independent. MS Azure Government services provide a secure, safe, and reliable environment certified by all industry standard security and privacy frameworks.
- Our ReadyCert license includes MECL technical and business process support. Our ReadyCert MITA and Certification resource for West Virginia is Barbara Cardone. Ms. Cardone has 30 years of experience in Medicaid implementation projects and certification.

Medicaid Enterprise Certification Lifecycle

HHAX assumes that the State has already completed the R1 CMS review because CMS requires that step for most states prior to RFP for EVV. During the Requirements Analysis Phase, HHAX will review applicable R1 artifacts in preparation for updates and revisions necessary for R2 and R3.

HHAX's certification team will work with the SI contractor to ensure that all documentation including both system technical documentation and business process policy and procedures are prepared and delivered to the SI contractor and DHHR for review and approval. HHAX's finalized Project Work Plan will include each of expected R2 and R3 Appendix B CMS artifacts and the DED process deadlines. The proposed Project Work Plan follows the current MECL 2.3 and MITA 3.0 and MECL requirement closely to ensure that certification is tracked as closely as any other implementation step or requirement. HHAX is prepared to modify our certification planning to match any changes in CMS requirements that occur between submission of this proposal and the successful R3 Certification meeting with CMS.

Object Based Certification of EVV

CMS is in the midst of changing the current Medicaid Enterprise Certification Lifecycle (MECL) and the Medicaid Enterprise Certification Toolkit (MECT) process and requirements starting with the EVV Module. CMS announced Object Based Certification for EVV at 2019 Medicaid Enterprise Systems Conference (MESCC) held in August. CMS realized that the 21st Cures Act deadline's for installation made it impossible for states to implement and certify their EVV by January 2020, or January 2021 if approved for a Good Faith Effort exemption. In addition, CMS realized they did not have the capacity to certify all current and planned EVV solutions within the required timeframe.

Highlights of the Object Based Certification for EVV consists of:

- MECL 2.3 Checklists will not be used - Instead states will demonstrate 11 Objects;
- No Project Partnership Understands (PPU) – instead states will demonstrate five (5) Key Performance Indicators;
- The required R1 Initiation and Planning Meeting is removed; and
- The Appendix B Documents will no longer be required by CMS.
- Our contract with ReadyCert includes system updates to match federal requirements. No matter what CMS requires in the future, we will be ready to support the Department to certify our platform.

HHAX has reviewed the new guidance from CMS. Our technology team has mapped the KPIs and Criteria required for each Business and Enterprise Outcome. Our above detailed understanding of the previous MECL process has positioned us nicely for the new Outcomes Based approach. Our system aligns nicely with these requirements, and we are confident we will be able to achieve CMS certification of the system efficiently and before the State's January 1, 2021 Good Faith Effort exemption deadline.

testing in the sandbox environment. Once DHHR tests and provides feedback, we will make any necessary updates to the new enhancements, communicating changes and the status to the Department.

HHAX will include this detail in the Change Management Plan sent to DHHR for review and approval after award.

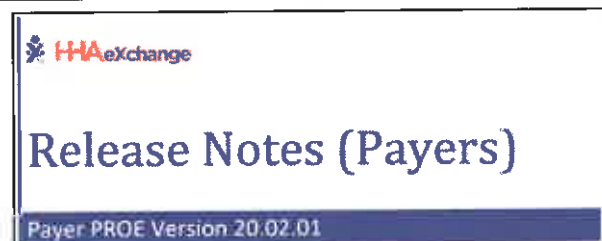
OP011	The Vendor should provide the Department with detailed documentation that provides all fixes and functionality for each release.
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We post announcements in the support center, including release notes as well as accompanying webinars. We also send out product marketing emails that highlight new features and functionalities of the HHAX platform. These emails provide users with brief overviews and then direct them to the release notes, where further detail and training webinars are available. Major releases occur every quarter, with updates every 2-4 weeks.

No downtime is required for software releases. If necessary, any scheduled downtime windows are set for after business hours, are announced a week prior, and are very rare occurrences. Depending on the scope of maintenance, users might experience slowness in the platform, but they will continue to have access to the HHAX platform.

OP012	The Vendor should maintain version control and provide the Department with current system and user documentation.
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With each update to the system, HHAX alters the version number, currently version 20.02.01. With each update, HHAX will update all user environments, including DHHR, as well as providing release notes and updated additional user documentation.



HHAX recently streamlined the versioning nomenclature across all platforms, reformatting the version naming format to YY.MM.##, as follows:

- YY = 2-digit year
- MM = 2 digit month
- ## = 2 digit sequential release number

This version naming format deployed in February 2020 as version 20.02.01, indicating the first release of the February 2020 system. While major releases end with ".01", all other subsequent minor releases are numbered in sequence to the major release (examples: 20.02.02 and 20.02.03).

OP013	The Vendor should perform all maintenance and product upgrades for all operational and test environments and hardware at no additional cost so that the system is operating on currently supported version of each product and maintain software and security patches, based on a schedule approved by the Department.
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As a cloud hosted solution, HHAX will make enhancements to the environment regularly. These updates will automatically occur, and clients will have access to them as soon as they are released. We do not

Any unique enhancements to the system for the State specifically will occur through a change request to the scope of work in the contract, which will be mutually agreed to. This type of change will have an agreed to cost for upgrading the system.

HHAX incorporates a pre-claim edit called the “HHAeXchange Pre-billing” module. This module works as a real-time, rules-based engine configured based on the unique rules of the State program. HHAX will not allow a provider to submit a claim that does not pass all the pre-bill edits. Not only does this prevent the provider from submitting claims that are not 100% compliant, it also assists the caregiver (and potentially the member) by providing real time information on the non-compliant status of the service.

When transactions (clock-ins and clock-outs) are received by the EVV system, the data is sent through a series of validation audits that examine the data from a variety of different perspectives to determine its validity for billing. The HHAX Contract Setup Page establishes the following basic rules for billing:

- [illegible]

Each transaction set (i.e., clock-in and clock-out) represents a single visit event. Individual clock-ins and clock-outs undergo matching using program-specific business rules. Upon validation of a transaction set, it passes through the audit system, which ensures that all of the following conditions occurred in pre-billing:

252 | Page

AUDIT 2 checks the identification number (ID) entered to ensure that the clock data came from a valid worker. The worker must be active, have the correct discipline, and be associated with the member's case in order to pass this validation.

AUDIT 3 verifies automatic number identification (ANI) or Global Positioning System (GPS) information to ensure that performance of the services is from a valid member's home. The ANI must exactly match one of the phone numbers entered to a valid and active beneficiary in order for the transaction set to pass this validation. With use of GPS in place of ANI, the tolerance (i.e., distance from the mapped GPS coordinates for the beneficiary) undergoes evaluation. It must be within the allowable tolerance per Medicaid rules in order to pass this validation.

AUDIT 4 verifies the clock-in/clock-out set matches against a member's Medicaid-approved schedule. For programs that include scheduling, the transaction set durations undergo comparison against the member's schedules and must fall within the allowable tolerance for duration (overall length of the visit) and proximity (to scheduled clock-in and clock-out times). Only transaction sets with times recorded that fall within acceptable duration and proximity pass this validation.

AUDIT 5 verifies the clock-in and clock-out set against the member's Medicaid-approved active authorizations. Transaction sets, once validated for clock-in and clock-out, worker ID, source location, and schedule, are then compared against each level of the member's multilevel authorization to ensure it is within the authorization's overall total allowable hours/units for the following:

- Total authorization period
- Monthly limit
- Weekly limit
- Daily limit

Only transaction sets (visits) that fall within all authorization limitations will pass this validation.

AUDIT 6 verifies the service task codes collected from the clock-in and clock-out set against the member's Medicaid-approved POC. Transaction sets (visits) that meet all of the above validation conditions then undergo matching against the member's POC, in accordance with the business rules set forth in the Contract Setup page. Several options are available to be set up on the Contract Setup Page to determine if visits match the POC:

- **Contract compliance.** Visits must have at least five service task codes recorded with one of them being a personal care duty.
- **Personal care compliance.** Visits must have at least one personal care duty documented.
- **No compliance.** The system will not validate duties reported against the member's POC for this program.
- **POC compliance.** All duties set forth in the member's POC must have documentation as delivered.

Based on the setting selected, the system will hold visits that do not match the POC as indicated. Only visits that comply with the setting selected will pass this validation.

Billing through HHAX is quick and efficient. Our focus is on compliance, helping providers to send clean claims to the State. There is no time constraint in the system, allowing for real-time immediate submission once all pre-billing scrubbing is complete.

HHAX designed our EVV system to create operational efficiencies and improve homecare workflows within an organization by creating a single source of truth between the State and Provider. Through the direct connection of the State and Provider on the HHAX platform, both entities can communicate electronically in real-time. The State can securely and electronically send a member's information, including Authorization and Service Plan, directly to the chosen Provider who then in turn can quickly schedule the right worker for the member. As the worker completes a check-in and check-out, that data shows up in the HHAX platform in real-time, allowing the schedulers and coordinators to manage any missed or late visits. As a final example, through HHAX's workflow by exception process, the Provider then sends claims through a pre-bill scrubbing process to ensure compliant claims. Those claims then go directly to the State via the submission of an electronic 837 file, with the Provider receiving an electronic 835 file in return.

Through the processes described above, plus the additional workflow efficiency benefits offered by HHAX, we streamline billing, and minimize paper use.

OP015	The solution should provide the ability for the provider agency to review and correct billing errors prior to submission.
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As mentioned above in response to OP014, HHAX provides a consistent, rules-based billing and scheduling software platform across all service providers by using the four-step pre-claim generation process. This process will kick back non-compliant claims to the provider for review and correction before submission to the State.

The HHAX solution uses a hub-and-spoke approach to the proposed Electronic Visit Verification (EVV) System project:

- As the hub, the Department creates authorizations for service fed to provider agencies.
- The Department can set the rules for the criteria that member visits must meet to be considered valid claims for payment.
- A provider agency typically uses the HHAX-provided agency software to manage member schedules and confirm visits against schedules and program compliance rules.
- Clock-in and clock-out transactions are matched into call sets (i.e., visits) based on business rules.
- Visits run through a set of auditors or filters that ensure that only fully compliant visits can pass through to create claims.

Only valid visits, in compliance with the Medicaid authorization and all other program rules, can create new claims. More detail can be found in the previous response above, but the audits include:

- AUDIT 1 ensures that there is a valid clock-in and clock-out from the same member's address.
- AUDIT 2 checks the ID entered to ensure that the clock data came from a valid caregiver.
- AUDIT 3 verifies the ANI or GPS information to ensure that the services performed are from a valid member's home.
- AUDIT 4 verifies that the clock-in/clock-out set matches against a member's Medicaid-approved schedule.
- AUDIT 5 verifies the clock-in/clock-out set against the member's Medicaid-approved active authorizations.

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- STEP 1**
Claims data starts with the winners' clock-in to and clocking out of an EV system.
- STEP 2**
We store the clock-in and clocked-out data in one of our HIPAA-compliant data-storage facilities.
- PRE-CLAIMS RULES-BASED ENGINE AUDITING**
- Audit 1:** Internal clock-in
Audit 2: Internal clock-out
Audit 3: Internal location
Audit 4: Internal vehicle
Audit 5: Internal driver's license
Audit 6: Internal driver's photo
- STEP 3**
Processing of clock-data occurs through the Pre-Claims Rules-Based Engine Auditing. This software we match clock-ins and clock-outs to visits and process them throughout our internal audit system.
- STEP 4**
Once the clock-in/clock-out of process, the internal audit unit undergoes processing against any specific program business rules. If the passes, it then undergoes a secondary processing for billing.
- Billing**
637 Electronic Claims

HHAX provides reports on claims filed and unbilled encounters, including activity by member, agency, support coordination agency, managed care organization (if applicable), and caregiver. We will make various reports available to specified persons and roles as directed by Medicaid. Some examples of existing reports related to claims filed and unbilled encounters are as follows:

- Claims Filed (by Period) Report
- Unbilled Encounters Report
- Weekly Submission Summary and Detail Reports
- Remittance Summary and Detail Reports
- A/R Summary and Detail Reports
- Billable Hold Hours Report
- Director/Manager Report
- Other reports as desired

- Member
- Agency
- Support coordination agency
- Managed care organization
- Caregiver

OP022	The Vendor should provide a report of all daily transactions, including interactions via the call center, available to the Department in a variety of formats, including, but not limited to:
OP023	Browser-based
OP024	Portable Document Format (PDF)
OP025	Excel
OP026	Comma-Separated Value (CSV)
OP027	Others as defined by the Department

Yes, HHAX will provide reports around daily transactions, including call center statistics. Reports and data exports from HHAX can undergo export in a variety of formats, including XML, HTML, CSV, XLS (Excel), PDF, and RTF. There is no charge to export data in these formats from our standard reporting tools.

OP028	The solution should track metrics for each type of correspondence generated in the solution.
OP029	The solution should track the status of notices that are moving through the generation process.

Yes, HHAX acts as a full auditing tool for every page within the system. This includes correspondence generated in the system. The Department will be able to track times as well as which specific users at a provider agency read the correspondence.

OP030	The solution should notify the Department when an undelivered scheduled system-generated correspondence is approaching the predetermined delivery timeframe as agreed upon by the Department.
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HHAX will work with the Department to setup guidelines and timeframes for all system related reports and correspondences. This will include working closely with key stakeholders to ensure open communication before, during, and after delivery, with reporting delivered after correspondence delivery.

OP031	The solution should have the ability to track when any correspondence or form has been reissued or revised as agreed upon by the Department.
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Yes, all correspondences and any data within the system are tracked for audit and reporting purposes. This includes any reissuing or revisions.

OP 032	The Vendor should pay and arrange for an annual Statement on Standards for Attestation Engagements, System, and Organization Controls (SOC) 1, Type II audit, using the most current version of the audit, which should cover work performed by the Vendor at the Vendor's facility and data center sites. (Reference: https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1008_Audit_Mar2019.pdf)
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HHAX has achieved SOC1 Type II attestation and adheres to the annual audit to maintain it. In addition,

HHAX is HITRUST certified and has achieved SOC2 Type II attestation as well.

OP033	The Vendor should submit the annual Statement on Standards for Attestation Engagements, System, and Organization Controls (SOC) 1, Type II audit report, using the most current version of the audit, to the Department for approval with an action plan to remediate findings within a timeframe agreed upon by the Vendor and the Department.
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Yes, HHAX agrees to share our annual audit and results with the Department. As mentioned above, HHAX maintains HIPAA, HITECH, HITRUST, SOC2 Type II, and SOC1 Type II attestations.

OP034	The solution should archive and store user profiles for a period of time agreed upon by the Department.
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HHAX agrees to work with the Department to store this data for an agreed upon period. We have clients that store this for 7 years and others that do it for 10 years.

OP035	The Vendor should provide its incident reporting procedures to the Department for review and approval within a timeframe agreed upon by the Department.
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HHAX will work with DHHR to identify any critical incident reports required and will provide our procedures for review. The HHAX Data Security Program (DSP) provides direction for managing and protecting the confidentiality, integrity, and availability of corporate information assets. In accordance with our Information Security policies, the DSP contains administrative, technical, and physical safeguards to protect our information assets. Unauthorized modification, deletion, or disclosure of information assets can compromise our mission, violate individual privacy rights, and possibly constitute a criminal act.

The purpose of the DSP is to:

- Document roles and responsibilities for the information security program
- Provide for the confidentiality, integrity, and availability of information, regardless of the medium in which the information asset is held or transmitted (e.g., paper or electronic)
- Document risk management strategies to identify and mitigate threats and vulnerabilities
- Document incident response strategies

OP036	The Vendor should detail the performance metrics and targets used to monitor the effectiveness of technical support by phone.
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HHAX agrees to provide and review our internal metrics and targets used for monitoring our technical support by phone. As these are confidential internal metrics, and per the Department's response to questions, we will share them during the proper phase of the process.

OP037	The solution should have the ability to provide an immediate response acknowledging all email inquiries and establishing a timeframe for the response.
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HHAX's IT support will acknowledge all email enquiries immediately with a system generated issue number, and an email response that allows user to simply respond to the email in order to update their ticket.

The following list provides our protocols for critical, high, and medium incidents:

- Immediately notify the support manager.
- Confirm that the extent of the problem is critical by verifying which Medicaid and provider agencies are experiencing the problem.
- Immediately notify Contact Development, Technical Lead Support, and Project personnel.
- Send a notification email to the Project Support group and U.S. team to notify them of the problem.
- Until problem resolution, the support manager and the Development team send 15-minute updates.
- Upon problem resolution, the Support team notifies all the customers that contacted it of the resolution.
- We send a postmortem within 12 hours of the issue to explain what happened and how it was resolved.
- Depending on the severity of the problem, we might post a notification explaining the issue and resolution.

- Immediately notify the support manager.
- Confirm that the extent of the problem is high rather than critical by verifying which Medicaid agencies and provider agencies are experiencing the problem.
- Depending on the severity of the issue and time, notify the Development team to contact a developer.
- Send a notification email to the Project Support group and U.S. team to notify them of the problem.
- Until problem resolution, the support manager and the Development team send 60-minute updates.
- Upon problem resolution, the Support team notifies all the customers that contacted it of the resolution.
- We send a post mortem within 12 hours of the issue to explain what happened and how it was resolved.
- Medium:
- Notify the support manager.
- Confirm that the extent of the problem is medium and isolated to one agency by testing other environments for the same issue.
- Verify with the agency the repercussion of not having the issue resolved in the same day.
- Depending on agency response, either notify the Development Support team to contact a developer or create a task.

- Notify the support manager.

- Confirm that the extent of the problem is low and isolated to one agency by testing other environments for the same issue.
- Verify with the agency the repercussion of not having the issue resolved in the same day.
- Depending on agency response, either notify the Development Support team to contact a developer or create a task.
- We know from experience and the disasters of other vendors that strong and responsive customer service can make the difference in a program's success. We thrive on that success and have sufficient planned resources to provide a successful EVV project throughout its term.

OP038	The solution should have the ability to resolve all email inquiries to the Vendor's technical support within one 24 hour business day from initial receipt.
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HHAX utilizes the above provided approach to resolving issues. We will immediately respond to email inquiries with a ticket number and then will proceed to update the user with the status of the ticket. Our goal will always be to resolved issues within one 24 hour business day from initial receipt; however, due to the potential for unforeseen issues and different levels of severity, there can be, although very unlikely, circumstances where the issue cannot be fully resolved in this window. For these instances, we will maintain open communication and updates with all impacted users in order to ensure a clear path to resolution.

OP039	The Vendor should document inquiries and provide the Department with routine reports regarding reasons for technical support requests.
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HHAX agrees to document and provide a report to the Department for technical support requests. We utilize a system internally that tracks support requests, allowing for easy reporting to the Department.

OP040	The Vendor should document any procedural action that occurred as a result of a complaint to the helpdesk and submit this documentation to the Department on an agreed upon schedule.
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HHAX acknowledges and agrees. We will document this process, including which DHHR resources will receive the documentation, as well as the schedule for delivery.

OP041	The Vendor's Technical Call Center should provide a toll-free voice messaging system that is compliant with the Americans with Disabilities Act (ADA) and supports limited English proficiency as defined by the Department of Health and Human Services (HHS). (References: https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.pdf, https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html). The Technical Call Center should function 24 hours per day, 365 days per year, and provides callers information including, but not limited to:
OP042	Hours of operation
OP043	Options for leaving messages after hours
OP044	Options for leaving messages based on queue hold times and designated intervals as defined by the Department
OP045	Recording of informational messages as defined by the Department

HHAX provides complete customer service with technical and other customer support available during normal business hours to DHHR, administering agencies, and providers to address questions and issues pertaining to the use of the Electronic Visit Verification program.

National Support Coverage

- Telephone Support (toll free): Monday–Friday 8:00 a.m. - 8:00 p.m. ET
- Live Chat: Monday–Friday 8:00 a.m.–8:00 p.m. ET
- Service Tickets: 24 hours per day, 7 days per week (24/7)

The provided phone support number is active 24 hours per day, 365 days per year, allowing for callers to leave a message outside of our standard support hours.

OP046	The solution should have the ability to record and report on the performance and utilization of resources within the overall system, including, but not limited to:
OP047	Average speed of answer
OP048	Interface processing time
OP049	Request time for report generation
OP050	Others as defined by the Department

As mentioned previously around reporting in the HHAX system, we can report on any and all data in the system. At the start of the engagement with DHHR, we will discuss and design any reports that are not standard in our system. With hundreds of reports standard, most requirements of the Department can be met without any custom reporting.

OP051	The Vendor should document and maintain technical specifications associated with the solution including, but not limited to:
OP052	Complete listing of all software, hardware, and configurations that are required to establish fully functional installations in each of the required environments.
OP053	Complete specifications for all software, environments, and hardware used to support the solution.
OP054	Others as defined by the Department

As a web-based, cloud SaaS solution, HHAX does not require any hardware or specific software to operate. Users will only require internet access and a web browser to access the system.

HHAX recommends the following baseline workstation requirements:

Operating System:

- Microsoft Windows 7 SP1
- Microsoft Windows 8.1
- Microsoft Windows 10

Memory: Minimum 8GB

Processor: Intel® Core™ i5 @ 2.9GHz

OP055	The Vendor should provide the Department with a capacity analysis report for the solution and the hosted environment including, but not limited to:
OP056	Hardware
OP057	Environment
OP058	Network specifications
OP059	Others as defined by the Department

The HHAX application runs on multiple web servers configured behind a hardware load balancer. Each server runs with below 50% resource usage.

HHAX will work with the Department to plan and schedule all necessary system reports, and the resources that will receive them, during our initial kickoff and design phases.

OP060	The solution should provide real-time solution performance data.
OP061	The solution should report on total processing times based on user-defined queries.
OP062	The solution should write all errors to an error log in a standard format and make it available for Department review upon request.

HHAX uses a number of monitoring and alerting tools to detect software/hardware errors in the infrastructure, and the relevant teams are notified immediately. PRTG Network Monitor performs all the hardware health checks. Additional monitoring tools such as SQL Server Replication Monitor, High Availability Monitor, and SQL Job Monitor are in place to alert the Engineering team to errors related to

the databases. Web applications use Error Logging Modules and Handlers (ELMAH), a very advanced monitoring and logging software that captures all application errors and reports them to the Engineering team.

All these monitoring tools together can detect any possible failure of a software/hardware component, and the Engineering team will initiate an appropriate recovery operation. HHAX will provide a recovery procedure plan to include a definition of triggers for activating contingency plans.

OP063	The solution should allow the Department's administrator to view, filter, sort, and search the error log(s).
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HHAX will work with the Department to identify administrators and make sure they have access to all necessary reports and analytics. All reports provided by HHAX will be shared in a format that allows for filtering, sorting and searching.

HHAX will require further discussions with the Department around this requirement.

OP064	The Vendor should notify the Department regarding which releases of third-party software (JAVA virtual machine, Internet Explorer, Mozilla, Safari, etc.) are known to create problems with the current version of the Vendor software.
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HHAX acknowledges and agrees to **supply** any known 3rd party compatibility issues.

HHAX clients should ensure that:

- Cookies are enabled.
- Java Script is enabled.
- Microsoft Silverlight Plugin/Runtime is installed and up to date.
 - Required to run some of the features such as Cash Payment, Conexus, Smart Maps, etc.

OP065	The solution should schedule and support file transfers as requested and agreed upon by the Department.
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HHAX can support file transfers from the Department. Formats accepted include:

- XML data feed
- Comma separated values (CSV) files
- Fixed field files
- Microsoft Excel® files

File loading can be a one-time event (as in the transfer from a legacy system to HHAX) or conducted as continuous or regularly scheduled events. HHAX supports web services as well as extract/transform/load data transfers for both continuous and scheduled file uploads. For example, the State may elect to trigger a real-time data transfer upon the following events:

- Each time a new beneficiary is entered into the Medicaid system with a status of "Eligible"
- Each time a new provider is entered into the Medicaid system
- Each time a new direct-care worker is entered into the Medicaid system
- A nightly batch file transfer of all new data
- A periodic posting of new data files to an SFTP site

HHAX provides comprehensive visit reporting, which can be drilled down into to provide detail on verified, unverified, missed visits, and other visit details for providers and Department users. This is a standard offering of our solution and can be scheduled to occur daily as required.

263 | Page

The possibility of a situation requiring a recovery using a full backup is very unlikely, considering that we mirror the primary databases to three stand-by servers, resulting in four real-time copies of the primary data available at any point in time—two that reside within the same data center and two that reside in an external data center.

If required, we can perform a full recovery from the backups. This involves restoring the most recent full backup, followed by the restoration-appropriate differential back-ups based on the “point in time” to be used for the recovery. Then, we can restore the transaction log backups to a specific point in time. We estimate the maximum expected data loss in such a case to be less than five minutes. We take transaction log backups every five minutes.

The HHAX application runs out of its own private cloud, and our HHAX engineering staff manages all equipment, data, and applications. HHAX currently has two data centers: the primary data center in New York, NY, and a secondary data center in Chicago, IL. In case of a failure of the primary data center, the application can continue to work from the secondary data center. Only the HHAX Engineering team needs to be involved in the recovery process.

All the network equipment and servers are set up with the required level of redundancy in the secondary data center, and they are ready to switch to the primary role at any point in time. Bringing the secondary data center online requires only a DNS entry, which redirects all the application traffic to the secondary data center. The HHAX Network/Infrastructure team will handle this quickly.

The secondary data center has a passive web farm that has the latest version of the applications installed and configured at any point in time. Every time we deploy a change/release in the primary data center, we update all the web servers in the secondary data center as well. This ensures that all the web servers in the secondary data center are ready to serve application requests at any point in time. When the Infrastructure team redirects web traffic to the secondary data center, the web servers automatically switch to the active role and begin serving user requests.

In the event of a failover to the secondary data center, the DBA team will execute a SQL batch query to promote one of the mirror servers to be the primary server.

All secondary (non-critical) databases are log shipped to the secondary data center every five minutes. We restore a transaction log backup in the secondary data center every five minutes, and the databases will be current with an acceptable tolerance window of five minutes. In the event of a failover to the secondary data center, the HHAX DBA team will execute a SQL batch statement that will stop the log shipping and bring the databases online to serve user requests.

DR002 The solution should have the ability to perform online backups without interruption to production operations, according to a schedule agreed upon by the Department.

As mentioned above, backups are performed automatically at the above intervals. These backups do not interrupt production operations. If the Department requires a different schedule than the detail mentioned above, we will work with DHHR to determine the optimal schedule for backups to occur.

We are confident the above process will allow our platform to operate without interruption while also providing a secure backup in case of emergency.

DR003 The solution should allow continued use of the system during back-up and perform back-ups during non-peak processing hours, to minimize the impact to operational activities.

HHAX utilizes industry standard recovery procedures for retention and storage of backup files and software plus ongoing mirroring of all key data in a disparate location.

- We conduct a full backup of all production databases every night.
- We conduct a differential backup of all production databases every four hours during business hours.
- We conduct a transaction backup of all production databases every five minutes.
- We validate and verify full backups before storing them in the archive location.
- The backup archive maintains full backups for the following:
 - The last 30 days
 - Weekly back-up of the last 52 weeks
 - Monthly back-up of the last 7 years
- We maintain backups in the local storage attached to the servers, NAS storage within the data center, and an external location (Amazon Cloud).

We mirror primary application data to a secondary data center as an external Disaster Recovery Setup. In the event of a catastrophic failure of the primary data center, the most critical sets of operational data are readily available in the secondary location, normally within a few minutes but always within the four-hour window stated in our Service Level Agreement.

Users will not feel any impact from these backups.

DR004 The solution should support data freezing.

HHAX can support data freezing during implementation in order to ensure data integrity for the Department. We also have clients that utilize a parallel migration approach that allows for monitoring to ensure that not only is the data correct, but that it is also acting as expected in our system.

DR005 The Vendor should maintain an operational back-up power supply capable of supporting vital functions.

The HHAX application runs out of its own private cloud, and our HHAX engineering staff manages all equipment, data, and applications. HHAX currently has two data centers: the primary data center in New York, NY, and a secondary data center in Chicago, IL. In case of a failure of the primary data center, the application can continue to work from the secondary data center. Only the HHAX Engineering team needs to be involved in the recovery process.

Telx facilities provide generator power as well as generator redundancy.

DR006 The Vendor should equip facilities with proper safeguards for fire prevention, fire detection, and fire suppression that are consistent with local fire codes.

Both of the HHAX datacenters are owned and operated by Telx. Telx is a new kind of data center solution provider fueling infrastructure, interconnection and business progress. With an industry leading 100% uptime and 100% on-time service delivery SLAs, Telx helps companies build more agile businesses

faster with reduced infrastructure complexity and broader reach to new markets. A privately held company headquartered in New York with west coast operations out of San Francisco, Telx serves a broad range of industries types from 20 data centers located across 13 US markets.

All Telx datacenters are equipped with the proper safeguards, as well as all HHAX offices.

DR007 The Vendor should equip fire detection and alarm systems with uninterruptable power supply.

All HHAX offices are equipped with fire detection and keycard access with alarm function. The Telx datacenters come with this as well and include the below security features:

- 24x365 manned security
- Card key and biometric access control
- Digital video monitoring and recording
- SOC3 Compliant
- HIPAA Compliant

DR008 The Vendor should have a remote backup facility at least one hundred (100) miles away from the primary data center.

HHAX's primary datacenter is in New York City, NY with our backup datacenter located in Chicago, IL. These datacenters are over 700 miles apart.

DR009 The Vendor should conduct an annual disaster recovery exercise at a mutually agreed upon time and provide the results to the designated Department staff. Department staff should be invited to be included in these exercises.

HHAX conducts annual tests on our disaster recovery process. HHAX will alert the Department in advance of the testing date. The test does not impact the user experience. Our datacenters and other environments involved with this test are highly secure. We will need to discuss further and establish a process for DHHR staff to attend, and to what level of transparency they will have into the process.

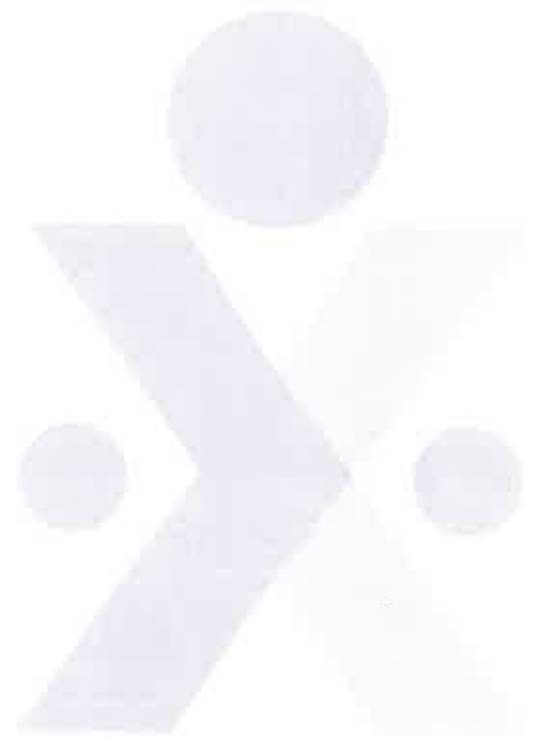
DR010 The Vendor should store all backup copies in a Department-approved backup storage location for a period of time specified by the Department.

As mentioned previously, the HHAX application runs out of its own private cloud, and our HHAX engineering staff manages all equipment, data, and applications. HHAX currently has two data centers: the primary data center in New York, NY, and a secondary data center in Chicago, IL. In case of a failure of the primary data center, the application can continue to work from the secondary data center. Only the HHAX Engineering team needs to be involved in the recovery process.

HHAX performs full backups on a daily basis and differential backups every four hours. We perform transactional backups every five minutes. Once we verify the health of the backup, we maintain three copies of the backups locally on the network access service and in an external cloud backup store.

As a cloud-based, SaaS platform, backups will have to be kept in the datacenters with the system backups. We can provide additional information on our backup process and datacenters at the request of the Department. HHAX is confident that our processes and datacenters will meet the State's requirements.

APPENDIX 1: DETAILED SPECIFICATIONS



Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
PG001	3994	1	The solution rules/procedures should allow and enforce multiple service limits for different service ranges including, but not limited to:	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	77
PG002	5140	2	Day	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	77
PG003	5141	2	Week	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	77
PG004	5142	2	Month	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	77
PG005	5143	2	Year	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	77
PG006	3995	1	The solution rules/procedures should accommodate retroactive prior authorizations and changes to prior authorizations based on revisions to recipients' plans of care/service plans.	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	77
PG007	4001	1	The solution should have the ability to round service delivery time.	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	78
PG008	4767	1	The solution should provide a master client index of client information, including a single unique identifier (that is not the Social Security Number), for all clients.	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	78
PG009	4768	1	The solution should maintain an integrated repository of provider agency information, including a single unique identifier, for all providers.	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	78
PG010	3957	1	The solution should be able to capture, verify, and support billing for in-home and community based setting service visits.	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	79
PG011	3959	1	The solution should have the ability to create Health Insurance Portability and Accountability Act (HIPAA)-compliant electronic 837 claim file submission to the State MMIS for claims processing in compliance with all Medicaid filing requirements.	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	81
PG012	4519	1	The solution should automatically generate all required correspondence to individuals.	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	81
PG013	4523	1	The Vendor should provide correspondence metric reports upon request by the Department.	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	81
PG014	4552	1	The solution should assist users in identifying which sections of forms should be filled in manually.	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	81
PG015	4582	1	The solution should provide the ability to deliver reports as mutually agreed-upon with the Department.	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	82
PG016	4381	1	The solution should provide flexible web-based reporting, including ad hoc reporting of all data stored within the solution.	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	82
PG017	4887	1	The solution should have the ability to make a complete set of data related to visits submitted for verifications available for reporting, including, but not limited to the following elements:	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	83
PG018	4888	2	Member receiving services	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	83

Req ID #	RTM ID	Hierarchy Level	Specifications		Vendor Response			
			Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
PG019	4889	2	Direct care worker	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	83
PG020	4890	2	Provider	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	83
PG021	4891	2	Location of visit	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	84
PG022	4892	2	Date of visit	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	84
PG023	4893	2	Start time of visit	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	84
PG024	4894	2	Missed visits	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	84
PG025	4895	2	Late visits	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	84
PG026	4896	2	End time of visit	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	84
PG027	4897	2	Visit late time	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	84
PG028	4898	2	Services provided	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	84
PG029	4900	2	Manual or electronic verification	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	84
PG030	4604	1	The solution should have the ability to use identifiers, mathematical functions, formatting, and manipulate data within reports.	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	85
PG031	3992	1	The solution rules/procedures should have the ability to ensure the direct care services do not overlap with other direct care services.	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	86
PG032	4209	1	The solution should compile information from all EVV data sources and calculate total daily and weekly hours worked by direct care workers and agencies.	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	86
PG033	4211	1	The solution should have the ability for the Department to allow and/or not allow retroactive care plan changes for specific services and/or programs through a configurable interface.	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	87
PG034	4210	1	The solution should allow the Department to define and limit the circumstances in which a manual verification can be made.	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	87
PG035	4184	1	The solution should use eligibility data transferred from the Medicaid Management Information System (MMIS) to determine if any waiver requirements apply. If no waiver requirements apply, the solution should assume that state plan requirements specific to the service being provided apply.	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	87

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
PG036	4198	1	The Vendor should review the Department waivers and other state plan program requirements to develop and propose system edits that will meet the need of the Department. The Vendor should propose system settings for the Department to consider during the initial solution configuration and during operations. The review and proposal process should happen at an interval defined by the Department.	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	88
PG037	4834	1	The Vendor should provide web portal functionality that addresses the needs of:	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	88
PG038	5013	2	Provider agencies and their direct care workers	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	88
PG039	5224	2	Members	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	88
PG040	5225	2	Waiver program and/or legal representatives	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	88
PG041	5014	2	State program staff	Program Management	Will Meet	Attachment 7 – Business Specifications Approach	Program Management	88
PI001	4002	1	The solution should allow the Department the ability to view the same information as a service provider.	Program Integrity	Will Meet	Attachment 7 – Business Specifications Approach	Program Integrity	90
PI002	4214	1	The Vendor should provide a summary of direct care workers and/or provider agencies who demonstrate a high level of missed and late visits, potentially fraudulent services, or potentially fraudulent billing patterns monthly and as requested by the Department.	Program Integrity	Will Meet	Attachment 7 – Business Specifications Approach	Program Integrity	90
PI003	4217	1	The solution should track the time, location, and task performance of direct care workers during service delivery in order to safeguard against fraud, as well as to improve service delivery and program oversight.	Program Integrity	Will Meet	Attachment 7 – Business Specifications Approach	Program Integrity	91
PI004	3991	1	The solution rules/procedures should have the ability to ensure the same direct care worker is not providing services to multiple recipients at the same time at different locations.	Program Integrity	Will Meet	Attachment 7 – Business Specifications Approach	Program Integrity	96
PI005	4084	1	The solution should have the ability to provide role-based reporting to review, analyze, and report all data across categories on a monthly basis and as requested by the Department, including, but not limited to:	Program Integrity	Will Meet	Attachment 7 – Business Specifications Approach	Program Integrity	96
PI006	5208	2	Payers	Program Integrity	Will Meet	Attachment 7 – Business Specifications Approach	Program Integrity	96
PI007	5209	2	Programs	Program Integrity	Will Meet	Attachment 7 – Business Specifications Approach	Program Integrity	96
PI008	5210	2	Provider Agency	Program Integrity	Will Meet	Attachment 7 – Business Specifications Approach	Program Integrity	96
PI009	5211	2	Direct care workers	Program Integrity	Will Meet	Attachment 7 – Business Specifications Approach	Program Integrity	96
PI010	5212	2	Members	Program Integrity	Will Meet	Attachment 7 – Business Specifications Approach	Program Integrity	96

Req ID #	RTM ID	Hierarchy Level	Specifications		Vendor Response			
			Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
PI011	4218	1	The solution should track and report modifications to the solution data input elements after the direct care worker has documented their time or services, including the name of the user making the changes and the reason for the changes.	Program Integrity	Will Meet	Attachment 7 – Business Specifications Approach	Program Integrity	97
VV001	4180	1	The solution should have the ability to verify the delivery of electronic visit verification (EVV) services for multiple programs with different rules and edits.	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	65
VV002	4087	1	The solution should have the ability to make a complete set of visit-related data elements submitted for verification available for monthly reporting and as requested by the Department, including, but not limited to:	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	66
VV003	5075	2	Individual receiving services	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	66
VV004	5076	2	Direct care worker	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	66
VV005	5077	2	Billing provider agency	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	66
VV006	5079	2	Location of visit	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	66
VV007	5080	2	Date of visit	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	66
VV008	5081	2	Visit start time	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	66
VV009	5082	2	Visit finish time	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	66
VV010	5083	2	Missed visits	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	66
VV011	5084	2	Late visits	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	66
VV012	5085	2	Services delivered, including billing code and modifiers	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	66
VV013	5086	2	Independent verification by individual receiving services	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	66
VV014	5087	2	Payer	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	66
VV015	5088	2	Manual or electronic verification	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	66
VV016	5089	2	Data collection system, including the Department solution and other approved third party electronic visit verification (EVV) systems	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	66
VV017	4220	1	The solution should have the ability to integrate the scheduling, authorization monitoring, visit verification, and billing.	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	67

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
VV018	4183	1	The solution should verify visit components are within program requirements when a visit verification service is initiated and ignore, warn, or stop the user from entering data into the solution as determined by Department.	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	69
VV019	4182	1	The solution should securely capture an independent verification of the service delivery from the member receiving services.	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	70
VV020	4190	1	The solution should have the ability to allow a direct care worker and/or provider agency to record visits to multiple members within a 24 hour period.	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	70
VV021	4191	1	The solution should account for living arrangements in which multiple members receiving services reside at a single address.	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	70
VV022	4189	1	The solution should have the ability to allow multiple direct care workers and/or provider agencies to record visits to a member within a 24 hour period.	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	72
VV023	4193	1	The solution should have the ability to account for situations in which services are provided to a group of members during a single visit.	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	72
VV024	4194	1	The solution should have the ability to account for situations in which the member and the direct care worker reside at the same address.	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	72
VV025	4196	1	The solution should account for situations in which a visit starts and/or ends away from the member's place of residence.	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	72
VV026	4197	1	The solution should be configurable to either allow or prevent multiple direct care workers and/or provider agencies from providing services to a member at the same time.	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	73
VV027	4185	1	The solution should verify that the agency providing the service has a valid pre-authorization for each member served on file.	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	73
VV028	4186	1	The solution should verify that the time of the visit is within the parameters outlined on the prior authorization and recorded in a format that can be sorted. The format should be YYYY-MM-DDTHH:MM:SS or equivalent.	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	74
VV029	4202	1	The solution should have the ability to allow the Department to identify circumstances in which visit verification is not necessary.	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	74
VV030	4203	1	The solution should send real-time alerts when a visit documented in the prior authorization system is not initiated at the scheduled time.	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	74
VV031	4195	1	The solution should have the ability to account for circumstances in which a visit crosses calendar days.	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	76

Req ID #	RTM ID	Hierarchy Level	Specifications		Vendor Response			
			Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
VV032	4205	1	The solution should accommodate different definitions of pending, late, and missed visits by the status types as defined by the applicable program and/or waiver service.	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	76
VV033	4213	1	The solution should allow a direct care worker and/or provider agency to receive messages indicating a possible problem with a visit verification.	Visit Verification	Will Meet	Attachment 7 – Business Specifications Approach	Visit Verification	77
DD001	5115	1	The Vendor should develop and provide to the Department a Logical Data Model (LDM) that includes, but is not limited to:	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	99
DD002	5116	2	Data classes	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	99
DD003	5117	2	Attributes	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	99
DD004	5118	2	Relationships	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	99
DD005	5119	2	Standards	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	99
DD006	5121	2	Other data elements identified by the Department	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	99
DD007	4088	1	The Vendor should provide a complete list of data elements along with corresponding definitions for reporting purposes, upon request.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	100
DD008	4219	1	The solution should provide real-time access to data entered into the system to provide insight for the services being provided and oversee user activity.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	101
DD009	4497	1	The solution should employ online real-time or batch updates of data between the solution and other systems including, but are not limited to, the Medicaid Management Information System (MMIS) and other third-party Electronic Visit Verification (EVV) systems.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	101
DD010	4513	1	The solution should have the ability to integrate client data for all programs served by the solution into the Master Data Management (MDM) platform.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	102
DD011	4585	1	The solution should allow users to extract data, manipulate the extracted data, and specify the desired format of the output.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	103
DD012	4769	1	The solution should provide required Federal and Department data sharing including high-speed data transfer functionality to send and receive information.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	103
DD013	3997	1	The solutions rules/procedures should allow for electronic communication between the Department, fiscal/employer agents, and providers.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	103
DD014	5138	1	The solution should have the ability to store member communications.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	104

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
DD015	4188	1	The solution should exchange information through interfaces including, but not limited to the Medicaid Management Information System (MMIS), other Electronic Visit Verification (EVV) systems, and others as agreed upon by the Department.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	104
DD016	4398	1	The solution should have the ability to interface with West Virginia's Enterprise Service Bus (ESB).	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	104
DD017	3966	1	The Vendor should complete, subject to approval by the Department, the interface with the Medicaid Management Information System (MMIS).	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	104
DD018	3967	1	The solution should be able to receive information in batch and in individual transactions on a schedule agreed upon by the Department.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	105
DD019	3964	1	The solution should have the ability to receive provider, member, and prior authorization data from the Medicaid Management Information System (MMIS) at a frequency and format determined by the Department.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	105
DD020	3951	1	The solution's data aggregation component should be able to receive a response transaction in a format that is used by the Medicaid Management Information System (MMIS) for the purpose of verifying edits to claims.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	105
DD021	4068	1	The solution should have the ability to apply pre-edit information and serve as a data source for purposes of applying edits during claims processing. The disposition of the edit including, but not limited to deny or suspend, should be determined by the Medicaid Management Information System (MMIS).	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	106
DD022	3952	1	The solution should accept individual and/or batch visit verification inquiries from the Medicaid Management Information System (MMIS).	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	108
DD023	4912	2	Member name	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	108
DD024	4913	2	Billing provider	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	108
DD025	4914	2	Name	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	108
DD026	4915	2	Date	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	108
DD027	4916	2	Time of service delivery	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	108
DD028	3954	1	The solution should have the ability to provide visit information to the Medicaid Management Information System (MMIS) by individual and/or in batch format at the discretion of the Department.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	108

Req ID #	RTM ID	Hierarchy Level	Specifications		Vendor Response			
			Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
DD029	5150	1	The solution should support obtaining member eligibility information through the current Medicaid Management Information System (MMIS) solution using industry standard data interfaces and exchanges as defined by X12N 270/271 transactions. (Reference: http://www.wpc-edi.com/)	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	109
DD030	5153	1	The solution should conform to ASC X12 Technical Reports Type 3 (TR3), Version 005010. (Reference: http://www.wpc-edi.com/)	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	109
DD031	4475	1	The solution should generate all forms and notices as necessary.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	109
DD032	4206	1	The solution should have the ability to schedule alerts and user notifications.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	109
DD033	4470	1	The solution should allow printing of blank and completed documents including, but not limited to:	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	110
DD034	4935	2	All forms	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	110
DD035	4936	2	All system-generated correspondence	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	110
DD036	5104	2	Reports	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	110
DD037	4481	1	The solution should generate and supply forms in the following methods, including, but not limited to:	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	111
DD038	4482	2	Email	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	111
DD039	4483	2	Download from Portal	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	111
DD040	4484	2	Postal Mail, upon request by the Department	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	111
DD041	4480	1	The solution should allow the ability to modify field attributes on a form as identified by the Department via the Change Management Plan.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	111
DD042	4478	1	The solution should allow updates to form templates as directed by the Change Management Plan.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	112
DD043	4479	1	The solution should group related correspondence to ensure materials are delivered in a single mailing or posted to a portal account.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	112
DD044	4476	1	The solution should generate the data file containing forms and notices for delivery to the printing vendor for monthly distribution and as requested by the Department.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	112
DD045	4487	1	The solution should automatically populate information on notices or forms being issued.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	112
DD046	4490	1	The solution should generate batch forms.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	113
DD047	4493	1	The solution should save delivered forms to the user's account.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	113

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
DD048	4521	1	The solution should deliver data files containing all correspondence to the designated printing entity within 24 hours of the correspondence becoming final according to the Department's business rules.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	114
DD049	4527	1	The solution should post finalized correspondence to the web portal, according to the Department's business rules.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	114
DD050	4535	1	The solution should have the ability to produce all correspondence in a printer-friendly 8.5" x 11" format in landscape or portrait orientation.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	115
DD051	4537	1	The solution should have the ability to automatically save a Portable Document Format (PDF) copy of each final correspondence.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	115
DD052	4540	1	The solution should allow users to choose their preferred method of correspondence including, but not limited to, email, post mail, text, or phone.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	115
DD053	4544	1	The solution should generate correspondences using pre-defined templates.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	116
DD054	4546	1	The solution should include automatic system-generated correspondence with output capabilities including, but not limited to:	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	116
DD055	4960	2	Email	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	116
DD056	4962	2	Post to user portal account	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	116
DD057	4963	2	Queue for printing	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	116
DD058	4547	1	The solution should be able to schedule distribution of correspondence.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	116
DD059	4561	1	The solution should provide flexible web-based reporting that meets external reporting needs and requirements defined by the Department.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	117
DD060	4085	1	The solution should include a standard library of reports that can be generated by any user with appropriate access.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	118
DD061	4570	1	The solution should have the ability to display the number of pages that should be printed before the user proceeds with printing a report.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	118
DD062	4574	1	The solution should have the ability to export reports directly from the solution into the user-specified format including, but not limited to:	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	118
DD063	4973	2	Excel	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	118
DD064	4974	2	Word	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	118
DD065	4975	2	Hyper Text Markup Language (HTML)	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	118

Req ID #	RTM ID	Hierarchy Level	Specifications		Vendor Response			
			Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
DD066	4982	2	Comma-Separated Value (CSV)	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	118
DD067	4984	2	Portable Document Format (PDF)	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	118
DD068	4702	1	The solution should provide reporting functionality capable of drilling down from summarized data to detailed data as agreed upon by the Department.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	118
DD069	4879	1	The solution should have an integrated web portal designed to interface, receive, send, and download specified content and reporting information directly from/to entities such as provider agencies, EVV Vendors, contractors, and other state and Federal agencies as part of a fully integrated solution.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	119
DD070	4815	1	The solution should contain the following features and capabilities including, but not limited to:	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	120
DD071	4816	2	Drill down and look up functionality to minimize re-entry of information across multiple screens	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	120
DD072	4817	2	Multi-tasking and multiple window capability, including split screens	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	120
DD073	4644	1	The solution should provide context-sensitive help to users on all screens.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	120
DD074	4818	1	The solution should provide menus that are understandable by non-technical users and provide secure access to all functional areas.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	121
DD075	4859	1	The solution should provide a user interface that allows users to move easily throughout the system.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	121
DD076	4839	1	The solution should have the ability to provide public information without requiring authentication for the web portal.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	121
DD077	4862	1	The solution should provide user interface features and capabilities including, but not limited to:	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	122
DD078	4863	2	Pull-down menus and window tabs	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	122
DD079	4864	2	Scalable, true-type screen and printing fonts	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	122
DD080	4865	2	Uppercase and lowercase alphabetic characters	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	122
DD081	4866	2	Ability to tab and mouse-click through data fields and screens	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	122
DD082	4868	2	Consistent theme throughout the site and standardize all headings and footers with index tabs as identified by the Department	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	122
DD083	4875	2	Generated messages that are clear and sufficiently descriptive to provide enough information for problem correction and be written in full English text	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	122
DD084	4884	1	The solution should provide the capability to display confirmation messages for response and request transactions when interfacing with other systems.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	122

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
DD085	4883	1	The solution should have the ability to allow users to download or print a copy of completed submitted forms.	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	122
DD086	4347	1	The solution should have the ability to perform the following functions including, but not limited to:	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	123
DD087	4918	2	Create flags	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	123
DD088	4919	2	Send alerts	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	123
DD089	4920	2	Integration of alerts into the workflow	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	123
DD090	4921	2	Seamlessly integrate the generation of alerts in the workflow management process to a system user-defined group or individual	Data Sources, Delivery, & Display	Will Meet	Attachment 8 - Technical Specifications Approach	Data Sources, Delivery, & Display	123
DQ001	3993	1	The solution should provide a method to identify the following:	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	123
DQ002	5049	2	National Provider Identifier (NPI)	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	123
DQ003	5050	2	Healthcare Common Procedure Coding System (HCPCS)	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	123
DQ004	5051	2	International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) and related modifiers	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	123
DQ005	5136	2	State-specific codes defined by the Department	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	123
DQ006	3965	1	The Vendor should collaborate with the Department to determine how data should be transferred to and from the Medicaid Management Information System (MMIS), including, but not limited to:	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	124
DQ007	5039	2	Definition of data elements	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	124
DQ008	5040	2	Data file formatting	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	124
DQ009	5041	2	Data exchange frequency	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	124
DQ010	5042	2	Thresholds for data quality and acceptance	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	124
DQ011	3953	1	The solution should allow the Department to review and approve data elements included in request and response data exchanges prior to Vendor development or configuration of the solution.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	124
DQ012	3985	1	The Vendor should develop, publish, and maintain a system interface standard for external electronic visit verification (EVV) data partners approved by the Department.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	124
DQ013	4771	1	The Vendor should ensure that file standardization is supported for data element lengths, field format, and type.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	125

Req ID #	RTM ID	Hierarchy Level	Specifications		Vendor Response			
			Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
DQ014	4781	1	The solution should incorporate a method to view interface files for investigation and further processing.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	125
DQ015	4784	1	The solution should create and retain an audit trail of all interface activity in accordance with the Department's Data Retention Policy. (Reference: https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1013_DataBackup_Mar2019.pdf)	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	126
DQ016	4498	1	The solution should make information about data exchange errors and discrepancies available to the Department and appropriate users monthly.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	126
DQ017	4511	1	The Vendor should provide searchable data schemas and data dictionaries for the solution.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	126
DQ018	4569	1	The solution should report on both duplicated and unduplicated record counts.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	128
DQ019	4588	1	The solution should use consistent data schemes and version control.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	128
DQ020	4765	1	The solution should have the ability to assure data changes made in one part of the solution automatically populate other parts of the system so as to avoid duplicate data entry.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	129
DQ021	4571	1	The Vendor should maintain a comprehensive list of all reports, their intended use, and business area supported.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	129
DQ022	4581	1	The solution should generate a listing of all standard online reports available, the description of each report, and a link to the most recent report for role-based report access.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	129
DQ023	4587	1	The solution should identify and use consistent report fields.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	130
DQ024	4586	1	The solution should display a consistent format on all reports.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	130
DQ025	4597	1	The solution should have the ability to categorize and organize reports including, but not limited to, the following parameters:	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	131
DQ026	4990	2	Source system	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	131
DQ027	4991	2	Data content	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	131
DQ028	4992	2	Purpose	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	131
DQ029	4993	2	Frequency	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	131

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
DQ030	4774	1	The solution should generate exception reports prior to being submitted to the receiving entity such as the Medicaid Management Information System (MMIS) or other systems receiving electronic visit verification (EVV) data to facilitate data correction by the submitting entity including, but not limited to the following:	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	133
DQ031	5095	2	Manual edits	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	133
DQ032	5096	2	Error corrections	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	133
DQ033	5097	2	Additions to the interface records	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	133
DQ034	4778	1	The solution should generate error reports at the summary and detail levels that include all data necessary to resolve errors monthly and as requested by the Department.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	134
DQ035	4584	1	The solution should store reports to allow users the ability to retrieve them quickly per the Department's business rules.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	134
DQ036	4779	1	The solution should reload or resend records if they have not been applied correctly to the receiving entity.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	134
DQ037	4780	1	The solution should detect duplicate files or records and isolate them for manual review and further processing.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	135
DQ038	4782	1	The solution should create messages that accurately describe errors received as a result of a data transfer.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	135
DQ039	4477	1	The solution should have the ability to maintain an up-to-date inventory of all forms utilized and make this inventory available to the Department upon request.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	136
DQ040	4492	1	The solution should have the ability to identify which fields in forms are required and which are optional.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	136
DQ041	4530	1	The solution should have the ability to store the date that a correspondence was delivered for printing in a preferred date format of MM/DD/YYYY.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	137
DQ042	4545	1	The solution should provide automatic default file naming convention for saved correspondence as agreed upon with the Department.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	137
DQ043	4553	1	The solution should categorize and classify types of correspondence as agreed upon with the Department.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	137
DQ044	4710	1	The solution should distinguish between, and incorporate, business days, weekends, and state holidays in all time-related functions in the system.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	137
DQ045	4176	1	The solution should include web-based online help functionality in searchable portable document format (PDF), that includes a searchable database of common problems.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	138
DQ046	4472	1	The solution should set parameters on fields to prevent system users from entering information outside of those parameters.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	138

Req ID #	RTM ID	Hierarchy Level	Specifications		Vendor Response			
			Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
DQ047	4474	1	The Vendor should produce all member- and provider-facing content written at no greater than an eighth grade reading level.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	139
DQ048	4880	1	The solution should include email addresses in the authorization table for registration, and email addresses should be kept confidential and only used for official Department business.	Data Quality	Will Meet	Attachment 8 - Technical Specifications Approach	Data Quality	139
IN001	4759	1	The solution should have the ability to support various current technologies for data interchange and electronic visit verification (EVV) data submission and verification including, but not limited to, web portal, application interface, telephony, quick response (QR) codes, and automated location verification.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	140
IN002	4763	1	The Vendor should utilize open architecture standards and scalability to promote integration throughout the West Virginia technology enterprise.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	144
IN003	4758	1	The solution should be flexible and readily adaptable to changing Department and federal requirements and as requested by the Department.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	145
IN003A	5297	1	The solution should address the disruption or limited availability of network connectivity, telephony, and/or cell coverage at the visit site by providing members and providers more than one method to send and receive electronic visit verification (EVV) data.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	145
IN003B	5298	1	The solution should have the ability to capture and retain electronic visit verification (EVV) data gathered when the transmission services are offline for any reason at the visit site and to send or receive queued system data when services are restored.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	145
IN004	4725	1	The solution should provide archival and purge processes that do not degrade performance or interrupt the system.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	145
IN005	4748	1	The solution should allow centralized deployment of system updates and system maintenance.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	146
IN006	4668	1	The solution should provide workflow functionality that supports a variety of mechanisms to initiate, execute, suspend, or terminate workflows including, but not limited to:	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	146
IN007	5090	2	Communication events (email, document upload, form submissions, or phone)	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	146
IN008	5091	2	System-generated events	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	146
IN009	5092	2	User-triggered events	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	146
IN010	5093	2	Exception-processing events	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	146
IN011	4673	1	The solution should include definition and modeling of workflow processes and their constituent activities.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	147

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
IN012	4529	1	The solution should have the ability to facilitate mass email notifications.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	149
IN013	4533	1	The solution should have the ability to reissue and track any correspondence or form as requested by the Department.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	149
IN014	4565	1	The solution should have the ability to schedule any report to be run at varying levels of frequency or on-demand.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	149
IN015	4576	1	The solution should provide integrated print capability within the application for any report.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	150
IN016	4000	1	The solution should have the ability to notify users of system maintenance and other information approved to be distributed by the Department.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	150
IN017	4400	1	The Vendor should manage, track, and report on user support services via multiple channels, including:	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	151
IN018	4401	2	Telephone	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	151
IN019	4402	2	Member portal	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	151
IN020	4403	2	Email	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	151
IN021	4404	2	Mail	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	151
IN022	5215	1	The Vendor should provide investigative results inclusive of mitigation measures to address reported incidents within 30 days of the documented incident.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	151
IN023	4177	1	The Vendor should support provider compliance through direct assistance, coaching, technical assistance, and other active outreach activities as requested by the Department.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	152
IN024	3998	1	The solution should provide users a description of the minimum hardware and software requirements, installation, maintenance, and enhancement of software based on role and system requirements prior to system updates.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	153
IN025	4499	1	The solution should allow users to schedule and modify system events as requested by the Department.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	153
IN026	4408	1	The Vendor should provide a technical support call center located within the contiguous United States.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	153
IN027	4450	1	The solution should document call information, as agreed upon by the Department.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	154
IN028	4410	1	The technical support call center hours of operation should be Monday through Friday, from 9:00 a.m. to 6:00 p.m. Eastern Time (ET) and on an emergency basis as requested by the Department. The call center may be closed for standard federal holidays and West Virginia State holidays,	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	154

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
IN029	4412	1	The Vendor should return all after-hour calls by the next business day, in the caller's preferred language and/or through oral interpretation services. (Reference: https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html)	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	154
IN030	4415	1	The Vendor should provide functionality to manage calls to the Technical Call Center including, but not limited to:	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	154
IN031	4922	2	Creation of tickets	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	154
IN032	4923	2	Editing existing tickets	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	154
IN033	4924	2	Sorting of call center ticket information	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	154
IN034	4925	2	Filtering of call center tickets or electronic records	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	154
IN035	4416	1	The Vendor's Technical Call Center should have the ability to track data including, but not limited to:	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	155
IN036	4417	2	The caller	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	155
IN037	4418	2	The question(s) and/or issue(s)	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	155
IN038	4419	2	The Vendor staff responding to the ticket	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	155
IN039	4420	2	The date(s)	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	155
IN040	4421	2	The time(s)	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	155
IN041	4422	2	The status (opened or closed)	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	155
IN042	5217	2	Problem resolution	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	155
IN043	4431	1	The Vendor's Technical Call Center should have the ability to repeat call options automatically.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	155
IN044	4437	1	The Vendor should maintain sufficient staff and telephone lines to perform all required technical support call center functions.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	155
IN045	4798	1	The solution should use automated menus, including an easily accessible option for reaching a live operator.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	155
IN046	4901	1	The solution should provide assistance to inquiries received from persons who require special assistance including, but not limited to:	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	155
IN047	5031	2	Persons with Limited English Proficiency (LEP)	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	155
IN048	5032	2	Persons with vision disabilities	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	155
IN049	5033	2	Persons with hearing disabilities	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	155

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
IN050	5034	2	Persons with speech disabilities	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	155
IN051	4885	1	The solution should include an online option for users to report any technical problems.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	156
IN052	5190	1	The Vendor should ensure the solution components that are web based have cross-browser compatibility over the life of the contract and support software utilization in the current version and two (2) prior versions at a minimum for the following browsers including, but not limited to:	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	156
IN053	5191	2	Microsoft Edge	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	156
IN054	5192	2	Apple Safari	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	156
IN055	5193	2	Google Chrome	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	156
IN056	5194	2	Mozilla Firefox	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	156
IN057	5195	2	Microsoft Internet Explorer	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	156
IN058	4819	1	The solution should incorporate a non-restrictive environment for experienced users to directly access a screen or to move from one screen to another without reverting to the menu structure.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	156
IN059	4820	1	The solution should generate drop-down lists to identify options available, valid values, and code descriptions by screen field.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	156
IN060	4835	1	The Vendor should provide web applications that satisfy the Priority 1 Checkpoints from the Web Content Accessibility Guidelines 1.0 developed by the World Wide Web Consortium (W3C), as detailed at: http://www.w3.org/TR/WCAG10/full-checklist.html .	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	157
IN061	4838	1	The solution should have the ability to include secure and public facing tabs for the web portal.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	157
IN062	4845	1	The solution should have the ability to utilize an authentication process to handle multiple layers of security levels as requested by the Department.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	157
IN063	4853	1	The solution should have the ability to provide self-service password resets and mask the display of passwords at the sign-on screen when the user enters the portal.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	157
IN064	4854	1	The solution should have the ability to mask the display of passwords at the sign-on screen when entered by the user.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	157
IN065	4882	1	The Vendor should ensure that web portal field definitions comply with system field definitions.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	158

Req ID #	RTM ID	Hierarchy Level	Specifications		Vendor Response			
			Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
IN066	4833	1	The Vendor should, for the web portal, provide Internet security functionality to include firewalls, intrusion detection, and encrypted network/secure socket layer (SSL).	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	158
IN067	5010	1	The Vendor should provide and maintain a secure data storage solution that includes encryption of data in transit and encryption of data at rest.	Hardware and Infrastructure	Will Meet	Attachment 8 - Technical Specifications Approach	Hardware and Infrastructure	158
SM001	4230	1	The solution should authenticate all users when establishing a connection to the solution.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	159
SM002	3972	1	The solution should have the ability to automatically generate a unique user identification during the registration process for new users enrolling in the program.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	160
SM003	3975	1	The solution should have the ability to assign a new unique user identifier (ID) for an existing user.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	160
SM004	4772	1	The solution should use a secure file transfer protocol (i.e. SFTP, etc.), secure web interface, or other industry-standard electronic means (such as Gentran, Connect: Direct, or equivalent) or encrypted media to transfer files as approved by the Department.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	161
SM005	4224	1	The solution should warn the user about accessing US Government Federally protected data and allow the user to confirm and proceed with such actions.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	161
SM006	4244	1	The Vendor should provide a secure web-based method to receive requests for authorization to access the solution.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	161
SM007	4246	1	The Vendor should provide Single Sign-On (SSO) capability for authentication and authorization across the solution.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	161
SM008	4254	1	The solution should provide Department-approved multi-factor authentication for Vendor remote access to solution environment or their contractors, if applicable.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	162
SM009	3977	1	The solution should use role-based access for data and system functionality.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	162
SM010	3978	1	The solution should have configurable roles by state plan and waiver program that may be created and modified by the Department through a change request as outlined in the Department approved Change Management Plan.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	162
SM011	3983	1	The solution should have the ability to record specific access by users to confidential personal information (CPI) contained within the solution. The mechanism should record the following data elements and allow a role-based user to search this log for matching criteria to discern what was accessed including, but not limited to:	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	162
SM012	5043	2	User name	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	162
SM013	5044	2	Date of access	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	162

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
SM014	5045	2	Time of access	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	162
SM015	5046	2	Name of Individual (First and Last) whose confidential personal information (CPI) was accessed	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	162
SM016	5047	2	Name of computer system used to access confidential personal information (CPI)	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	162
SM017	5048	2	Query/Transaction used	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	162
SM018	4082	1	The solution should provide users role-based access to reporting functionality.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	163
SM019	5218	1	The solution should allow correspondence to be viewed based on role based access.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	163
SM020	4664	1	The solution should allow authorized users to remove view or edit access rights to any data fields or data elements within the solution based on user role.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	163
SM021	4229	1	The solution should provide role-based security through various methods, including, but not limited to:	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	164
SM022	5052	2	Unique identifiers (IDs)	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	164
SM023	5053	2	Mandatory password standards and policies for length, character requirements, and updates for all users as defined within National Institute of Standards and Technology (NIST) 800-63-3: Digital Identity Guidelines, or equivalent. https://doi.org/10.6028/NIST.SP.800-63-3	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	164
SM024	5054	2	Profile or group access assignments	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	164
SM025	4235	1	The solution should provide a mechanism to limit access to information based on user roles and program rules.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	164
SM026	4236	1	The solution should provide role-based access to all system components and control access through various methods, including, but not limited to:	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	164
SM027	5055	2	Blocking specific window or screen access	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	164
SM028	5056	2	Blocking specific report views or analytics	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	164
SM029	5057	2	Restrict data elements	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	164
SM030	5058	2	Restrict viewing of specific members	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	164
SM031	5059	2	Limit access to other fields within the system as determined by the Department	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	164
SM032	4237	1	The solution should update all security roles automatically when a change in the master role is made.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	165
SM033	4238	1	The solution should allow user access and role changes to be made in real-time.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	165
SM034	4240	1	The solution should have the ability to restrict concurrent logons.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	165

Req ID #	RTM ID	Hierarchy Level	Specifications		Vendor Response			
			Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
SM035	5167	1	The solution should have the ability to configure the timeout requirements for each system environment and user role.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	165
SM036	4204	1	The solution should have the ability to create multi-level escalating alerts for Department-defined events.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	165
SM037	4207	1	The solution should identify the recipients of alerts by alert type and user role.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	166
SM038	3990	1	The solution should have the ability to allow the Department to define which edits and rules may be overridden within the solution by the direct care worker or provider agency and how the solution will respond with warnings, alerts, or denials of the requested user action.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	166
SM039	4319	1	The solution should utilize a Security Information and Event Management (SIEM) solution that generates alerts for events. Copies will be made available to the Department, including, but not limited to:	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	166
SM040	5060	2	Alert generation for attempts to access unauthorized databases from internal and external systems	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	166
SM041	5061	2	Monitoring and reporting of events on an ongoing basis	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	166
SM042	5156	1	The Vendor should provide a report outlining applicable National Institute of Standards and Technology (NIST) SP 800-53 moderate security control responsibilities (reference: https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53r4.pdf) noting which security controls are implemented and/or inherited by the Vendor, implemented by the Department, or shared by both parties. This report should be maintained by the Vendor and outline the following information, including, but not limited to:	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	166
SM043	5157	2	Non-compliant and required security and privacy controls	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	166
SM044	5158	2	Applied mitigations	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	166
SM045	5159	2	Plan to correct deficiencies	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	166
SM046	4572	1	The solution should maintain a list of users and owners of each stored report.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	168
SM047	4573	1	The solution should retain and maintain access to reports as specified by the Department's Retention Policy. (Reference: https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1013_DataBackup_Mar2019.pdf)	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	168

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
SM048	4568	1	The solution should allow, initially, up to fifteen (15) State users to create ad hoc reports. Additional users should be added at no additional cost to the State.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	169
SM049	4590	1	The solution should track and store detailed information regarding all reporting requests, including, but not limited to:	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	169
SM050	4591	2	Who requested the information	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	169
SM051	4592	2	Date of request	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	169
SM052	4593	2	Time of request	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	169
SM053	4594	2	What data the report included	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	169
SM054	4595	2	Report storage upon completion	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	169
SM055	4757	1	The solution should generate a periodic report of upcoming user account terminations on a schedule approved by the Department.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	170
SM056	4801	1	The solution should maintain a record of all Integrated Eligibility Solution (IES) member information accessed.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	170
SM057	4802	1	The solution should maintain a record, including an audit trail, of all manually entered data queries by user, communications, and report distributions.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	170
SM058	5275	1	The Vendor should supply, on an annual basis, a report of the results of all security, privacy, and risk assessments, including all tools used, and an action plan detailing the approach for remediation of security risk vulnerabilities. Data and testing results, including reports, should be retained for 10 years per CMS guidelines.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	170
SM059	4228	1	The solution should log manual overrides and report on them at timed intervals determined by the Department.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	170
SM060	4249	1	The solution should create a log of access attempts and generate a monthly user lock out report to the Vendor's security management team and to the Department, upon request.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	172
SM061	4281	1	The solution should have the ability to provide authorized requestors a report containing the security profile for an individual or role.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	172
SM062	4300	1	The solution should monitor, detect, and report impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of the protected health information.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	172
SM063	4301	1	The Vendor should conduct annual penetration testing of the solution and provide results to the Department within 30 days of completion.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	174

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
SM064	4303	1	The Vendor should provide all incident reporting to the Department immediately upon discovery per Department guidelines.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	174
SM065	4469	1	The solution should be able to redact information contained in any form, correspondence, or report and save the redacted version as a new file.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	174
SM066	4488	1	The solution should allow users to override and change pre-populated information in forms, when appropriate.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	174
SM067	4524	1	The solution should maintain an inventory and store all system-generated correspondence based on Bureau for Medical Services' (BMS) Retention Policy (Reference: https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1013_DataBackup_Mar2019.pdf)	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	174
SM068	4722	1	The solution should ensure that data, including hard copy documents, are retained, stored, imaged, archived, and protected from destruction. All data should be available according to Department and federal requirements, and in accordance with the Department's Data Retention Policy (Reference: https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1013_DataBackup_Mar2019.pdf)	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	175
SM069	4723	1	The Vendor should ensure that hard copy documents are retained, stored, imaged, archived, and destroyed in accordance with applicable federal requirements and in accordance with the Department's Data Retention Policy (Reference: https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1013_DataBackup_Mar2019.pdf)	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	175
SM070	4660	1	The solution should prevent certain decisions and fields from having the ability to be overridden by users.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	175
SM071	4837	1	The Vendor should ensure that information captured via the web portal meets the relevant data management specifications, including, but not limited to, access, inquiry, update, retention, and archival.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	175
SM072	4844	1	The solution should have the ability to display and require the user to accept web-site terms of agreement when entering the web portal.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	176
SM073	4846	1	The solution should have the ability to establish user access to predefined Department levels including, but not limited to:	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	176
SM074	5016	2	Page level	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	176
SM075	5017	2	Field level	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	176

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
SM076	5018	2	Data element level	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	176
SM077	4847	1	The Vendor should provide a public facing website that provides access to a secure portal including, but not limited to:	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	176
SM078	4848	2	Instructions on how to use the secure site	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	176
SM079	4849	2	Site map	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	176
SM080	4850	2	Contact information	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	176
SM081	4851	1	The solution should have the ability to send users their initial auto-generated password via email and require that they change their password upon their next sign-on.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	177
SM082	4856	1	The solution should have the ability to require qualifying information to access system records via the web portal including, but not limited to:	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	177
SM083	5021	2	Provider number	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	177
SM084	5022	2	Prior authorization number	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	177
SM085	5023	2	Medicaid ID number	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	177
SM086	5024	2	Date of service	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	177
SM087	5025	2	Claim number	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	177
SM088	4755	1	The solution should allow a system administrator to reset user passwords.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	177
SM089	4756	1	The solution should allow users to change their passwords on demand.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	177
SM090	4852	1	The solution should have the ability to set and adjust password expiration dates.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	177
SM091	5226	1	The solution should have the ability to warn the user that the Caps Lock is on when entering sign-on passwords.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	177
SM092	4231	1	The Vendor should establish an expiration schedule for system component required passwords to minimize system or user disruption.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	177
SM093	4232	1	The solution should store passwords in encrypted form. The Advanced Encryption Standard (AES) 256-bit standard or equivalent should be used. (Reference: https://nvlpubs.nist.gov/nistpubs/FIPS/NIST.FIPS.197.pdf)	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	178
SM094	4234	1	The solution should enforce password policies for length, character requirements, and updates for all users as agreed upon by the Department	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	178

Req ID #	RTM ID	Hierarchy Level	Specifications		Vendor Response			
			Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
SM095	4241	1	The solution should allow self-service password resets.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	178
SM096	4243	1	The solution should send system-generated email notifications of password change events and expiration warnings at Department approved intervals.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	178
SM097	4242	1	The Vendor should deactivate all system access for users immediately upon notification of termination, departure, or reassignment.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	178
SM098	4248	1	The solution should have the ability to lock out a user after a pre-determined number of unsuccessful login attempts.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	179
SM099	4251	1	The solution should automatically suspend all users who have not accessed the solution within a specified period of time as requested by the Department.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	179
SM100	5166	1	The solution should have the ability to close accounts that have been suspended more than a predetermined number of days as requested by the Department.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	179
SM101	4252	1	The solution should have the ability to terminate authorized sessions after predetermined time period of inactivity, as requested by the Department, after a warning message is displayed to the user informing them that the session will terminate in an identified period of time.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	180
SM102	4749	1	The solution should provide three types of controls to maintain the integrity, availability, and confidentiality of protected health information (PHI) data contained within the system. These controls should be in place at all appropriate points of processing as follows:	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	180
SM103	4750	2	Preventive Controls: Controls designed to prevent errors and unauthorized events from occurring	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	180
SM104	4751	2	Detective Controls: Controls designed to identify errors and unauthorized transactions that have occurred in the system.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	180
SM105	4752	2	Corrective Controls: Controls designed to ensure that the problems identified by the detective controls are corrected.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	180
SM106	4250	1	Upon login, the solution should inform users of privacy policy, including the logging of users' access attempts to personally identifiable information (PII) and/or protected health information (PHI) and other actions taken within the application that are subject to privacy reporting and disclosure notification, including the legal sanctions imposed for improper disclosure and use to be approved by the Department.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	180
SM107	4295	1	The Vendor should deliver reporting on all unauthorized disclosures of personally identifiable information (PII) and/or protected health information (PHI) immediately upon discovery.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	180

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
SM108	4296	1	The Vendor should perform data mapping to identify confidential data and Protected Health Information (PHI) contained in the system, the flow of that data through the system, and where that data resides.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	181
SM109	4258	1	The Vendor staff should adhere to all Department security requirements when on-site at Department facilities and as required by the facility's security requirements.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	181
SM110	4262	1	The Vendor should protect the Vendor's data center location(s) against intrusion at all times and maintain a surveillance alarm system that is linked to a manned monitoring center.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	181
SM111	4263	1	The Vendor should provide the Department access to all facilities to conduct announced and unannounced visits of the Vendor's facilities.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	182
SM112	4264	1	The Vendor should maintain a current database of individuals who have access to its facilities and the database should be available for the Department's inspection upon request.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	182
SM113	3976	1	The solution should have the ability to reassign existing records from one user identifier (ID) to another user ID in the case of fraud, errors, and omissions that affect data integrity and reporting according to the Department's business rules. All reassignment of records should be captured in audit logs.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	182
SM114	4265	1	The solution should audit and track all activity specific to each user including, but not limited to:	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	182
SM115	4266	2	Invalid login attempts	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	182
SM116	4267	2	Transaction activities	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	182
SM117	4268	2	Track adds, changes, and deletes of individual member visit verification data	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	182
SM118	4269	2	Password changes	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	182
SM119	4270	2	Security question and/or Key creation	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	182
SM120	4271	2	Updates to security questions	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	182
SM121	4272	2	User navigation history	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	182

Req ID #	RTM ID	Hierarchy Level	Specifications		Vendor Response			
			Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
SM122	4225	1	The vendor should ensure that its employees and subcontractors complete and maintain required security training and follow State and Department policies regarding security. This should be done, at a minimum, on an annual basis and for all new hires within five (5) business days of being hired (Reference: https://www.wv.gov/Policies/Pages/default.aspx#undefined)	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	183
SM123	4275	1	The solution should collect sufficient detail to produce an immutable audit log of all manual and automated system activity including, but not limited to the following elements:	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	183
SM124	4276	2	User Identification	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	183
SM125	4277	2	Machine/Internet Protocol Address Identification	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	183
SM126	4278	2	Time and Date of Action	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	183
SM127	4279	2	Actions Performed	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	183
SM128	4282	1	The solution should record an immutable audit log of security role assignment and revocation activities performed within the solution and changes to security role assignments on servers and in databases.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	184
SM129	4257	1	The Vendor should disable building and system access in real-time for staff upon termination, departure, or reassignment from the project.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	184
SM130	4283	1	The solution should generate audit reports based on a request from authorized requestors at the Department.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	184
SM131	5288	1	The solution should have the ability to control access to member records based on user roles and system credentials.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	184
SM132	4247	1	The solution should support member-delegated authority including, but not limited to:	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	185
SM133	5161	2	Assistors	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	185
SM134	5162	2	Authorized representatives	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	185
SM135	5295	1	The Vendor should require that all employees accessing sensitive and critical member data successfully pass State and Federal fingerprint-based background checks prior to potential or actual data access. See request for proposal (RFP) Section 3: General Terms and Conditions for more information.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	185

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
SM136	4315	1	The Vendor should conduct information security assessments and audits of the solution to be conducted by the Vendor, by the Department, or by an external entity hired by the Department as directed by the Department.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	185
SM137	4318	1	The Vendor should conduct all security, privacy, and/or risk assessments inclusive of vulnerability scans of the solution and the results of the vulnerability scan should be included with the assessment results.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	185
SM138	3989	1	The Vendor should allow for only Department approved users to enter and/or approve change request activities, per the Change Management Plan.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	186
SM139	5151	1	The solution should comply with the standards and protocols under sections 1104 and 1561 of the Affordable Care Act (ACA). (Reference: https://www.caqh.org/core/operating-rules-mandate) (Reference: https://www.healthit.gov/sites/default/files/rules-regulation/aca-1561-recommendations-final2.pdf)	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	186
SM140	5154	1	The Vendor should follow Federal, State, and Department policies for receipt and removal of hardware and electronic media that contain electronic protected health information according to 45 CFR164.310. (Reference: HTTPS://www.hhs.gov/sites/default/files/patient-protection.pdf)	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	187
SM141	4754	1	The solution should allow local and central system security administrators to add and change permissions for local and central system access.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	187
SM142	4288	1	The Vendor should maintain the same level of security compliance during any interruption of normal operations as outlined in the RFP Contract Deliverables and applicable federal requirements.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	187
SM143	4289	1	The solution should have the ability to securely access all data in the event of an emergency without any impacts to the confidentiality or integrity of the data.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	188
SM144	4305	1	The Vendor should deliver the system architectural activity and process diagrams that detail security and privacy controls to the Department upon request.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	188
SM145	4307	1	The Vendor should ensure that all Vendor-owned hardware and software are configured securely, including but not limited to:	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	190
SM146	4308	2	Being protected by industry standard virus protection software, which is automatically updated according to a Department-approved schedule.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	190
SM147	4309	2	Having all security patches installed that are relevant to the applicable operating system and all other system software and hardware.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	190

Req ID #	RTM ID	Hierarchy Level	Specifications		Vendor Response			
			Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
SM148	4310	2	Maintaining compatibility with Department software and systems.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	190
SM149	4311	2	Utilizing only licensed software and hardware solutions that have not been classified as End-of-Life (EOL).	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	190
SM150	4312	1	The Vendor should ensure they are in compliance with the State and Department Information Technology Security and Privacy Policies.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	190
SM151	4320	1	The Vendor should maintain documentation of encryption keys, interface credentials, and service account credentials, and provide the Department with updated documentation every time an update is made.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	190
SM152	4321	1	The Vendor should provide continuous monitoring of the solution using intrusion detection software (IDS).	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	190
SM153	4322	1	The Vendor should provide reports at intervals as agreed upon by the Bureau from the intrusion detection software (IDS).	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	191
SM154	4323	1	The Vendor should provide continuous monitoring of the solution using industry standard intrusion prevention software (IPS).	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	191
SM155	4324	1	The Vendor should provide reports at intervals agreed upon by the Department from the intrusion prevention software (IPS).	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	191
SM156	4328	1	The solution should have the ability to support non-disclosure of information.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	191
SM157	4429	1	The Vendor's Technical Call Center should have the ability to authenticate the caller/user as required by the Department.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	191
SM158	4313	1	The solution should provide complete logical and physical segregation of electronic visit verification (EVV) data and files from the data and files of other Vendor/Vendor customers.	Security Management	Will Meet	Attachment 8 - Technical Specifications Approach	Security Management	191
PM001	3963	1	The solution should have the ability to modify settings through the approved Change Management Plan to configure the business rules engine performing tasks, including, but not limited to:	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	193
PM002	5036	2	Rule deletion	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	193
PM003	5037	2	Rule modification	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	193
PM004	5038	2	Addition of new rules	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	193
PM005	5146	2	Business edits	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	193

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
PM006	5147	2	Others as defined by the Department	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	193
PM007	3979	1	The Vendor should collaborate with the Department to establish the initial roles and level of access and responsibility for each class of user.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	193
PM008	3982	1	The solution and supporting processes should comply with the Centers for Medicare & Medicaid Services (CMS) Seven Conditions and Standards and the most current version of CMS Medicaid Information Technology Architecture (MITA). (Reference: https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/EF7-Seven-Conditions-and-Standards.pdf)	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	194
PM009	4130	1	The Vendor should conduct an overview with the Department of solution changes that are ready to be moved into the production environment as directed in the Change Management Plan.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	194
PM010	4711	1	The Vendor should request authorization in writing from the Department prior to promoting any system changes to the production environment or solution as agreed upon by the department.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	194
PM011	4199	1	The solution should have the ability to allow the modification of edits per the Change Management Plan.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	194
PM012	4212	1	The Vendor should provide a manual visit verification process that is adaptable to changes in program requirements throughout the contract period as directed by the Change Management Plan.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	195
PM013	4083	1	The solution reporting should be configurable so that standard reports and recipients of reports can be changed easily over the life of the contract without additional cost, as defined in the approved Change Management Plan.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	195
PM014	4174	1	The Vendor should update the user manual and receive Department approval each time a solution change or upgrade is implemented as directed by the Change Management Plan and within an agreed upon time-frame by the Department.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	195
PM015	4175	1	The Vendor should provide updates to the user manual and have the updated manual available to users no later than thirty (30) days prior to the date a solution change is implemented as directed by the Change Management Plan.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	195
PM016	3999	1	The Vendor should configure the solution for specific Medicaid waivers/services at no additional cost to the Department, per the Change Management Plan.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	196

Req ID #	RTM ID	Hierarchy Level	Specifications		Vendor Response			
			Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
PM017	5113	1	The solution should have the ability to support data integrity through system controls for software program changes and promotion to production as defined in the approved Change Management Plan.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	196
PM018	4676	1	The solution should support workflow development by the vendor based on new processes defined by the Department according to business needs as identified in the Change Management Plan.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	196
PM019	4712	1	The solution should have the ability for the Department to control and monitor system change requests as defined in the approved Change Management Plan.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	197
PM020	4714	1	The solution should have the ability for the Department to set and change priority levels on individual change requests as defined in the approved Change Management Plan.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	197
PM021	4317	1	The Vendor should conduct a security, privacy, and/or risk assessment of any new functionality prior to its deployment to production, the results of which should be delivered to the Department within an agreed upon timeframe by the Department. The Vendor should obtain Department approval for proposed resolutions to all assessment findings prior to deployment to production per the Change Management Plan.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	197
PM022	4116	1	The Vendor should coordinate all testing activities as agreed upon by the Department.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	197
PM023	4117	1	The Vendor should prepare a comprehensive set of test scenarios, within a timeframe as agreed upon by the Department, including but not limited to:	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	200
PM024	5198	2	Applicable test cases	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	200
PM025	5199	2	Expected test results	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	200
PM026	5200	2	Others as defined by the Department	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	200
PM027	4118	1	The Vendor should provide the Department and/or its designees access to test cases and test data to facilitate execution of applicable testing cycles.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	200
PM028	4119	1	The Vendor should provide the Department with a fully tested and operations-ready User Acceptance Test environment that is isolated and separate from all other environments.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	200

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
PM029	4129	1	The Vendor should discuss and finalize with the Department the level of testing required based on the significance of the change as directed in the Change Management Plan.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	200
PM030	4131	1	The Vendor should provide the Department weekly reports of testing status, including, but not limited to:	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	200
PM031	5201	2	Metrics on the number of tests completed	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	200
PM032	5202	2	Number of deferred or canceled tests	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	200
PM033	5203	2	Results of the tests executed	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	200
PM034	5204	2	Defects identified by severity level	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	200
PM035	5205	2	Corrective actions taken	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	200
PM036	5206	2	Others as defined by the Department	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	200
PM037	4141	1	The Vendor should conduct Pilot Testing to validate the capacity and processing capabilities of the solution in a tightly controlled production environment.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	200
PM038	4142	1	The Vendor should include a test of actual data processing in a full operational environment, with successful end-to-end solution functionality during Pilot Testing.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	200
PM039	4144	1	The Vendor should provide written test results of the Pilot Testing to the Department within an agreed upon timeframe.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	200
PM040	4145	1	The Vendor should provide the Department official written notification of readiness for full production operations after completion of Pilot Testing.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	201
PM041	3986	1	The Vendor should work with the Department to develop an interface testing acceptance standard to outline the minimum requirements that must be met prior to allowing external electronic visit verification (EVV) data partners to submit data to the EVV solution.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	201
PM042	3987	1	The Vendor should conduct interface testing with external electronic visit verification (EVV) data partners approved by the Department.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	201

Req ID #	RTM ID	Hierarchy Level	Specifications		Vendor Response			
			Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
PM043	4785	1	The Vendor should provide testing and training environments that include sufficient, representative data elements that are in the production environment. The Vendor should not invoke or charge the Department for license fees for any of the testing or training environments.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	201
PM044	4786	1	The Vendor should use a User Acceptance Testing (UAT) environment that mirrors all programs in production to allow the Department to conduct testing prior to new software updates and to serve as an ongoing training platform for users.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	201
PM045	4788	1	The Vendor should create, use, and make available to the Department, representative samples for testing edits, business rules, and workflow processing.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	201
PM046	4789	1	The Vendor should create or modify existing data as needed for testing in a test environment, in compliance with federal guidelines. (Reference: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/XLC/Downloads/TestingFramework.pdf)	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	201
PM047	4790	1	The Vendor should maintain a clearly organized test case library that can be accessed by all testers, including Department users, with search capability that is cross-referenced to the code that it tests.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	201
PM048	4836	1	The Vendor should ensure web portal design, development, implementation (DDI) and operations are in accordance with Department and federal regulations and guidelines related to security, accessibility, confidentiality, and auditing. (Reference: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Downloads/IS_Policy-.pdf)	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	201
PM049	5227	1	The solution should be developed and implemented in accordance with the project work plan.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM050	5244	1	The Vendor should conduct the following types of testing in support of the solution:	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM051	5245	2	Unit testing	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM052	5247	2	Iterative functional testing	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM053	5248	2	System integration testing (SIT)	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202

Specifications						Vendor Response		
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
PM054	5249	2	Interface testing	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM055	5250	2	Regression testing	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM056	5251	2	End-to-end testing	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM057	5252	2	Security testing	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM058	5253	2	Performance testing	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM059	5254	2	Usability/Accessibility testing	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM060	5255	2	Browser testing	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM061	5256	2	User acceptance testing (UAT)	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM062	5257	2	Data conversion testing	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM063	5258	2	Operational readiness testing (ORT)	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM064	5259	2	Other testing as identified by the Department and/or Vendor	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM065	5260	1	The Vendor should be prepared to assist the Department, as necessary, with User acceptance testing (UAT).	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM066	5261	1	The Vendor should be prepared to conduct User acceptance testing (UAT) in all cases whereby the Department does not elect to conduct UAT.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM067	5262	1	The Vendor should complete regression testing subsequent to, but not limited to, the following:	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM068	5263	2	Deployment of new solution components	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM069	5264	2	Integration of each solution component into the primary solution	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202

Req ID #	RTM ID	Hierarchy Level	Specifications		Vendor Response			
			Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
PM070	5265	2	Every migration of new build versions to each test environment	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM071	5266	2	Solution fixes	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM072	5267	2	Solution patches	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	202
PM073	5268	2	Solution releases	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	203
PM074	5269	2	Others as defined by the Department	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	203
PM075	5270	1	The Vendor should utilize a subset of system integration testing (SIT) scenarios representative of maximum functional and technical solution coverage for the purposes of regression testing.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	203
PM076	5271	1	The Vendor should obtain approval from the Department on which scenarios should be used for regression testing.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	203
PM077	5272	1	The Vendor should utilize end-to-end test cases in support of regression testing.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	203
PM078	5273	1	The Vendor should perform privacy and security testing on functional, technical, and infrastructure components to ensure the solution meets all State, Department, and Federal privacy and security requirements. (Reference: https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/InformationSecurity/Downloads/IS_Policy-.pdf)	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	203
PM079	5274	1	The Vendor should propose testing scenarios and/or cases to the Department for their approval.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	203
PM080	5276	1	The Vendor's performance testing methodology should allow for performance tests to be representative of the expected peak period volumes for solution operation.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	203
PM081	5277	1	The Vendor's performance testing should occur on a production ready version of the solution.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	203
PM082	5278	1	The solution's performance testing environment should mirror the final production solution specifications.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	203
PM083	5279	1	The Vendor should perform usability/ accessibility testing for various types of users, including, but not limited to:	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	203

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
PM084	5280	2	Internal users	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	203
PM085	5281	2	External users	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	203
PM086	5283	2	Users with limited computer skills	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	203
PM087	5284	2	New user registration	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	203
PM088	5286	2	Users with disabilities	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	203
PM089	5287	2	Others as defined by the Department	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	203
PM090	4133	1	The Vendor should conduct an Operational Readiness Review (ORR) prior to statewide implementation of the solution.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	204
PM091	4136	1	The Vendor's Operational Readiness Review (ORR) testing should include a volume/stress test of at least 30 calendar days of production-capacity volumes to demonstrate that the solution and Vendor staff members are prepared for full production.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	204
PM092	4138	1	The Vendor should document and propose solutions, and timeframes for corrective actions to all issues, problems, and defects identified through the Operational Readiness Review (ORR).	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	204
PM093	4140	1	The Vendor should prepare and submit to the Department an Operational Readiness Review (ORR) Report that demonstrates that the Vendor and solution are ready to begin operations.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	204
PM094	4566	1	The Vendor should correct any report errors identified by the Department or the Vendor and correct the report within an agreed upon timeframe, through additional steps as defined in the Change Management Plan, including, but not limited to:	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	205
PM095	4969	2	Correct the report	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	205
PM096	4970	2	Verify the report	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	205
PM097	4971	2	Distribute or re-distribute the report	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	205

Req ID #	RTM ID	Hierarchy Level	Specifications		Vendor Response			
			Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
PM098	4972	2	Others actions as defined by the Department	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	205
PM099	4089	1	The Vendor should assist the Department with specialized research and reporting as requested.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	205
PM100	4787	1	The Vendor should be able to test edits, business rules, and workflow processing and report on results.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	205
PM101	5171	1	The Vendor should support either the transition of the solution to an entity designated by the Department and/or support the retirement of the solution at the end of the term of the contract, including all contract extensions as defined in the Turnover and Closeout Management Plan.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	205
PM102	4448	1	The Vendor should obtain Department approval of all scripts prior to implementation that will be used in the Technical Call Center.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	209
PM103	4508	1	The Vendor should identify and be responsible for the implementation and integration of all third-party software used in support of the solution.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	209
PM104	5228	1	The Vendor should conduct requirements validation and joint application design in support of requirements analysis and solution design activities as agreed upon by the Department.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	209
PM105	5229	1	The Vendor should maintain a requirements traceability matrix (RTM) throughout the lifecycle of the project.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	210
PM106	5230	1	The Vendor should provide all stakeholders identified by the Department access to the requirements traceability matrix (RTM).	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	210
PM107	5231	1	The Vendor should document in the requirements traceability matrix (RTM) where each requirement is accounted for, including, but not limited to:	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	210
PM108	5232	2	Design documentation	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	210
PM109	5233	2	Code modules	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	210
PM110	5234	2	Test conditions	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	210
PM111	5235	2	Test scenarios	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	210

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
PM112	5236	2	Test cases	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	210
PM113	5237	2	Certification criteria	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	210
PM114	5238	2	Medicaid Information Technology Architecture (MITA) business areas and processes	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	210
PM115	5239	2	Medicaid Information Technology Architecture (MITA) Standards and Conditions	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	210
PM116	5240	2	Others as defined by the Department	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	210
PM117	5241	1	The Vendor should demonstrate through the requirements traceability matrix (RTM) that all documented and approved specifications have been traced throughout the development lifecycle.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	210
PM118	5242	1	The Vendor should work with the Department during joint application design (JAD) sessions to validate the scope, purpose, and implications of each Request for Proposal (RFP) specification.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	210
PM119	5243	1	The Vendor should identify and work to resolve gaps between the Vendor's and the Department's understanding of a specification(s) during joint application design (JAD) sessions.	Project Management	Will Meet	Attachment 9 - Implementation Specifications Approach	Project Management	210
TN001	3973	1	The Vendor should provide outreach to users to ensure and document their readiness to begin using the solution. The outreach should include all user groups including, but not limited to:	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	242
TN002	5176	2	Members or Legal Representative	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	242
TN003	5177	2	Direct Care Workers	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	242
TN004	5178	2	Provider Agencies	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	242
TN005	5197	2	The Department	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	242
TN006	5179	2	Other as defined by the Department	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	242

Req ID #	RTM ID	Hierarchy Level	Specifications		Vendor Response			
			Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
TN007	3974	1	The Vendor should provide training at the time of registration.	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	243
TN008	4146	1	The Vendor should collaborate with the Department and the stakeholder community to develop strategies to train members receiving services.	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	244
TN009	4149	1	The Vendor should provide both web-based and ten (10) state-wide in-person trainings to users prior to the initial implementation of the solution based on a schedule and locations as agreed upon by the Department.	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	244
TN010	4152	1	The Vendor should provide written training materials for both in-person and web-based training options.	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	244
TN011	4153	1	The Vendor should submit all training materials to the Department for review and approval at least 45 calendar days prior to the date of the first training session.	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	244
TN012	4154	1	The Vendor should provide training materials offered in accessible formats consistent with requirements of the Americans with Disabilities Act (ADA) throughout the life of the solution. (Reference: https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.pdf)	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	244
TN013	4155	1	The Vendor should provide training materials and training courses that are accessible for users who do not speak, read, or write the English language, upon request by the Department according to https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html .	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	244
TN014	4156	1	The Vendor should obtain independent verification of the accuracy of all translations made pursuant to language and accessibility requirements.	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	245
TN015	4158	1	The Vendor should provide web-based training available to users throughout the life of the solution.	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	245
TN016	4160	1	The Vendor should provide a detailed approach to user training with respect to solution modifications.	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	245
TN017	4161	1	The solution should maintain a record of all user training, including the name of the individual trained, the date of training, the specific training completed, and whether the training was in-person or web-based.	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	245
TN018	4162	1	The Vendor's training records should be included in the data available for reporting.	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	245
TN019	4168	1	The Vendor should provide a user manual to all users.	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	245

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
TN020	4169	1	The user manual should be subject to Department approval.	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	245
TN021	4170	1	The user manual should be available online and in hard copy upon request of the user.	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	245
TN022	4171	1	The user manual should be offered in accessible formats consistent with requirements of the Americans with Disabilities Act. (Reference: https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.pdf)	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	246
TN023	4172	1	The user manual should be available in at least those languages the Department is required to accommodate, in addition to English, pursuant to 45 Code of Regulations (CFR) Section 80.3(b)(2). (Reference: https://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html)	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	246
TN024	5289	1	The solution should support workforce security awareness through such methods including, but not limited to:	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	247
TN025	5290	2	Security reminders (at login or screen access)	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	247
TN026	5291	2	Training reminders	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	247
TN027	5292	2	Online training capabilities	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	247
TN028	5293	2	Training tracking	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	247
TN029	5294	2	Others as defined by the Department.	Training	Will Meet	Attachment 9 - Implementation Specifications Approach	Training	247
DR001	4735	1	The solution should provide sufficient transaction logging and database back-up to allow it to be restored. If multiple databases are used for work item routing and program data, restoring the solution should ensure that databases are synchronized to prevent data corruption.	Solution Back-up, Disaster Recovery, and Failover	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Solution Back-up, Disaster Recovery, and Failover	263
DR002	4453	1	The solution should have the ability to perform online backups without interruption to production operations, according to a schedule agreed upon by the Department.	Solution Back-up, Disaster Recovery, and Failover	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Solution Back-up, Disaster Recovery, and Failover	264
DR003	4737	1	The solution should allow continued use of the system during back-up and perform back-ups during non-peak processing hours, to minimize the impact to operational activities.	Solution Back-up, Disaster Recovery, and Failover	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Solution Back-up, Disaster Recovery, and Failover	265

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
DR004	4331	1	The solution should support data freezing.	Solution Back-up, Disaster Recovery, and Failover	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Solution Back-up, Disaster Recovery, and Failover	265
DR005	4261	1	The Vendor should maintain an operational back-up power supply capable of supporting vital functions.	Solution Back-up, Disaster Recovery, and Failover	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Solution Back-up, Disaster Recovery, and Failover	265
DR006	4290	1	The Vendor should equip facilities with proper safeguards for fire prevention, fire detection, and fire suppression that are consistent with local fire codes.	Solution Back-up, Disaster Recovery, and Failover	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Solution Back-up, Disaster Recovery, and Failover	265
DR007	4291	1	The Vendor should equip fire detection and alarm systems with uninterruptable power supply.	Solution Back-up, Disaster Recovery, and Failover	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Solution Back-up, Disaster Recovery, and Failover	266
DR008	4293	1	The Vendor should have a remote backup facility at least one hundred (100) miles away from the primary data center.	Solution Back-up, Disaster Recovery, and Failover	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Solution Back-up, Disaster Recovery, and Failover	266
DR009	4292	1	The Vendor should conduct an annual disaster recovery exercise at a mutually agreed upon time and provide the results to the designated Department staff. Department staff should be invited to be included in these exercises.	Solution Back-up, Disaster Recovery, and Failover	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Solution Back-up, Disaster Recovery, and Failover	266
DR010	5114	1	The Vendor should store all backup copies in a Department-approved backup storage location for a period of time specified by the Department.	Solution Back-up, Disaster Recovery, and Failover	Will Not Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Solution Back-up, Disaster Recovery, and Failover	266
OP001	4715	1	The Vendor should track, and provide the Department access to, process metrics and other detail as defined in the approved Change Management Plan, including, but not limited to:	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	250
OP002	4716	2	The estimated and actual hours allocated to each change request	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	250
OP003	4717	2	Specific personnel assigned to each change request	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	250
OP004	4718	2	Scheduled completion date for each change request	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	250
OP005	4719	2	Total cost if the maximum allowed hours are exceeded on any approved change request	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	250

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
OP006	4720	2	Any change to current operational costs	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	250
OP007	4721	2	A separate total for equipment requirements (if applicable) related to the modification	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	250
OP008	5008	2	Others as defined by the Department	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	250
OP009	4743	1	The Vendor should assure all production software updates, releases, and patches are evaluated and approved by the Department prior to implementation as defined in the Change Management Plan.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	250
OP010	4744	1	The Vendor should send notification to the Department when releases are available to be evaluated as defined in the Change Management Plan.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	250
OP011	4745	1	The Vendor should provide the Department with detailed documentation that provides all fixes and functionality for each release.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	251
OP012	4747	1	The Vendor should maintain version control and provide the Department with current system and user documentation.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	251
OP013	3988	1	The Vendor should perform all maintenance and product upgrades for all operational and test environments and hardware at no additional cost so that the system is operating on currently supported version of each product and maintain software and security patches, based on a schedule approved by the Department.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	251
OP014	3960	1	The solution should provide the ability for the provider agency to review billing prior to submitting for payment.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	252
OP015	5130	1	The solution should provide the ability for the provider agency to review and correct billing errors prior to submission.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	254
OP016	3961	1	The solution should provide the Department and provider agencies with reports of unbilled encounters through front-end edits including, but not limited to:	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	255

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
OP017	5131	2	No authorization	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	255
OP018	5132	2	Expired authorization	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	255
OP019	5133	2	Reasons that prevented claims from filing	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	255
OP020	5134	2	Edits made to claims	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	255
OP021	5135	2	Others as defined by the Department	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	255
OP022	3955	1	The Vendor should provide a report of all daily transactions, including interactions via the call center, available to the Department in a variety of formats, including, but not limited to:	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	256
OP023	5100	2	Browser-based	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	256
OP024	5101	2	Portable Document Format (PDF)	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	256
OP025	5102	2	Excel	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	256
OP026	5103	2	Comma-Separated Value (CSV)	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	256
OP027	5172	2	Others as defined by the Department	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	256
OP028	4522	1	The solution should track metrics for each type of correspondence generated in the solution.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	256

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
OP029	4526	1	The solution should track the status of notices that are moving through the generation process.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	256
OP030	4528	1	The solution should notify the Department when an undelivered scheduled system-generated correspondence is approaching the predetermined delivery timeframe as agreed upon by the Department.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	256
OP031	4534	1	The solution should have the ability to track when any correspondence or form has been reissued or revised as agreed upon by the Department.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	256
OP032	4902	1	The Vendor should pay and arrange for an annual Statement on Standards for Attestation Engagements, System, and Organization Controls (SOC) 1, Type II audit, using the most current version of the audit, which should cover work performed by the Vendor at the Vendor's facility and data center sites. (Reference: https://technology.wv.gov/SiteCollectionDocuments/Policies%20Issued%20by%20the%20CTO/2019/PO1008_Audit_Mar2019.pdf)	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	256
OP033	4903	1	The Vendor should submit the annual Statement on Standards for Attestation Engagements, System, and Organization Controls (SOC) 1, Type II audit report, using the most current version of the audit, to the Department for approval with an action plan to remediate findings within a timeframe agreed upon by the Vendor and the Department.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	257
OP034	4253	1	The solution should archive and store user profiles for a period of time agreed upon by the Department.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	257
OP035	5214	1	The Vendor should provide its incident reporting procedures to the Department for review and approval within a timeframe agreed upon by the Department.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	257
OP036	4164	1	The Vendor should detail the performance metrics and targets used to monitor the effectiveness of technical support by phone.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	257
OP037	4165	1	The solution should have the ability to provide an immediate response acknowledging all email inquiries and establishing a timeframe for the response.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	257
OP038	4166	1	The solution should have the ability to resolve all email inquiries to the Vendor's technical support within one 24 hour business day from initial receipt.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	259

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
OP039	4167	1	The vendor should document inquiries and provide the Department with routine reports regarding reasons for technical support requests.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	259
OP040	4178	1	The Vendor should document any procedural action that occurred as a result of a complaint to the helpdesk and submit this documentation to the Department on an agreed upon schedule.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	259
OP041	4447	1	The Vendor's Technical Call Center should provide a toll-free voice messaging system that is compliant with the Americans with Disabilities Act (ADA) and supports limited English proficiency as defined by the Department of Health and Human Services (HHS). (References: https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.pdf , https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html). The Technical Call Center should function 24 hours per day, 365 days per year, and provides callers information including, but not limited to:	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	260
OP042	4928	2	Hours of operation	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	260
OP043	4929	2	Options for leaving messages after hours	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	260
OP044	4930	2	Options for leaving messages based on queue hold times and designated intervals as defined by the Department	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	260
OP045	4931	2	Recording of informational messages as defined by the Department	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	260
OP046	5107	1	The solution should have the ability to record and report on the performance and utilization of resources within the overall system, including, but not limited to:	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	260
OP047	5108	2	Average speed of answer	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	260

Specifications					Vendor Response			
Req ID #	RTM ID	Hierarchy Level	Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
OP048	5109	2	Interface processing time	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	260
OP049	5110	2	Request time for report generation	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	260
OP050	5111	2	Others as defined by the Department	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	260
OP051	4500	1	The Vendor should document and maintain technical specifications associated with the solution including, but not limited to:	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	261
OP052	4501	2	Complete listing of all software, hardware, and configurations that are required to establish fully functional installations in each of the required environments.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	261
OP053	4502	2	Complete specifications for all software, environments, and hardware used to support the solution.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	261
OP054	4939	2	Others as defined by the Department	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	261
OP055	4504	1	The Vendor should provide the Department with a capacity analysis report for the solution and the hosted environment including, but not limited to:	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	261
OP056	4940	2	Hardware	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	261
OP057	4941	2	Environment	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	261
OP058	4942	2	Network specifications	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	261
OP059	5106	2	Others as defined by the Department	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	261

Req ID #	RTM ID	Hierarchy Level	Specifications		Vendor Response			
			Specification Text	Subject Matter Area	Capability Assessment	Attachment	Section	Page #
OP060	4661	1	The solution should provide real-time solution performance data.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	261
OP061	4663	1	The solution should report on total processing times based on user-defined queries.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	261
OP062	4739	1	The solution should write all errors to an error log in a standard format and make it available for Department review upon request.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	261
OP063	4740	1	The solution should allow the Department's administrator to view, filter, sort, and search the error log(s).	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	262
OP064	4746	1	The Vendor should notify the Department regarding which releases of third-party software (JAVA virtual machine, Internet Explorer, Mozilla, Safari, etc.) are known to create problems with the current version of the Vendor software.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	262
OP065	4773	1	The solution should schedule and support file transfers as requested and agreed upon by the Department.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	262
OP066	3946	1	The solution's data aggregation component should send each provider agency a verified visit report, at least once a calendar day.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	263
OP067	3948	1	The solution's data aggregation component should send each provider agency a visit not verified report showing visits that were not verified by the provider agency, at least once each calendar day.	Operations	Will Meet	Attachment 10 - Maintenance and Operations Specifications Approach	Operations	263

Req ID #	Hierarchy Level	Mandatory Requirements		Attachment	Section	Page #
		Requirement Text	Type			
MR001	1	All provided services must comply with the Department rules.	Program Management	Attachment 6 - Mandatory Requirements	Project Management	61
MR002	1	The Vendor must agree to adhere to the performance measures and penalties outlined within the service level agreements (SLAs) included in the request for proposal (RFP).	Project Management	Attachment 6 - Mandatory Requirements	Project Management	60
MR003	1	The Vendor must ensure that solution modules and applications integrate successfully and effectively with minimal or no customization.	Hardware and Infrastructure	Attachment 5 - Mandatory Requirements	Hardware and Infrastructure	62
MR004	1	The solution must securely capture and electronically verify:	Visit Verification	Attachment 6 - Mandatory Requirements	Visit Verification	56
MR005	2	The identity of the member receiving services	Visit Verification	Attachment 6 - Mandatory Requirements	Visit Verification	56
MR006	2	The identity of the direct care worker making the visit	Visit Verification	Attachment 6 - Mandatory Requirements	Visit Verification	56
MR007	2	The identity of the provider agency	Visit Verification	Attachment 6 - Mandatory Requirements	Visit Verification	56
MR008	2	The date the visit begins and ends	Visit Verification	Attachment 6 - Mandatory Requirements	Visit Verification	56
MR009	2	The time the visit begins and ends	Visit Verification	Attachment 6 - Mandatory Requirements	Visit Verification	56
MR010	2	The location of the visit	Visit Verification	Attachment 6 - Mandatory Requirements	Visit Verification	57
MR011	2	The services being delivered	Visit Verification	Attachment 6 - Mandatory Requirements	Visit Verification	57
MR012	2	The waiver program or plan name	Visit Verification	Attachment 6 - Mandatory Requirements	Visit Verification	57
MR013	1	The solution must uniquely identify each user.	Security Management	Attachment 6 - Mandatory Requirements	Security Management	57

Mandatory Requirements						
Req ID #	Hierarchy Level	Requirement Text	Type	Attachment	Section	Page #
MR014	1	The solution must have the ability to receive data from approved electronic visit verification (EVV) data partners and aggregate the external data into the overall solution, through the Department's approved file format and transfer method(s).	Data Sources, Delivery, and Display	Attachment 6 - Mandatory Requirements	Data Sources, Delivery, and Display	62
MR015	1	The solution must be accessible for individuals with physical disabilities and vision impairments and satisfy the accessibility requirements of Section 508 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).	Project Management	Attachment 6 - Mandatory Requirements	Project Management	60
MR016	1	The Vendor must establish business associate agreements (BAA) or contractual agreements with the Department and any subcontractors according to Federal agency requirements that have access to data which is subject to protection by the Health Insurance Portability and Accountability Act (HIPAA). (Reference: https://www.hhs.gov/hipaa/index.html)	Security Management	Attachment 6 - Mandatory Requirements	Security Management	58
MR017	1	The Vendor must agree to enter into applicable Business Associate Agreements (BAA) with external electronic visit verification (EVV) data partners as directed by the Department prior to accepting or exchanging protected health information (PHI) and/or personally identifiable information (PII) data from the EVV solution.	Security Management	Attachment 6 - Mandatory Requirements	Security Management	58
MR018	1	The Vendor must ensure that all data submitted to or collected by the solution will remain the property of the Department.	Security Management	Attachment 6 - Mandatory Requirements	Security Management	59
MR019	1	The Vendor must agree to abide by all the Department security and privacy policies to protect confidential and sensitive information.	Security Management	Attachment 6 - Mandatory Requirements	Security Management	59
MR020	1	The solution must have the ability to receive, store, and exchange protected health information (PHI) and personally identifiable information (PII) through authentication, along with encryption methods to secure sensitive information following nationally recognized standards, including the privacy and security controls outlined within National Institute of Standards and Technology (NIST) Security and Privacy Controls for Federal Information Systems and Organizations special publication (SP) 800-53 (moderate) and NIST SP 800-111, Guide to Storage Encryption Technologies for End User Devices. (Reference: https://csrc.nist.gov/publications/detail/sp/800-111/final and https://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53r4.pdf)	Security Management	Attachment 6 - Mandatory Requirements	Security Management	59
MR021	1	The solution must use only Federal Information Processing Standard (FIPS) Pub 140-2 validated (or higher) encryption or equivalent. (Reference: https://nvlpubs.nist.gov/nistpubs/FIPS/NIST.FIPS.140-2.pdf , and https://nvlpubs.nist.gov/nistpubs/FIPS/NIST.FIPS.140-3.pdf)	Security Management	Attachment 6 - Mandatory Requirements	Security Management	60

Mandatory Requirements						
Req ID #	Hierarchy Level	Requirement Text	Type	Attachment	Section	Page #
MR022	1	The Vendor must remain in alignment with all future updates to Centers for Medicare & Medicaid Services' (CMS') certification processes and any future updates to the Medicaid Enterprise Certification Toolkit (MECT). (Reference: https://www.medicaid.gov/medicaid/data-and-systems/mect/Index.html)	CMS Certification	Attachment 6 - Mandatory Requirements	CMS Certification	63
MR023	1	The Vendor must design the solution to support the Medicaid Information Technology Architecture (MITA) goals for the Department as defined in the Department's MITA State Self-Assessment (SS-A) and other West Virginia MITA artifacts provided in the WV EVV RFP Procurement Library.	CMS Certification	Attachment 6 - Mandatory Requirements	CMS Certification	64
MR024	1	The Vendor must coordinate with the Department to develop all documentation required by Centers for Medicare & Medicaid Services' (CMS') Certification process as defined in the most recent Medicaid Enterprise Certification Toolkit (MECT). (Reference: https://www.medicaid.gov/medicaid/data-and-systems/mect/index.html)	CMS Certification	Attachment 5 - Mandatory Requirements	CMS Certification	64

WV Electronic Visit Verification Implementation									
ID	WBS	Task Name	Task Type (Responsibility)	Duration	Start	Finish	Milestone	Work	Predecessors
0	1	WV Electronic Visit Verification Implementation	HHAX/DHHR	18 days	Mon 3/2/20	Wed 12/30/20	No	2,840 hrs	
1	1.1	Phase 1: Project Initiation & Planning	HHAX/DHHR	43 days	Mon 3/2/20	Wed 4/29/20	No	60 hrs	
2	1.1.1	Contract Award	HHAX	1 day	Mon 3/2/20	Mon 3/2/20	No	0 hrs	
3	1.2	Project Scope Definition	HHAX/DHHR	18 days	Tue 3/3/20	Thu 3/26/20	No	18 hrs	
4	1.2.1	Sales/Client Success Internal Kickoff	HHAX	1 day	Tue 3/3/20	Tue 3/3/20	No	3 hrs	
5	1.2.2	Security Risk Assessment Handoff	HHAX/DHHR	1 day	Wed 3/4/20	Wed 3/4/20	No	4 hrs	2
6	1.2.3	Client Pre-Kickoff	HHAX/DHHR	1 day	Wed 3/4/20	Wed 3/4/20	No	4 hrs	4
7	1.2.4	Joint Project Team Assigned	HHAX/DHHR	16 days	Thu 3/5/20	Thu 3/26/20	No	1 hr	4
8	1.3	Contract Sign Off	HHAX/DHHR	1 day	Tue 3/24/20	Tue 3/24/20	No	1 hr	6
9	1.4	Schedule Kick-off Meeting	HHAX	1 day	Wed 3/25/20	Wed 3/25/20	No	1 hr	2FS+15 days
10	1.5	Kick-off Meeting	HHAX/DHHR	1 day	Thu 4/9/20	Thu 4/9/20	Yes	4 hrs	8
11	1.6	Establish Weekly Meeting Cadence	HHAX/DHHR	1 day	Fri 4/10/20	Fri 4/10/20	No	1 hr	9FS+10 days
12	1.7	Send Project Management Materials & File Specifications	HHAX	14 days	Fri 4/10/20	Wed 4/29/20	No	41 hrs	10
13	1.7.1	Project Organization	HHAX	14 days	Fri 4/10/20	Wed 4/29/20	No	41 hrs	10
14	1.7.1.1	Discovery Questionnaire Documents Handoff	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	1 hr	6
15	1.7.1.2	Discovery Questionnaire Documents completed and sent to HHAX	DHHR	10 days	Mon 4/13/20	Fri 4/24/20	No	2 hrs	14
16	1.7.1.3	Configuration Document Handoff	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	1 hr	6
17	1.7.1.4	Configuration Document Completed and sent to HHAX	DHHR	10 days	Mon 4/13/20	Fri 4/24/20	No	2 hrs	16
18	1.7.1.5	Draft Project Plan and Handoff CSM	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	1 hr	6
19	1.7.1.6	Draft Project Plan Review	HHAX	1 day	Mon 4/13/20	Mon 4/13/20	No	2 hrs	18
20	1.7.1.7	Deliver Draft Project Plan	HHAX	1 day	Tue 4/14/20	Tue 4/14/20	No	1 hr	19
21	1.7.1.8	Approve Draft Project Plan	HHAX/DHHR	10 days	Wed 4/15/20	Tue 4/28/20	Yes	0 hrs	20
22	1.7.1.9	Deliver Change Management Plan	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	1 hr	22
23	1.7.1.10	Approve Change Management Plan	HHAX/DHHR	10 days	Mon 4/13/20	Fri 4/24/20	No	2 hrs	24
24	1.7.1.11	Deliver Communication Management Plan	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	1 hr	26
25	1.7.1.12	Approve Communication Management Plan	HHAX/DHHR	10 days	Mon 4/13/20	Fri 4/24/20	No	1 hr	28
26	1.7.1.13	Deliver Cost Management Plan	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	1 hr	30
27	1.7.1.14	Approve Cost Management Plan	HHAX/DHHR	10 days	Mon 4/13/20	Fri 4/24/20	No	2 hrs	32
28	1.7.1.15	Deliver Documentation Management Plan	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	1 hr	34
29	1.7.1.16	Approve Documentation Management Plan	HHAX/DHHR	10 days	Mon 4/13/20	Fri 4/24/20	No	2 hrs	36
30	1.7.1.17	Deliver Modularity and Reusability Plan	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	1 hr	38
31	1.7.1.18	Approve Modularity and Reusability Plan	HHAX/DHHR	10 days	Mon 4/13/20	Fri 4/24/20	No	1 hr	40
32	1.7.1.19	Deliver Quality Management Plan	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	1 hr	42
33	1.7.1.20	Approve Quality Management Plan	HHAX/DHHR	10 days	Mon 4/13/20	Fri 4/24/20	No	0 hrs	44
34	1.7.1.21	Deliver Risk and Issue Management Plan	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	0 hrs	46
35	1.7.1.22	Approve Risk and Issue Management Plan	HHAX/DHHR	10 days	Mon 4/13/20	Fri 4/24/20	No	0 hrs	48
36	1.7.1.23	Deliver Schedule Management Plan	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	0 hrs	50
37	1.7.1.24	Approve Schedule Management Plan	HHAX/DHHR	10 days	Mon 4/13/20	Fri 4/24/20	No	0 hrs	52
38	1.7.1.25	Deliver Scope Management Plan	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	0 hrs	54
39	1.7.1.26	Approve Scope Management Plan	HHAX/DHHR	10 days	Mon 4/13/20	Fri 4/24/20	No	0 hrs	56
40	1.7.1.27	Deliver Staffing Management Plan	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	0 hrs	58
41	1.7.1.28	Approve Staffing Management Plan	HHAX/DHHR	10 days	Mon 4/13/20	Fri 4/24/20	No	0 hrs	60
42	1.7.1.29	Deliver Stakeholder Management Plan	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	0 hrs	62
43	1.7.1.30	Approve Stakeholder Management Plan	HHAX/DHHR	10 days	Mon 4/13/20	Fri 4/24/20	No	0 hrs	64
44	1.7.1.31	Deliver Project Initiation Complete	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	0 hrs	66
45	1.7.2	File Specs	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	0 hrs	68
46	1.7.2.1	Provider File - Provide to DHHR	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	0 hrs	70
47	1.7.2.2	Member File - Provide to DHHR	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	0 hrs	72
48	1.7.2.3	Auth File - Provide to DHHR	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	0 hrs	74
49	1.7.2.4	Service Code Template	HHAX	1 day	Fri 4/10/20	Fri 4/10/20	No	0 hrs	76
50	2	Phase 2: Solution Planning	HHAX	32 days	Fri 4/10/20	Mon 5/25/20	No	95 hrs	78
51	2.1	Deep Dive Breakout Meeting - Discovery/Integration/IT/Billing	HHAX/DHHR	14 days	Fri 4/10/20	Wed 4/29/20	No	29 hrs	80
52	2.1.1	IT Integration	HHAX/DHHR	14 days	Fri 4/10/20	Wed 4/29/20	No	13 hrs	82
53	2.1.1.1	Review Provider File and Process	HHAX/DHHR	1 day	Mon 4/13/20	Mon 4/13/20	No	2 hrs	45
54	2.1.1.2	Identify Test Providers	HHAX/DHHR	13 days	Mon 4/13/20	Wed 4/29/20	No	2 hrs	53SS
55	2.1.1.3	Review Authorization File and Process	HHAX/DHHR	2 days	Fri 4/10/20	Mon 4/13/20	No	2 hrs	
56	2.1.1.3.1	Service Code Grid	HHAX/DHHR	1 day	Mon 4/13/20	Mon 4/13/20	No	1 hr	16
57	2.1.1.3.2	Conduct Authorization Education Session	HHAX/DHHR	1 day	Fri 4/10/20	Fri 4/10/20	No	1 hr	47
58	2.1.1.4	Review Member File	HHAX/DHHR	1 day	Mon 4/13/20	Mon 4/13/20	No	2 hrs	16
59	2.1.1.5	Portal User list	HHAX/DHHR	1 day	Fri 4/10/20	Fri 4/10/20	No	4 hrs	
60	2.1.1.6	Review Standard Test Plan/Identify New Scenarios	HHAX/DHHR	1 day	Mon 4/27/20	Mon 4/27/20	No	8 hrs	
61	2.1.2	Review Claim Management Process	HHAX/DHHR	1 day	Mon 4/27/20	Mon 4/27/20	No	8 hrs	
62	2.1.2.1	Review Discovery Document	HHAX/DHHR	1 day	Mon 4/27/20	Mon 4/27/20	No	1 hr	15
63	2.1.2.1.1	Confirm Billing Format	HHAX/DHHR	1 day	Mon 4/27/20	Mon 4/27/20	No	1 hr	15
64	2.1.2.1.2	Confirm Clearing House	HHAX/DHHR	1 day	Mon 4/27/20	Mon 4/27/20	No	2 hrs	15
65	2.1.2.1.3	Confirm 999/277 Response Process	HHAX/DHHR	1 day	Mon 4/27/20	Mon 4/27/20	No	2 hrs	15
66	2.1.2.1.4	Confirm 837 Requirements for e-Billing	HHAX/DHHR	1 day	Mon 4/27/20	Mon 4/27/20	No	2 hrs	15
67	2.1.2.1.5	Confirm Remittance Process	HHAX/DHHR	1 day	Mon 4/27/20	Mon 4/27/20	No	1 hr	15
68	2.1.2.1.6	Confirm Claim Resubmission Process	HHAX/DHHR	1 day	Mon 4/27/20	Mon 4/27/20	No	1 hr	15

WV Electronic Visit Verification Implementation

ID	WBS	Task Name	Task Type (Responsibility)	Duration	Start	Finish	Milestone	Work	Predecessors
69	2.1.3	Workflow Discovery/Requirements Gathering		1 day	Tue 4/28/20	Tue 4/28/20	No	8 hrs	
70	2.1.3.1	Eligibility/Enrollment Process	HHAX/DHHR	1 day	Tue 4/28/20	Tue 4/28/20	No	1 hr	62
71	2.1.3.2	Authorization Process	HHAX/DHHR	1 day	Tue 4/28/20	Tue 4/28/20	No	1 hr	62
72	2.1.3.3	Discharge Process	HHAX/DHHR	1 day	Tue 4/28/20	Tue 4/28/20	No	1 hr	62
73	2.1.3.4	Placement Process/Provider Selection	HHAX/DHHR	1 day	Tue 4/28/20	Tue 4/28/20	No	1 hr	62
74	2.1.3.5	Caregiver Compliance	HHAX/DHHR	1 day	Tue 4/28/20	Tue 4/28/20	No	1 hr	62
75	2.1.3.6	Case Management/Provider Communication	HHAX/DHHR	1 day	Tue 4/28/20	Tue 4/28/20	No	1 hr	62
76	2.1.3.7	EVV Confirmation	HHAX/DHHR	1 day	Tue 4/28/20	Tue 4/28/20	No	1 hr	62
77	2.1.3.8	Rebilling	HHAX/DHHR	1 day	Tue 4/28/20	Tue 4/28/20	No	1 hr	62
78	2.2	Workflows and Requirements Documentation	HHAX/DHHR	19 days	Wed 4/29/20	Mon 5/25/20	Yes	22 hrs	
79	2.2.1	Develop 1st Draft of WFs and Requirements	HHAX	8 days	Wed 4/29/20	Fri 5/8/20	No	14 hrs	
80	2.2.1.1	Placement WF	HHAX	4 days	Wed 4/29/20	Mon 5/4/20	No	2 hrs	69
81	2.2.1.2	Authorization WF	HHAX	4 days	Wed 4/29/20	Mon 5/4/20	No	2 hrs	71
82	2.2.1.3	Discharge WF	HHAX	4 days	Wed 4/29/20	Mon 5/4/20	No	2 hrs	72
83	2.2.1.4	Communication Notes WF	HHAX	4 days	Wed 4/29/20	Mon 5/4/20	No	2 hrs	73
84	2.2.1.5	Claims WF	HHAX	4 days	Wed 4/29/20	Mon 5/4/20	No	2 hrs	69
85	2.2.1.6	Rebill WF	HHAX	4 days	Wed 4/29/20	Mon 5/4/20	No	2 hrs	77
86	2.2.1.7	Business Requirements Document	HHAX	4 days	Tue 5/5/20	Fri 5/8/20	No	2 hrs	81,82,83,84,85
87	2.2.2	Workflow and Requirements Review with DHHR	HHAX/DHHR	11 days	Mon 5/11/20	Mon 5/25/20	No	8 hrs	
88	2.2.2.1	Workflow Review Meeting	HHAX/DHHR	1 day	Mon 5/11/20	Mon 5/11/20	No	4 hrs	79
89	2.2.2.2	Workflow and Business Requirements Sign Off	HHAX/DHHR	10 days	Tue 5/12/20	Mon 5/25/20	Yes	4 hrs	88
90	2.3	Deliverables		11 days	Thu 4/30/20	Thu 5/14/20	No	44 hrs	44
91	2.3.1	Payment Milestone 2: Solution Planning 1		11 days	Thu 4/30/20	Thu 5/14/20	Yes	24 hrs	
92	2.3.1.1	Deliver Solution Planning Data Management Plan (including Governance and Quality)	HHAX	1 day	Thu 4/30/20	Thu 4/30/20	No	1 hr	
93	2.3.1.2	Approve Solution Planning Data Management Plan (including Governance and Quality)	DHHR	10 days	Fri 5/1/20	Thu 5/14/20	No	2 hrs	92
94	2.3.1.3	Deliver Data Security, Privacy, and Confidentiality Plan	HHAX	1 day	Thu 4/30/20	Thu 4/30/20	No	1 hr	
95	2.3.1.4	Approve Data Security, Privacy, and Confidentiality Plan	DHHR	10 days	Fri 5/1/20	Thu 5/14/20	No	2 hrs	94
96	2.3.1.5	Deliver Incident Management Plan	HHAX	1 day	Thu 4/30/20	Thu 4/30/20	No	1 hr	
97	2.3.1.6	Approve Incident Management Plan	DHHR	10 days	Fri 5/1/20	Thu 5/14/20	No	2 hrs	96
98	2.3.1.7	Deliver Master Test Plan (Testing Management Plan)	HHAX	1 day	Thu 4/30/20	Thu 4/30/20	No	2 hrs	
99	2.3.1.8	Approve Master Test Plan (Testing Management Plan)	DHHR	10 days	Fri 5/1/20	Thu 5/14/20	No	2 hrs	98
100	2.3.1.9	Deliver Privacy Impact Analysis	HHAX	1 day	Thu 4/30/20	Thu 4/30/20	No	1 hr	
101	2.3.1.10	Approve Privacy Impact Analysis	DHHR	10 days	Fri 5/1/20	Thu 5/14/20	No	1 hr	100
102	2.3.1.11	Deliver Requirements Gap Analysis Document	HHAX	1 day	Thu 4/30/20	Thu 4/30/20	No	4 hrs	
103	2.3.1.12	Approve Requirements Gap Analysis Document	DHHR	10 days	Fri 5/1/20	Thu 5/14/20	No	2 hrs	102
104	2.3.1.13	Deliver Requirements Management Plan	HHAX	1 day	Thu 4/30/20	Thu 4/30/20	No	1 hr	
105	2.3.1.14	Approve Requirements Management Plan	DHHR	10 days	Fri 5/1/20	Thu 5/14/20	No	2 hrs	104
106	2.3.2	Payment Milestone 3: Solution Planning 2		11 days	Thu 4/30/20	Thu 5/14/20	Yes	20 hrs	
107	2.3.2.1	Deliver Requirements Specification Document	HHAX	1 day	Thu 4/30/20	Thu 4/30/20	No	1 hr	
108	2.3.2.2	Approve Requirements Specification Document	DHHR	10 days	Fri 5/1/20	Thu 5/14/20	No	2 hrs	107
109	2.3.2.3	Deliver Requirements Traceability Matrix	HHAX	1 day	Thu 4/30/20	Thu 4/30/20	No	1 hr	
110	2.3.2.4	Approve Requirements Traceability Matrix	DHHR	10 days	Fri 5/1/20	Thu 5/14/20	No	2 hrs	109
111	2.3.2.5	Deliver Safeguard Procedures Report	HHAX	1 day	Thu 4/30/20	Thu 4/30/20	No	1 hr	
112	2.3.2.6	Approve Safeguard Procedures Report	DHHR	10 days	Fri 5/1/20	Thu 5/14/20	No	2 hrs	111
113	2.3.2.7	Deliver Security Plan	HHAX	1 day	Thu 4/30/20	Thu 4/30/20	No	1 hr	
114	2.3.2.8	Approve Security Plan	DHHR	10 days	Fri 5/1/20	Thu 5/14/20	No	2 hrs	113
115	2.3.2.9	Deliver System Backup and Record Retention Plan	HHAX	1 day	Thu 4/30/20	Thu 4/30/20	No	1 hr	
116	2.3.2.10	Approve System Backup and Record Retention Plan	DHHR	10 days	Fri 5/1/20	Thu 5/14/20	No	1 hr	115
117	2.3.2.11	Deliver System Requirement Document/Backlog User Stories or Use Cases	HHAX	1 day	Thu 4/30/20	Thu 4/30/20	No	4 hrs	
118	2.3.2.12	Approve System Requirement Document/Backlog User Stories or Use Cases	DHHR	10 days	Fri 5/1/20	Thu 5/14/20	No	2 hrs	117
119	3	Phase 3: Solution Design, Testing, & Operational Readiness		95 days	Tue 5/26/20	Mon 10/5/20	No	871 hrs	10,50
120	3.1	IT Integration Development and Testing	HHAX/DHHR	95 days	Tue 5/26/20	Mon 10/5/20	No	617 hrs	
121	3.1.1	Develop Interface Specs	HHAX	15 days	Tue 5/26/20	Mon 6/15/20	No	20 hrs	88
122	3.1.2	Send Interface Specification to Client	HHAX	1 day	Tue 6/16/20	Tue 6/16/20	No	1 hr	121
123	3.1.3	Interface Specifications Approved	DHHR	10 days	Wed 6/17/20	Tue 6/30/20	Yes	8 hrs	122
124	3.1.4	Review of Updated Test Plan	HHAX/DHHR	5 days	Wed 7/1/20	Tue 7/7/20	No	1 hr	123
125	3.1.5	Send Test Plan for Approval	HHAX	1 day	Wed 7/8/20	Wed 7/8/20	No	1 hr	124
126	3.1.6	HHAX Test Plan Approved	HHAX/DHHR	10 days	Thu 7/9/20	Wed 7/22/20	No	2 hrs	125
127	3.1.7	Deliver Approved Workflows and Requirements to IT/Dev	HHAX	1 day	Thu 7/23/20	Thu 7/23/20	Yes	1 hr	126
128	3.1.8	DHHR Interface Files Built	Payer	21 days	Wed 7/1/20	Wed 7/29/20	Yes	120 hrs	
129	3.1.8.1	Member File Build	DHHR	21 days	Wed 7/1/20	Wed 7/29/20	No	40 hrs	123
130	3.1.8.2	Authorization File Build	DHHR	21 days	Wed 7/1/20	Wed 7/29/20	No	40 hrs	123
131	3.1.8.3	Provider File Build	DHHR	21 days	Wed 7/1/20	Wed 7/29/20	No	40 hrs	123
132	3.1.9	DHHR Files	Payer	95 days	Tue 5/26/20	Mon 10/5/20	No	8 hrs	
133	3.1.9.1	Service Code File Received	DHHR	1 day	Tue 5/26/20	Tue 5/26/20	No	1 hr	56

WV Electronic Visit Verification Implementation

ID	WBS	Task Name	Task Type (Responsibility)	Duration	Start	Finish	Milestone	Work	Predecessors
134	3.1.9.2	Provider File Received from DHHR - Sample/Test File	Payer	1 day	Thu 7/30/20	Thu 7/30/20	No	1 hr	131
135	3.1.9.3	Member File Received from DHHR (834) - Sample/Test File	Payer	1 day	Thu 7/30/20	Thu 7/30/20	No	1 hr	129
136	3.1.9.4	Authorization File Received from DHHR - Sample/Test File	Payer	1 day	Thu 7/30/20	Thu 7/30/20	No	1 hr	130
137	3.1.9.5	Rejection File - Sample/Test	DHHR	1 day	Fri 7/31/20	Fri 7/31/20	No	1 hr	136
138	3.1.9.6	Provider File Received from DHHR - Prod File	Payer	1 day	Mon 10/5/20	Mon 10/5/20	Yes	1 hr	181
139	3.1.9.7	Member File Received from DHHR (834) - Prod File	Payer	1 day	Mon 10/5/20	Mon 10/5/20	Yes	1 hr	169
140	3.1.9.8	Authorization File Received from DHHR - Prod File	Payer	1 day	Mon 10/5/20	Mon 10/5/20	Yes	1 hr	175
141	3.1.10	Configure & Test	HHAX	94 days	Tue 5/26/20	Fri 10/2/20	No	455 hrs	
142	3.1.10.1	Create Test Portal Shell in HHAX for DHHR	HHAX	1 day	Tue 5/26/20	Tue 5/26/20	No	8 hrs	16
143	3.1.10.2	Create Test SFTP	HHAX	5 days	Wed 5/27/20	Tue 6/2/20	No	4 hrs	142
144	3.1.10.3	Create Production Portal Shell in HHAX for DHHR	HHAX	1 day	Tue 5/26/20	Tue 5/26/20	No	4 hrs	16
145	3.1.10.4	Create Production SFTP	HHAX	5 days	Wed 5/27/20	Tue 6/2/20	No	4 hrs	144
146	3.1.10.5	Create Test Portal Shell in HHAX for Provider	HHAX	1 day	Tue 5/26/20	Tue 5/26/20	No	8 hrs	54
147	3.1.10.6	Create Provider Test SFTP	HHAX	1 day	Wed 5/27/20	Wed 5/27/20	No	4 hrs	146
148	3.1.10.7	Configure Test DHHR Portal	HHAX	7 days	Wed 5/27/20	Thu 6/4/20	No	12 hrs	142
149	3.1.10.7.1	Gather Configuration Specs from DHHR	HHAX	1 day	Wed 5/27/20	Wed 5/27/20	No	2 hrs	142,17
150	3.1.10.7.2	Submit Ticket for Portal Configuration	HHAX	5 days	Thu 5/28/20	Wed 6/3/20	No	4 hrs	149
151	3.1.10.7.3	QA/Spot Check Created Portal	HHAX	1 day	Thu 6/4/20	Thu 6/4/20	No	6 hrs	150
152	3.1.10.8	Configure Test Provider Portal	HHAX	7 days	Wed 5/27/20	Thu 6/4/20	No	10 hrs	
153	3.1.10.8.1	Gather Configuration Specs	HHAX	1 day	Wed 5/27/20	Wed 5/27/20	No	2 hrs	146,17
154	3.1.10.8.2	Submit Ticket for Portal Configuration	HHAX	5 days	Thu 5/28/20	Wed 6/3/20	No	4 hrs	153
155	3.1.10.8.3	Link Test Provider Portal to Test DHHR Portal	HHAX	1 day	Thu 6/4/20	Thu 6/4/20	No	4 hrs	154
156	3.1.10.9	EDI Provider Testing	HHAX	23 days	Tue 5/26/20	Thu 6/25/20	No	66 hrs	
157	3.1.10.9.1	Test/QA EDI Files	HHAX	20 days	Tue 5/26/20	Mon 6/22/20	No	40 hrs	
158	3.1.10.9.2	Updating User Permissions to EDI	HHAX	1 day	Tue 6/23/20	Tue 6/23/20	No	4 hrs	157
159	3.1.10.9.3	Sign off on Production Files	HHAX	2 days	Wed 6/24/20	Thu 6/25/20	No	20 hrs	158
160	3.1.10.10	Configure Prod Portal	HHAX	7 days	Wed 5/27/20	Thu 6/4/20	No	11 hrs	144
161	3.1.10.10.1	Gather Configuration Specs from DHHR	HHAX	1 day	Wed 5/27/20	Wed 5/27/20	No	1 hr	144,17
162	3.1.10.10.2	Submit Ticket for Portal Configuration	HHAX	5 days	Thu 5/28/20	Wed 6/3/20	No	4 hrs	161
163	3.1.10.10.3	QA/Spot Check Created Portal	HHAX	1 day	Thu 6/4/20	Thu 6/4/20	No	6 hrs	162
164	3.1.10.11	Member File	HHAX	46 days	Fri 7/31/20	Fri 10/2/20	No	54 hrs	128
165	3.1.10.11.1	QA Member Demographic File Format Validation	HHAX	5 days	Fri 7/31/20	Thu 8/6/20	No	8 hrs	135
166	3.1.10.11.2	Load Test File	HHAX	1 day	Fri 8/7/20	Fri 8/7/20	No	2 hrs	165
167	3.1.10.11.3	Test Member Demographic File	HHAX	10 days	Mon 8/10/20	Fri 8/21/20	No	20 hrs	166
168	3.1.10.11.4	Client UAT	DHHR	14 days	Mon 8/24/20	Thu 9/10/20	No	20 hrs	167
169	3.1.10.11.5	Obtain Sign Off on Member File	HHAX	5 days	Mon 9/28/20	Fri 10/2/20	No	4 hrs	204
170	3.1.10.12	Authorization File	HHAX	46 days	Fri 7/31/20	Fri 10/2/20	No	54 hrs	128
171	3.1.10.12.1	QA Authorization File Format Validation	HHAX	5 days	Fri 7/31/20	Thu 8/6/20	No	8 hrs	136
172	3.1.10.12.2	Load Test File	HHAX	1 day	Fri 8/7/20	Fri 8/7/20	No	2 hrs	171
173	3.1.10.12.3	Test Authorization File	HHAX	10 days	Mon 8/10/20	Fri 8/21/20	No	20 hrs	172
174	3.1.10.12.4	Client UAT	DHHR	14 days	Mon 8/24/20	Thu 9/10/20	No	20 hrs	173
175	3.1.10.12.5	Obtain Sign Off on Auth File	HHAX	5 days	Mon 9/28/20	Fri 10/2/20	No	4 hrs	204
176	3.1.10.13	Provider File	HHAX	46 days	Fri 7/31/20	Fri 10/2/20	No	54 hrs	128
177	3.1.10.13.1	QA Provider File Format Validation	HHAX	5 days	Fri 7/31/20	Thu 8/6/20	No	8 hrs	134
178	3.1.10.13.2	Load Test File	HHAX	1 day	Fri 8/7/20	Fri 8/7/20	No	2 hrs	177
179	3.1.10.13.3	Test Provider File	HHAX	10 days	Mon 8/10/20	Fri 8/21/20	No	20 hrs	178
180	3.1.10.13.4	Client UAT	DHHR	14 days	Mon 8/24/20	Thu 9/10/20	No	20 hrs	179
181	3.1.10.13.5	Obtain Sign Off on Provider File	HHAX	5 days	Mon 9/28/20	Fri 10/2/20	No	4 hrs	204
182	3.1.10.14	E-Billing and Remittance - Setup/Testing/Go-Live	HHAX	86 days	Tue 5/26/20	Tue 9/22/20	No	164 hrs	
183	3.1.10.14.1	837 Testing and Approval	HHAX	86 days	Tue 5/26/20	Tue 9/22/20	No	110 hrs	
184	3.1.10.14.1.1	Setup Clearinghouse	HHAX	30 days	Tue 5/26/20	Mon 7/6/20	No	40 hrs	89,15
185	3.1.10.14.1.2	Create Scenario Data for Testing	HHAX	5 days	Mon 8/24/20	Fri 8/28/20	No	10 hrs	167,173
186	3.1.10.14.1.3	E-Billing Configuration Set up	HHAX	1 day	Fri 6/5/20	Fri 6/5/20	No	4 hrs	155
187	3.1.10.14.1.4	837 File Test Submission	HHAX	2 days	Mon 8/31/20	Tue 9/1/20	No	8 hrs	185,155
188	3.1.10.14.1.5	837 Test File Pass/Fail Approval to Move Forward	HHAX/DHHR	2 days	Wed 9/2/20	Thu 9/3/20	No	8 hrs	187
189	3.1.10.14.1.6	837 QA and Monitoring	HHAX	5 days	Fri 9/4/20	Thu 9/10/20	No	20 hrs	188
190	3.1.10.14.1.7	837 Prod File Submission	HHAX	4 days	Fri 9/11/20	Wed 9/16/20	No	8 hrs	189
191	3.1.10.14.1.8	837 Test File Pass/Fail Approval to Move Forward	HHAX/DHHR	4 days	Thu 9/17/20	Tue 9/22/20	No	12 hrs	190
192	3.1.10.14.2	835 Testing	HHAX/DHHR	21 days	Mon 6/8/20	Mon 7/6/20	No	54 hrs	
193	3.1.10.14.2.1	835 Remittance solution Development	HHAX/DHHR	10 days	Mon 6/8/20	Fri 6/19/20	No	40 hrs	186
194	3.1.10.14.2.2	835 Remittance solution sign off	HHAX/DHHR	10 days	Mon 6/22/20	Fri 7/3/20	No	10 hrs	193
195	3.1.10.14.2.3	Validate receipt of prod 835	DHHR	1 day	Mon 7/6/20	Mon 7/6/20	No	4 hrs	194
196	3.2	Deliverables							
197	3.2.1	Payment Milestone 4: Solution Design, Testing, and Operational Readiness	HHAX	89 days	Tue 5/26/20	Fri 9/25/20	No	254 hrs	
				89 days	Tue 5/26/20	Fri 9/25/20	Yes	70 hrs	50
198	3.2.1.1	Configuration Management Plan	HHAX	15 days	Tue 5/26/20	Mon 6/15/20	No	8 hrs	
199	3.2.1.2	Approve Configuration Management Plan	DHHR	10 days	Tue 6/16/20	Mon 6/29/20	No	4 hrs	198
200	3.2.1.3	Data Conversion Plan	HHAX	15 days	Tue 5/26/20	Mon 6/15/20	No	8 hrs	
201	3.2.1.4	Approve Data Conversion Plan	DHHR	10 days	Tue 6/16/20	Mon 6/29/20	No	2 hrs	200

WV Electronic Visit Verification Implementation									
ID	WBS	Task Name	Task Type (Responsibility)	Duration	Start	Finish	Milestone	Work	Predecessors
202	3.2.1.5	Data Conversion Test Cases	HHAX	15 days	Tue 5/26/20	Mon 6/15/20	No	8 hrs	
203	3.2.1.6	Data Conversion Test Results	HHAX	1 day	Fri 9/11/20	Fri 9/11/20	No	2 hrs	168,174,180
204	3.2.1.7	Approve Data Conversion Test Results	DHHR	10 days	Mon 9/14/20	Fri 9/25/20	Yes	2 hrs	203
205	3.2.1.8	Database Design Document and Data Models	HHAX	15 days	Tue 5/26/20	Mon 6/15/20	No	8 hrs	
206	3.2.1.9	Approve Database Design Document and Data Models	DHHR	10 days	Tue 6/16/20	Mon 6/29/20	No	4 hrs	205
207	3.2.1.10	Detailed System Design Document	HHAX	15 days	Tue 5/26/20	Mon 6/15/20	No	8 hrs	
208	3.2.1.11	Approve Detailed System Design Document	DHHR	10 days	Tue 6/16/20	Mon 6/29/20	No	4 hrs	207
209	3.2.1.12	Disaster Recovery and Business Continuity Plan	HHAX	15 days	Tue 5/26/20	Mon 6/15/20	No	8 hrs	
210	3.2.1.13	Approve Disaster Recovery and Business Continuity Plan	DHHR	10 days	Tue 6/16/20	Mon 6/29/20	No	4 hrs	209
211	3.2.2	Payment Milestone 5: Solution Design, Testing, and Operational Readiness 2	HHAX	30 days	Tue 6/16/20	Mon 7/27/20	Yes	100 hrs	50FS+15 days
212	3.2.2.1	Federal Certification and Review Management Plan	HHAX	15 days	Tue 6/16/20	Mon 7/6/20	No	8 hrs	
213	3.2.2.2	Approve Federal Certification and Review Management Plan	DHHR	10 days	Tue 6/16/20	Mon 6/29/20	No	4 hrs	
214	3.2.2.3	Interface Inventory	HHAX	15 days	Tue 6/16/20	Mon 7/6/20	No	20 hrs	
215	3.2.2.4	Approve interface Inventory	DHHR	10 days	Tue 6/16/20	Mon 6/29/20	No	4 hrs	
216	3.2.2.5	Load and Stress Test Cases	HHAX	15 days	Tue 6/16/20	Mon 7/6/20	No	20 hrs	163
217	3.2.2.6	Load and Stress Test Results	HHAX	15 days	Tue 7/7/20	Mon 7/27/20	No	8 hrs	216
218	3.2.2.7	Approve Load and Stress Test Results	DHHR	10 days	Tue 7/7/20	Mon 7/20/20	No	4 hrs	216
219	3.2.2.8	Operational Readiness Plan	HHAX	15 days	Tue 6/16/20	Mon 7/6/20	No	8 hrs	
220	3.2.2.9	Approve Operational Readiness Plan	DHHR	10 days	Tue 6/16/20	Mon 6/29/20	No	4 hrs	
221	3.2.2.10	Operational Readiness Test Scripts	HHAX	15 days	Tue 6/16/20	Mon 7/6/20	No	12 hrs	
222	3.2.2.11	Operational Readiness Test Results	HHAX	15 days	Tue 7/7/20	Mon 7/27/20	No	4 hrs	221
223	3.2.2.12	Approve Operational Readiness Test Results	DHHR	10 days	Tue 7/7/20	Mon 7/20/20	No	4 hrs	221
224	3.2.3	Payment Milestone 6: Solution Design, Testing, and Operational Readiness 3	HHAX	30 days	Tue 7/28/20	Mon 9/7/20	Yes	100 hrs	211
225	3.2.3.1	Regression Test Cases	HHAX	15 days	Tue 7/28/20	Mon 8/17/20	No	10 hrs	163
226	3.2.3.2	Regression Test Results	HHAX	15 days	Tue 8/18/20	Mon 9/7/20	No	4 hrs	225
227	3.2.3.3	Approve Regression Test Results	DHHR	10 days	Tue 8/18/20	Mon 8/31/20	No	4 hrs	225
228	3.2.3.4	Reports and Forms Inventory	HHAX	10 days	Tue 7/28/20	Mon 8/10/20	No	12 hrs	
229	3.2.3.5	Approve Reports and Forms Inventory	DHHR	10 days	Tue 8/11/20	Mon 8/24/20	No	4 hrs	228
230	3.2.3.6	System Integration Plan	HHAX	15 days	Tue 7/28/20	Mon 8/17/20	No	8 hrs	
231	3.2.3.7	Approve System Integration Plan	DHHR	10 days	Tue 8/18/20	Mon 8/31/20	No	2 hrs	230
232	3.2.3.8	System Integration Test Cases	HHAX	10 days	Tue 7/28/20	Mon 8/10/20	No	4 hrs	
233	3.2.3.9	System Integration Test Results	HHAX	15 days	Tue 8/11/20	Mon 8/31/20	No	4 hrs	232
234	3.2.3.10	Approve System Integration Test Results	DHHR	10 days	Tue 8/11/20	Mon 8/24/20	No	2 hrs	232
235	3.2.3.11	Training Management Plan	HHAX	15 days	Tue 7/28/20	Mon 8/17/20	No	8 hrs	
236	3.2.3.12	Approve Training Management Plan	DHHR	15 days	Tue 8/18/20	Mon 9/7/20	No	2 hrs	235
237	3.2.3.13	User Acceptance Test Cases	HHAX	10 days	Tue 7/28/20	Mon 8/10/20	No	8 hrs	
238	3.2.3.14	User Acceptance Test Results and Letter of Completion	HHAX	15 days	Tue 8/11/20	Mon 8/31/20	No	8 hrs	237
239	3.2.3.15	Approve User Acceptance Test Results and Letter of Completion	DHHR	10 days	Tue 8/11/20	Mon 8/24/20	No	4 hrs	237
240	4	Phase 4: Solution Deployment		141 days	Wed 4/29/20	Wed 11/11/20	No	1,250 hrs	
241	4.1	Technical On-Boarding		112 days	Wed 4/29/20	Thu 10/1/20	Yes	200 hrs	157,161,164,170,171,172,187,188,179,204
242	4.2	Provider Onboarding	HHAX/DHHR	112 days	Wed 4/29/20	Thu 10/1/20	No	103 hrs	
243	4.2.1	Website Information Center	HHAX	2 days	Thu 4/30/20	Fri 5/1/20	No	12 hrs	
244	4.2.1.1	Create Info Center Content	HHAX	1 day	Thu 4/30/20	Thu 4/30/20	No	6 hrs	10,21,1
245	4.2.1.2	Publish Content to Website	HHAX	1 day	Fri 5/1/20	Fri 5/1/20	No	6 hrs	244
246	4.2.2	Detailed Provider Rollout Plan Approval	HHAX/DHHR	10 days	Wed 4/29/20	Tue 5/12/20	No	4 hrs	21
247	4.2.3	Provider List Finalized by DHHR	Payer	1 day	Thu 4/30/20	Thu 4/30/20	No	2 hrs	1
248	4.2.4	Provider Portal Questionnaire	HHAX	112 days	Wed 4/29/20	Thu 10/1/20	No	72 hrs	
249	4.2.4.1	Develop Provider Portal Questionnaire	HHAX	5 days	Wed 4/29/20	Tue 5/5/20	No	20 hrs	21
250	4.2.4.2	Provider Portal Questionnaire Content Approval	HHAX/DHHR	10 days	Wed 5/6/20	Tue 5/19/20	No	4 hrs	249
251	4.2.4.3	Publish Provider Portal Questionnaire to Provider Info Center	HHAX	1 day	Mon 5/4/20	Mon 5/4/20	No	4 hrs	243
252	4.2.4.4	Pre Technical Go-Live Survey Creation/Evaluation/Follow-Up	HHAX	66 days	Mon 6/1/20	Mon 8/31/20	No	20 hrs	259
253	4.2.4.5	Post Technical Go-Live Survey Creation/Evaluation/Follow Up	HHAX	23 days	Tue 9/1/20	Thu 10/1/20	No	20 hrs	252
254	4.2.4.6	Develop Internal Questionnaire Tracking and Reporting Template	HHAX	10 days	Mon 6/1/20	Fri 6/12/20	No	2 hrs	259
255	4.2.4.7	Develop External Questionnaire Tracking and Reporting Template	HHAX	10 days	Mon 6/1/20	Fri 6/12/20	No	2 hrs	259
256	4.2.5	Welcome Letter	HHAX/DHHR	16 days	Fri 5/8/20	Fri 5/29/20	No	14 hrs	
257	4.2.5.1	Develop Provider Welcome Letter & Submit to DHHR	HHAX	5 days	Fri 5/8/20	Thu 5/14/20	No	8 hrs	21,288
258	4.2.5.2	Obtain DHHR Sign Off on Welcome Letter	HHAX/Payer	10 days	Fri 5/15/20	Thu 5/28/20	No	2 hrs	257
259	4.2.5.3	Distribute Welcome Letter w/Questionnaire Link to Provider Network	DHHR	1 day	Fri 5/29/20	Fri 5/29/20	Yes	4 hrs	251,258
260	4.3	Provider Portal Creation	HHAX	27 days	Mon 7/6/20	Tue 8/11/20	No	124 hrs	
261	4.3.1	Submit Questionnaire to Dev Team for Portal Creation	HHAX	20 days	Mon 7/6/20	Fri 7/31/20	No	80 hrs	254FS+15 days
262	4.3.2	Provider Portal Created based off Questionnaire	HHAX	2 days	Mon 8/3/20	Tue 8/4/20	No	16 hrs	261
263	4.3.2.1	Link providers to DHHR	HHAX	2 days	Mon 8/3/20	Tue 8/4/20	No	8 hrs	261
264	4.3.2.2	User Accounts Created	HHAX	2 days	Mon 8/3/20	Tue 8/4/20	No	8 hrs	261
265	4.3.3	E-Billing Configuration	HHAX	5 days	Wed 8/5/20	Tue 8/11/20	No	16 hrs	
266	4.3.3.1	Submit ticket for E-Billing Configuration	HHAX	2 days	Wed 8/5/20	Thu 8/6/20	No	4 hrs	261,263
267	4.3.3.2	Complete E-Billing Configuration		3 days	Fri 8/7/20	Tue 8/11/20	No	12 hrs	266

WV Electronic Visit Verification Implementation

ID	WBS	Task Name	Task Type (Responsibility)	Duration	Start	Finish	Milestone	Work	Predecessors
268	4.3.4	QA Provider Portal	HHAX	1 day	Wed 8/5/20	Wed 8/5/20	No	12 hrs	
269	4.3.4.1	Linked to Correct DHHR	HHAX	1 day	Wed 8/5/20	Wed 8/5/20	No	4 hrs	
270	4.3.4.2	Verify TIN/NPI	HHAX	1 day	Wed 8/5/20	Wed 8/5/20	No	4 hrs	262
271	4.3.4.3	Service Codes/Rates	HHAX	1 day	Wed 8/5/20	Wed 8/5/20	No	4 hrs	262
272	4.4	3rd Party Provider Integrations	HHAX	37 days	Mon 7/6/20	Tue 8/25/20	No	74 hrs	262
273	4.4.1	Identify EDI Providers	HHAX	7 days	Mon 7/6/20	Tue 7/14/20	No	14 hrs	254FS+15 days
274	4.4.2	EDI Welcome Letter	HHAX	18 days	Wed 7/15/20	Fri 8/7/20	No	24 hrs	
275	4.4.2.1	Develop EDI Welcome Letter	HHAX	5 days	Wed 7/15/20	Tue 7/21/20	No	10 hrs	273
276	4.4.2.2	Obtain DHHR Sign Off on EDI Welcome Letter	HHAX/Payer	10 days	Wed 7/22/20	Tue 8/4/20	No	2 hrs	275
277	4.4.2.3	Send EDI Welcome Letter to Providers	HHAX	3 days	Wed 8/5/20	Fri 8/7/20	No	12 hrs	
278	4.4.2.3.1	Send EDI Welcome Letter (1of3)	HHAX	1 day	Wed 8/5/20	Wed 8/5/20	No	4 hrs	276
279	4.4.2.3.2	Send EDI Welcome Letter (2of3)	HHAX	1 day	Thu 8/6/20	Thu 8/6/20	No	4 hrs	278
280	4.4.2.3.3	Send EDI Welcome Letter (3of3)	HHAX	1 day	Fri 8/7/20	Fri 8/7/20	No	4 hrs	279
281	4.4.3	Identify Top Vendors	HHAX	30 days	Wed 7/15/20	Tue 8/25/20	No	8 hrs	273
282	4.4.4	Engage Vendors	HHAX	2 days	Mon 8/10/20	Tue 8/11/20	No	8 hrs	280
283	4.4.5	Conduct Vendor EDI Implementation Meetings	HHAX	7 days	Wed 8/12/20	Thu 8/20/20	No	20 hrs	282
284	4.5	Provider Onboarding Training	HHAX/DHHR	88 days	Wed 4/29/20	Fri 8/28/20	No	202 hrs	
285	4.5.1	Provider Info Sessions	HHAX	69 days	Wed 4/29/20	Mon 8/3/20	Yes	92 hrs	
286	4.5.1.1	Identify Number of Sessions and Locations	HHAX	1 day	Wed 4/29/20	Wed 4/29/20	No	2 hrs	10,21
287	4.5.1.2	Reserve Locations	HHAX	1 day	Thu 4/30/20	Thu 4/30/20	No	4 hrs	286
288	4.5.1.3	Provider Information Session Registration Scheduling/Set-up	HHAX	5 days	Fri 5/1/20	Thu 5/7/20	No	20 hrs	287
289	4.5.1.4	Provider Info Session	HHAX	10 days	Mon 7/13/20	Fri 7/24/20	No	40 hrs	288,259FS+30 days
290	4.5.1.5	Send Training Session Info/Links post session	HHAX	1 day	Mon 7/27/20	Mon 7/27/20	No	4 hrs	289
291	4.5.1.6	Obtain List of New Users	HHAX	1 day	Mon 7/27/20	Mon 7/27/20	No	2 hrs	289
292	4.5.1.7	Create User Accounts	HHAX	5 days	Tue 7/28/20	Mon 8/3/20	No	20 hrs	291
293	4.5.2	Provider User Training	HHAX	69 days	Tue 5/26/20	Fri 8/28/20	No	110 hrs	
294	4.5.2.1	Customize Provider Portal Training Materials	HHAX	10 days	Tue 5/26/20	Mon 6/8/20	No	40 hrs	89
295	4.5.2.2	Provider Training Materials Approved	HHAX/DHHR	10 days	Tue 6/9/20	Mon 6/22/20	No	4 hrs	294
296	4.5.2.3	Provider User Training Session Registration Scheduling/Set-up	HHAX	7 days	Tue 7/28/20	Wed 8/5/20	No	14 hrs	290
297	4.5.2.4	Provider User Training Sessions	HHAX	14 days	Thu 8/6/20	Tue 8/25/20	No	40 hrs	296
298	4.5.2.5	Obtain List of New Users	HHAX	1 day	Wed 8/26/20	Wed 8/26/20	No	4 hrs	297
299	4.5.2.6	Create User Accounts	HHAX	2 days	Thu 8/27/20	Fri 8/28/20	No	8 hrs	298
300	4.6	DHHR Onboarding	HHAX	23 days	Thu 7/30/20	Mon 8/31/20	No	43 hrs	128
301	4.7	DHHR Staff Training	HHAX/DHHR	23 days	Thu 7/30/20	Mon 8/31/20	No	43 hrs	295
302	4.7.1	Customize Staff Training Materials	HHAX	5 days	Thu 7/30/20	Wed 8/5/20	No	2 hrs	303
303	4.7.1.1	Obtain List of Super Users	HHAX	1 day	Thu 8/6/20	Thu 8/6/20	No	4 hrs	304
304	4.7.1.2	Staff Training Materials Approved	HHAX/DHHR	10 days	Fri 8/7/20	Thu 8/20/20	No	4 hrs	305
305	4.7.1.3	Super User Training Sessions	HHAX/DHHR	1 day	Fri 8/21/20	Fri 8/21/20	No	4 hrs	306
306	4.7.1.4	Staff Training Sessions	HHAX/DHHR	1 day	Mon 8/24/20	Mon 8/24/20	No	1 hr	307
307	4.7.1.5	Obtain List of New Users	HHAX/DHHR	1 day	Tue 8/25/20	Tue 8/25/20	No	8 hrs	308
308	4.7.1.6	Create User Accounts	HHAX	4 days	Wed 8/26/20	Mon 8/31/20	No	90 hrs	
309	4.7.1.7	Reporting Package	HHAX	7 days	Wed 10/7/20	Thu 10/15/20	No	30 hrs	241
310	4.8	External Provider Analysis Report	HHAX	7 days	Wed 10/7/20	Thu 10/15/20	No	20 hrs	241
311	4.8.1	Invoice Audit Logic Review	HHAX	7 days	Wed 10/7/20	Thu 10/15/20	No	40 hrs	241
312	4.8.2	Claims Report	HHAX	7 days	Wed 10/7/20	Thu 10/15/20	No	393 hrs	
313	4.8.3	Deliverables	HHAX	82 days	Tue 6/9/20	Wed 11/11/20	Yes	118 hrs	
314	4.9	Payment Milestone 7: Deployment 1	HHAX	10 days	Tue 6/9/20	Mon 6/22/20	No	10 hrs	294
315	4.9.1	Solution Deployment Cutover Play Book	DHHR	10 days	Tue 6/23/20	Mon 7/6/20	No	2 hrs	316
316	4.9.1.1	Approve Solution Deployment Cutover Play Book	HHAX	15 days	Thu 8/27/20	Wed 9/16/20	No	40 hrs	300FS-30 days
317	4.9.1.2	Federal Review Supporting Documentation	DHHR	10 days	Thu 9/17/20	Wed 9/30/20	No	8 hrs	318
318	4.9.1.3	Approve Federal Review Supporting Documentation	HHAX	10 days	Thu 8/27/20	Wed 9/9/20	No	20 hrs	300FS-30 days
319	4.9.1.4	Implementation Certification Letter	DHHR	10 days	Thu 9/10/20	Wed 9/23/20	No	4 hrs	320
320	4.9.1.5	Approve Implementation Certification Letter	HHAX	10 days	Tue 6/9/20	Mon 6/22/20	No	20 hrs	294
321	4.9.1.6	Implementation Plan (Rollout Plan)	DHHR	10 days	Tue 6/23/20	Mon 7/6/20	No	4 hrs	322
322	4.9.1.7	Approve Implementation Plan (Rollout Plan)	HHAX	15 days	Thu 8/27/20	Wed 9/16/20	No	8 hrs	300FS-30 days
323	4.9.1.8	Operations Change Management Plan	DHHR	10 days	Thu 9/17/20	Wed 9/30/20	No	2 hrs	324
324	4.9.1.9	Approve Operations Change Management Plan	HHAX	30 days	Thu 8/27/20	Wed 10/7/20	Yes	131 hrs	300FS-30 days
325	4.9.1.10	Operational Milestone Review	DHHR	20 days	Thu 8/27/20	Wed 9/23/20	No	40 hrs	
326	4.9.2	Product Screenshots, Reports, and Data Certification	HHAX	10 days	Thu 9/24/20	Wed 10/7/20	No	8 hrs	327
327	4.9.2.1	Approve Screenshots, Reports, and Data Certification	DHHR	10 days	Thu 9/24/20	Wed 10/7/20	No	40 hrs	
328	4.9.2.2	Report Distribution Schedule	HHAX	5 days	Thu 8/27/20	Wed 9/2/20	No	4 hrs	329
329	4.9.2.3	Approve Report Distribution Schedule	DHHR	10 days	Thu 9/3/20	Wed 9/16/20	No	1 hr	331
330	4.9.2.4	Solution Health Monitoring Plan	HHAX	15 days	Thu 8/27/20	Wed 9/16/20	No	4 hrs	
331	4.9.2.5	Approve Solution Health Monitoring Plan	DHHR	10 days	Thu 9/17/20	Wed 9/30/20	No	2 hrs	333
332	4.9.2.6	System Operations Plan	HHAX	15 days	Thu 8/27/20	Wed 9/16/20	No	20 hrs	
333	4.9.2.7	Approve System Operations Plan	DHHR	10 days	Thu 9/17/20	Wed 9/30/20	No	4 hrs	335

WV Electronic Visit Verification Implementation

ID	WBS	Task Name	Task Type (Responsibility)	Duration	Start	Finish	Milestone	Work	Predecessors
337	4.9.3	Payment Milestone 9: Deployment 3		112 days	Tue 6/9/20	Wed 11/11/20	Yes	144 hrs	
338	4.9.3.1	System and User Documentation	HHAX	15 days	Tue 9/1/20	Mon 9/21/20	No	40 hrs	294,301
339	4.9.3.2	Approve System and User Documentation	DHHR	10 days	Tue 9/22/20	Mon 10/5/20	No	4 hrs	338
340	4.9.3.3	Training Materials	HHAX	15 days	Tue 6/9/20	Mon 6/29/20	No	40 hrs	294
341	4.9.3.4	Approve Training Materials	DHHR	10 days	Tue 6/30/20	Mon 7/13/20	No	4 hrs	340
342	4.9.3.5	Training Report	HHAX	15 days	Tue 9/1/20	Mon 9/21/20	No	20 hrs	293,301
343	4.9.3.6	Approve Training Report	DHHR	10 days	Tue 9/22/20	Mon 10/5/20	No	4 hrs	342
344	4.9.3.7	Training Schedule	HHAX	15 days	Tue 6/9/20	Mon 6/29/20	No	8 hrs	294
345	4.9.3.8	Approve Training Schedule	DHHR	10 days	Tue 6/30/20	Mon 7/13/20	No	2 hrs	344
346	4.9.3.9	Turnover and Closeout Management Plan	HHAX	15 days	Thu 10/8/20	Wed 10/28/20	No	20 hrs	300
347	4.9.3.10	Approve Turnover and Closeout Management Plan	DHHR	10 days	Thu 10/29/20	Wed 11/11/20	No	2 hrs	346
348	5	Phase 5: Project Monitor and Control		176 days	Wed 4/29/20	Wed 12/30/20	No	304 hrs	
349	5.1	Deliverables		120 days	Wed 4/29/20	Tue 10/13/20	No	40 hrs	21
350	5.1.1	Payment - Monthly Implementation Project Management Invoice	HHAX	120 days	Wed 4/29/20	Tue 10/13/20	Yes	40 hrs	
351	5.1.1.1	Project Schedule	HHAX	120 days	Wed 4/29/20	Tue 10/13/20	No	4 hrs	21
352	5.1.1.2	Project Status Reporting (Weekly and Monthly)	HHAX	120 days	Wed 4/29/20	Tue 10/13/20	No	4 hrs	
353	5.1.1.3	Risk Register/Exception Plan (Monthly)	HHAX	120 days	Wed 4/29/20	Tue 10/13/20	No	8 hrs	
354	5.1.1.4	Updated Project Management Components (Monthly)	HHAX	120 days	Wed 4/29/20	Tue 10/13/20	No	8 hrs	
355	5.1.1.5	Updated Requirements Traceability Matrix (Monthly)	HHAX	120 days	Wed 4/29/20	Tue 10/13/20	No	8 hrs	
356	5.1.1.6	Updated Training Management Plan (Monthly)	HHAX	120 days	Wed 4/29/20	Tue 10/13/20	No	8 hrs	
357	5.2	Post Go-Live Support	HHAX	60 days	Thu 10/8/20	Wed 12/30/20	No	240 hrs	
358	5.2.1	Lunch and Learns	HHAX	60 days	Thu 10/8/20	Wed 12/30/20	No	20 hrs	300
359	5.2.2	Provider Adoption	HHAX/DHHR	60 days	Thu 10/8/20	Wed 12/30/20	No	80 hrs	300
360	5.2.3	Claims Monitoring	HHAX/DHHR	60 days	Thu 10/8/20	Wed 12/30/20	No	80 hrs	300
361	5.2.4	Monitor DHHR System and Adoption	HHAX/Payer	60 days	Thu 10/8/20	Wed 12/30/20	No	80 hrs	300
362	5.3	Transition from Implementation Team to Ops	HHAX	1 day	Thu 10/22/20	Thu 10/22/20	No	4 hrs	
363	5.3.1	Internal Transition Meeting	HHAX	1 day	Thu 10/22/20	Thu 10/22/20	No	4 hrs	
364	5.3.1.1	Review Project (Scope, Issues, Lessons Learned, Open Items)	HHAX	1 day	Thu 10/22/20	Thu 10/22/20	No	4 hrs	300,5+10 days