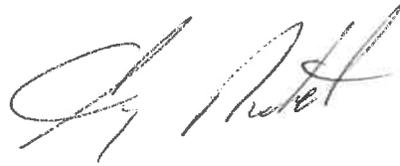


NOTICE

Please note this bid from COGNOSANTE, LLC for the solicitation BMS2100000001 was received at the Purchasing Division office prior to the established bid-opening date and time on November 10, 2020, but was not publicized due to technical errors at the bid opening. This response has since been loaded and is now posted.

A handwritten signature in black ink, appearing to read 'Guy Nisbet', written in a cursive style.

Guy Nisbet

Assistant Purchasing Director



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

Header @ 2

List View

- General Information
- Contact
- Default Values
- Discount
- Document Information
- Clarification Request

Procurement Folder: 761466

Procurement Type: Central Master Agreement

Vendor ID: 00000221475

Legal Name: COGNOSANTE LLC

Alias/DBA:

Total Bid: \$27,974,760.26

Response Date: 11/10/2020

Response Time: 8:00

Responded By User ID: Cognosante01

First Name: Kathy

Last Name: Tschappatt

Email: procurement@cognosan

SO Doc Code: CRFQ

SO Dept: 0511

SO Doc ID: BMS210000001

Published Date: 10/29/20

Close Date: 11/10/20

Close Time: 13:30

Status: Closed

Solicitation Description: MANAGED CARE ENROLLMENT
BROKERAGE SERVICES

Total of Header Attachments: 2

Total of All Attachments: 2



Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

**State of West Virginia
 Solicitation Response**

Proc Folder: 761466
Solicitation Description: MANAGED CARE ENROLLMENT BROKERAGE SERVICES
Proc Type: Central Master Agreement

Solicitation Closes	Solicitation Response	Version
2020-11-10 13:30	SR 0511 ESR11102000000003472	1

VENDOR
 000000221475
 COGNOSANTE LLC

Solicitation Number: CRFQ 0511 BMS2100000001
Total Bid: 27974760.26000000163912773132 **Response Date:** 2020-11-10 **Response Time:** 08:00:36
Comments:

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

Vendor Signature X **FEIN#** **DATE**

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Implementation-BMS				489860.34

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Implementation Costs-BMS: Staffing, Computer (including software), Facilities, Consulting Services, and Other Costs

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Base Year One-200,000-300,000 members				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Base Year One-PMPM rate X 300,000 members X 9 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Base Year One-300,000-400,000 members				1404000.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Base Year One-PMPM rate X 400,000 members X 9 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Base Year One-400,001-500,000 members				1848600.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Base Year One-PMPM rate X 500,000 members X 9 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Base Year One->/=500,001 members				1755003.51

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Base Year One-PMPM rate X 500,001 members X 9 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Optional Renewal Year One-200,000-300,000 members				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year One-PMPM rate X 300,000 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	Optional Renewal Year One-300,000-400,000 members				1872000.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year One-PMPM rate X 400,000 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	Optional Renewal Year One-400,001-500,000 members				2464800.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year One-PMPM rate X 500,000 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	Optional Renewal Year One->/=500,001 members				2340004.68

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year One-PMPM rate X 500,001 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
10	Optional Renewal Year Two-200,000-300,000 members				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Two-PMPM rate X 300,000 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
11	Optional Renewal Year Two-300,000-400,000 members				1776000.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Two-PMPM rate X 400,000 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
12	Optional Renewal Year Two-400,001-500,000 members				2344800.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Two-PMPM rate X 500,000 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
13	Optional Renewal Year Two->/=500,001 members				2220004.44

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Two-PMPM rate X 500,001 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
14	Optional Renewal Year Three-200,000-300,000 members				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Three-PMPM rate X 300,000 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
15	Optional Renewal Year Three-300,000-400,000 members				1680000.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Three-PMPM rate X 400,000 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
16	Optional Renewal Year Three-400,001-500,000 members				2224800.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Three-PMPM rate X 500,000 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
17	Optional Renewal Year Three->/=500,001 members				2100004.20

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Three-PMPM rate X 500,001 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
18	Base Year One-Ad Hoc Hourly Rate Information Technology				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Base Year One Ad Hoc Hourly Rate Information Technology
Estimated 5000 hours X hourly rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
19	Opt. Renewal Yr 1-Ad Hoc Hourly Rate Information Technology				331072.27

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year One Ad Hoc Hourly Rate Information Technology
Estimated 5000 hours X hourly rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
20	Opt. Renewal Yr 2-Ad Hoc Hourly Rate Information Technology				326518.98

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Two Ad Hoc Hourly Rate Information Technology
Estimated 5000 hours X hourly rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
21	Opt. Renewal Yr 3-Ad Hoc Hourly Rate Information Technology				333862.68

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Three Ad Hoc Hourly Rate Information Technology
Estimated 5000 hours X hourly rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
22	Base Year One-Ad Hoc Hourly Rate Non- Information Technology				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Base Year One Ad Hoc Hourly Rate Non- Information Technology
Estimated 5000 hours X hourly rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
23	Opt.Renew.Yr1 -Ad Hoc Hrly Rate Non- Information Technology				146916.30

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year One Ad Hoc Hourly Rate Non- Information Technology
Estimated 5000 hours X hourly rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
24	Opt.Renew.Yr2 -Ad Hoc Hrly Rate Non-Information Technology				144895.74

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Two Ad Hoc Hourly Rate Non- Information Technology
Estimated 5000 hours X hourly rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
25	Opt.Renew.Yr3 -Ad Hoc Hrly Rate Non-Information Technology				148154.59

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Three Ad Hoc Hourly Rate Non- Information Technology
Estimated 5000 hours X hourly rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
26	Implementation-WVCHIP				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Implementation Costs-WVCHIP: Staffing, Computer (including software), Facilities, Consulting Services, and Other Costs

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
27	WVCHIP: Base Year One-<=15,000 members				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Base Year One-PMPM rate X 15,000 members X 9 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
28	WVCHIP: Base Year One-15,001-20,000 members				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Base Year One-PMPM rate X 20,000 members X 9 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
29	WVCHIP: Base Year One-20,001-25,000 members				76271.56

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Base Year One-PMPM rate X 25,000 members X 9 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
30	WVCHIP: Base Year One->/=25,001 members				76274.61

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Base Year One-PMPM rate X 25,001 members X 9 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
31	WVCHIP: Optional Renewal Year One-</=15,000 members				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year One-PMPM rate X 15,000 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
32	WVCHIP: Optional Renewal Year One-15,001-20,00 members				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year One-PMPM rate X 20,000 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
33	WVCHIP: Optional Renewal Year One-20,001-25,000 members				74062.82

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year One-PMPM rate X 25,000 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
34	WVCHIP: Optional Renewal Year One->/ =25,001 members				74065.78

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year One-PMPM rate X 25,001 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
35	WVCHIP: Optional Renewal Year Two-</ =15,000 members				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Two-PMPM rate X 15,000 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
36	WVCHIP: Optional Renewal Year Two-15,001-20,000 members				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Two-PMPM rate X 20,000 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
37	WVCHIP: Optional Renewal Year Two-20,001-25,000 members				72551.11

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Two-PMPM rate X 25,000 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
38	WVCHIP: Optional Renewal Year Two->/ =25,001 members				72554.01

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Two-PMPM rate X 25,001 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
39	WVCHIP: Optional Renewal Year Three-</ =15,000 members				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Three-PMPM rate X 15,000 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
40	WVCHIP: Optional Renewal Year Three-15,001-20,000 members				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Three-PMPM rate X 20,000 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
41	WVCHIP: Optional Renewal Year Three-20,001-25,000 members				73129.58

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Three-PMPM rate X 25,000 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
42	WVCHIP: Optional Renewal Year Three->/ =25,001 members				73132.50

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Three-PMPM rate X 25,001 members X 12 Months

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
43	WVCHIP: Base YR 1-Ad Hoc Hourly Rate Information Technology				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Base Year One Ad Hoc Hourly Rate Information Technology
Estimated 5000 hours X hourly rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
44	WVCHIP: Opt. Renew. Yr 1-Ad Hoc Hourly Rate Information Tech				331072.27

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year One Ad Hoc Hourly Rate Information Technology
Estimated 5000 hours X hourly rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
45	WVCHIP: Opt. Renew. Yr 2-Ad Hoc Hourly Rate Information Tech				326518.98

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Two Ad Hoc Hourly Rate Information Technology
Estimated 5000 hours X hourly rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
46	WVCHIP: Opt. Renew. Yr 3-Ad Hoc Hourly Rate Information Tech				333862.68

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Three Ad Hoc Hourly Rate Information Technology
Estimated 5000 hours X hourly rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
47	WVCHIP: Base Yr 1-Ad Hoc Hourly Rate Non- Information Tech.				0.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Base Year One Ad Hoc Hourly Rate Non- Information Technology
Estimated 5000 hours X hourly rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
48	WVCHIP:Opt.Renew.Yr1 -Ad Hoc Hrly Rate Non- Information Tech				146916.30

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year One Ad Hoc Hourly Rate Non- Information Technology
Estimated 5000 hours X hourly rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
49	WVCHIP:Opt.Renew.Yr2 -Ad Hoc Hrly Rate Non- Information Tech				144895.74

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Two Ad Hoc Hourly Rate Non- Information Technology
Estimated 5000 hours X hourly rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
50	WVCHIP:Opt.Renew.Yr3 -Ad Hoc Hrly Rate Non- Information Tech				148154.59

Comm Code	Manufacturer	Specification	Model #
85121700			

Commodity Line Comments:

Extended Description:

Optional Renewal Year Three Ad Hoc Hourly Rate Non- Information Technology
Estimated 5000 hours X hourly rate



cognosante[®]
INNOVATE WITH PURPOSE

RESPONSE TO:

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN
RESOURCES (DHHR), BUREAU FOR MEDICAL SERVICES (BMS)**

MANAGED CARE ENROLLMENT BROKERAGE SERVICES

SOLICITATION NUMBER: CRFQ 0511 BMS210000001

TECHNICAL PROPOSAL

NOVEMBER 10, 2020

SUBMITTED TO:

Department of Administration
Purchasing Division
2019 Washington St. East
Charleston, WV 25305-0130
Attn: Buyer - Crystal Husted

PREPARED BY:

Cognosante, LLC
3110 Fairview Park Drive, Suite 800
Falls Church, Virginia 22042-4552
T: 703.206.6000 | F: 855-206-0734
www.cognosante.com



November 10, 2020

Ms. Crystal Husted
Department of Administration, Purchasing Division
2019 Washington Street, East
Charleston, WV 25305-0130
Email: Crystal.G.Husted@wv.gov

Reference: Managed Care Enrollment Brokerage Services,
Solicitation No. CRFQ 0511 BMS210000001

Dear Ms. Husted:

Cognosante, LLC is pleased to submit our response to the above referenced Request for Quote (RFQ) and demonstrate that our team, solutions, and proven commitment to delivery offers the best choice for West Virginia. Cognosante's experience providing member enrollment-related services includes service to both the federal Centers for Medicare and Medicaid Services (CMS) and individual state governments.

Cognosante has the proven results, experience, discipline, and commitment necessary to deliver on our contractual commitments. Our pledge is to work collaboratively with West Virginia and its stakeholders to achieve project success and realize the State's managed care enrollment broker goals and objectives.

Cognosante employs effective outreach activities directly in the communities we serve, establishing strong working relationships with local organizations and making ourselves available to assist the individuals who use the enrollment broker services where they live. For the Mountain Health Trust (MHT) program, our focus will be on increasing the consumer choice rate and reducing the auto-assignment rate.

Cognosante has designated the following individual as our contract manager, per RFQ Section 11.1:

Michael Quinlan, Senior Contract Administrator
Telephone Number: (571) 232-8662
Fax Number: (703) 842-8129
Email Address: Michael.Quinlan@cognosante.com

We have reviewed the RFQ documents in full and confirm we have not taken exceptions to, clarifications of, or modifications of a requirement or term and condition of the Solicitation. For our technical response, we responded to each requirement in RFQ Section 3, Qualifications, and 4, Mandatory Requirements, and have included the required forms in Appendix A. In addition, we provide the response to pricing, including the Pricing Page, as a separate document.

Ms. Crystal Husted
November 10, 2020
Page 2 of 2

We look forward to establishing a partnership with the Bureau for Medical Services (BMS) and West Virginia Children's Health Insurance Program (WVCHIP) that is built on trust and transparency and serving the Medicaid or WVCHIP recipients enrolled in a managed care organization (MCO) under the MHT program.

Sincerely,

A handwritten signature in black ink, appearing to read "Sandra Pina", with a stylized flourish at the end.

Sandra Seaton Pina
Chief Contracts Officer

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LIST OF ACRONYMS

ACRONYM	DEFINITION	ACRONYM	DEFINITION
ACA	Affordable Care Act	HITECH	Health Information Technology for Economic and Clinical Health Act
ACD	Automatic Call Distributor	HR	Human Resources
AFDC	Aid to Families with Dependent Children	ISO	International Standards Organization
ALOHR	Alabama One Health Record	IT	Information Technology
API	Application Programming Interface	IVR	Interactive Voice Response
BC	Business Continuity	MCO	managed care organization
BIA	Business Impact Analysis	MMIS	Medicaid Management Information System
BMS	Bureau for Medical Services	MTM	Medical Transportation Management
CCIIO	CMS Center for Consumer Information and Insurance Oversight	MHT	Mountain Health Trust
CDC	Centers for Disease Control	LEP	limited English proficiency
CEO	Chief Executive Officer	NEMT	Non-emergency medical transportation
CERRS	CCIIO Error Reconciliation and Resolution	OMB	Office of Management and Budget
Champion	Champion Industries, Inc.	PCP	Primary Care Provider
CHFS	Kentucky Cabinet for Health and Family Services	PCMH	patient-centered medical homes
CHIP	Children's Health Insurance Program	PDCA	Plan-Do-Check-Act
CMMI	Capability Maturity Model Integration	PHI	Protected Health Information
CMS	Centers for Medicare and Medicaid Services	PII/PHI	Personally Identifiable Information/Protected Health Information
COTS	Commercial Off-the-Shelf	PMBOK	Project Management Book of Knowledge
CRM	Customer Relationship Management	PMI®	Project Management Institute
DHHR	Department of Health and Human Resources	QA	quality assurance
DNC	Do Not Call	QAP	Quality Assurance Plan
EAP	Enrollment Assistance Program	QC	quality control
EB	Enrollment Broker	RFQ	Request for Quote
EFI	electronic file interchange	RTM	requirements traceability matrix
FedRAMP	Federal Risk and Authorization Management Program	SBA	Small Business Administration
FFM	Federally Facilitated Marketplace	SBE	State Based Exchange
FFS	fee-for-service	SDOH	social determinants of health
FISMA	Federal Information Security Management Act of 2002	SFTP	secure file transfer protocol
FPL	federal poverty level	SLAs	Service Level Agreements
FTE	full-time equivalents	SSI	Supplemental Security Income
HHS	Health and Human Services	TANF	Temporary Assistance for Needy Families
HICS	Health Insurance Casework System	TCPA	Telephone Consumer Protection Act
HIE	health information exchange	TDD	Telecommunications Device for the Deaf
HIPAA	Health Insurance Portability and Accountability Act	TTY	teletypewriter
		WVCHIP	West Virginia Children's Health Insurance Program
		WVOT	West Virginia Department of Technology

2. EXECUTIVE SUMMARY

Since 1996, the Mountain Health Trust (MHT) has provided a managed care program for Medicaid eligible West Virginians under an approved 1915(b) waiver. Cognosante’s solution for the West Virginia Enrollment Broker (EB) Services Project improves outcomes in enrollment and services by bringing modern technologies to help enable process improvements, a personalized approach to education and outreach, and partnerships with stakeholders throughout West Virginia.

The Cognosante Difference. Michele Kang, Cognosante founder and Chief Executive Officer, established Cognosante, LLC in 2008 to disrupt and challenge the status quo of the U.S. healthcare system. We entered the State Medicaid Enrollment Broker market to bring a new model of innovation for states and their constituents. Cognosante brings our experience supporting healthcare initiatives such as the Affordable Care Act (ACA) and Community Referrals for Veterans Affairs to provide a new perspective for delivery to the State Medicaid Enrollment Broker market. Through this experience, we offer a modern approach to member management with a focus on key benefits to the member experience, operational processes, and program management including those provided in Exhibit 1.



OVERVIEW OF OUR APPROACH

Cognosante will partner with West Virginia Bureau for Medical Services and West Virginia Children’s Health Insurance Program to deliver enrollment broker services that encompass:

- ▶ Tailored service to improve delivery, reduce risk, and ensure program satisfaction
- ▶ A new, more personalized, proactive approach to enrollment broker focused on education and outreach services across all 55 counties to improve understanding and choice
- ▶ An effective end-to-end process for printing, distributing, and updating program forms, brochures, and ongoing communications materials
- ▶ Partnerships with not just county offices, but also the social services agencies and non-profit organizations that support each county
- ▶ Operational excellence supported by our adherence to standards such as CMMI-Service Level 3
- ▶ Implemented surge support for a Small Business Administration outbound call center in less than two weeks including hiring, training, and deploying equipment to 100 remote agents

Exhibit 1: Cognosante Key Benefits

Our outreach centric approach automates processes and provides human-touch customer service to improve member satisfaction, efficiency, and meaningful benefits for all users.

<p style="text-align: center; font-weight: bold; color: white;">Member Experience</p> <p>Key Benefits</p> <ul style="list-style-type: none"> • Faster access to information to support informed member decisions • Commitment to web and mobile chat features to improve customer service • Multiple communication channels to increase member options to information • Choice counseling focused on simple key decision points 	<p style="text-align: center; font-weight: bold; color: white;">Process Focus</p> <p>Key Benefits</p> <ul style="list-style-type: none"> • Enterprise data for upstream/downstream data impacts • Our EnGage360® configurable solution to automate processes and promote data accuracy • An integrated cloud-based solution for easy ramp up during times of increased volume • Digital management of plan data to improve accuracy 	<p style="text-align: center; font-weight: bold; color: white;">Program Management</p> <p>Key Benefits</p> <ul style="list-style-type: none"> • Dashboards and Tableau analytics on demand for business intelligence reporting • Data interface and exchange validation to improve data integrity • Monthly SLA reviews to improve performance • Success with member management service delivery to federal clients leveraged to improve enrollment broker services
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The Cognosante enrollment broker solution—EnGage360—modernizes enrollment broker services by focusing on education, outreach, and customer service supported by a highly configurable platform. EnGage360 enables most changes to be made easily, rapidly, and most importantly, without the need for costly change orders. The flexibility of EnGage360 will allow us to address most of the optional services outlined in the RFQ through configuration changes.

Our West Virginia enrollment broker solution, detailed in this RFQ response, demonstrates our success providing member services. Whether it is for a Federal agency who needs to rapidly surge in support of national crisis or annual enrollment support for government healthcare programs, our success is built on solving the business needs of our clients. During the ongoing COVID-19 pandemic, Cognosante immediately worked with clients on business continuity options and successfully migrated call center representatives to full remote support while maintaining productivity and protecting Personally Identifiable Information/Protected Health Information (PII/PHI) through our remote agent monitoring technology.

The West Virginia Bureau for Medical Services (BMS) will have the focused attention of Cognosante leadership, our Charleston-based staff, and our teaming partner Champion Industries, Inc. (Champion). Through the integration of our entire executive team and the focus of the operations and delivery team—Cognosante will bring all resources necessary to continually improve service delivery to West Virginia.

UNDERSTANDING OF WEST VIRGINIA

West Virginia has set significant goals to enhance and improve the use of preventive care services, increase and enhance care coordination, and work collaboratively with other partners in the health care community to promote comprehensive health care and become a partner with other agencies and private sector entities in technology initiatives. Each goal is directly impacted by the vendor chosen to provide enrollment broker services and how they work with West Virginia, the beneficiaries, and the stakeholders throughout the State.

The BMS needs a partner who they can work with to differentiate the uniqueness of each region and county, and an approach that improves the outcomes related to the goals established for West Virginia. Cognosante understands the various compositions of each county and the different epidemiological profiles, and tailors the informational and educational materials to get demonstrable results. For example, outcomes and social determinates of health in Clay and Kanawha counties are different than in Mineral and Berkeley counties—their overall health, the behavioral health, digital services and abilities, and economic profiles are quite different and to engage citizens in their health, the approach must be personalized.

West Virginia enrollment broker services are essential in a time of change and growth with the expansion of program services. In January 2021, the program extends and includes CHIP enrollment. Beyond enrollments in managed care, Cognosante will work to improve the services provided to communities helped by Temporary Assistance for Needy Families (TANF), Aid to Families with Dependent Children (AFDC), AFDC-related, and the Supplemental Security Income (SSI) programs.

The Cognosante solution is tailored to help West Virginia expand voluntary selections through outreach, reduce auto-assignments through engagement, improve the number of days to enroll and, when ready, assist in the migration to passive enrollment.

OVERVIEW OF OUR SOLUTION

Cognosante's approach for West Virginia starts with the fundamental truth: the more informed and engaged a consumer is, the more effective their health outcomes. At the core of our solution is the focus on the West Virginians who need a partner to help them make informed choices regarding what is best for them and their family's healthcare needs.

Our outreach and education specialists will work regionally in five different areas to categorize not only the area, but counties within each area into either rural or suburban/urban. Through an understanding of the counties, we can further tailor our approach to ensure we are reaching citizens no matter what access to transportation or to the Internet and web enabled devices they have. For each area, we will schedule multiple outreach and educational sessions and advertise them in the community. As part of outreach, we will engage local stakeholders as outreach ambassadors—from the Department of Health and Human Resources (DHHR) offices to non-profits and hospitals. By building these local relationships, Cognosante's solution ensures that we improve our community reach and are able to educate and inform more stakeholders. Finally, we will develop relationships with the Managed Care Organizations to facilitate improved choice and continually improve process on behalf of West Virginians.

Our call center and key staff will be located in Charleston, West Virginia. Ms. Kari Dingman will serve as program manager overseeing the key project director. Ms. Dingman has more than 30 years' experience in Medicaid managed care and enrollment broker services. This project's executive program director will be Senior Vice President, Ms. Karen Gage, who has 25 years of Medicaid experience.

Cognosante has partnered with Champion to serve as our print and fulfillment subcontractor. Champion includes Champion Printing Company and Champion Output Solutions and has four locations in West Virginia—two in Charleston, one in Huntington, and one in Parkersburg. We understand that all materials retained, stocked, and distributed, are at Cognosante expense, including pamphlets and other mailing material required at DHHR direction and approval or supplied by the managed care organizations (MCOs).

The West Virginia EB Services Project is supported by a highly redundant and easily configurable technical solution and a tailored project management approach based on industry standards including Capability Maturity Model Integration (CMMI) and International Standards Organization (ISO).

Our EnGage360 enrollment broker solution is easily configurable and designed to improve the user experience, provides excellent case management and call management services, and integrates easily with many data streams. EnGage360 will allow us to manage the data flow across the enrollment broker network and rapidly find data errors. The system includes built in reporting for all services provided.

Our project management approach is founded on industry standards including the Project Management Institute (PMI®), ISO, and CMMI. Using the vast knowledge and lessons

learned on prior programs, Cognosante ensures transparency to BMS and internally. Our mature project management processes include robust risk management that identifies potential risks, weights them according to probability and impact, and creates mitigation strategies. Using this approach, we plan continually assess project delivery and communicate at each program status meeting about risk as part of our project status.

Quality Management. Our Quality Assurance Plan will be submitted 15 days post award. This plan will document our overall approach and specific methods for ensuring quality. Cognosante will use periodic reviews of employee work products—whether it is a call or document—to ensure the strictest quality measures are integrated in everything we do. For calls, we will have a scorecard that regularly weighs and assesses technical knowledge of the information with the customer service skills necessary to deliver services.

Performance Management. Our performance measurement approach enables Cognosante and authorized government stakeholders to verify the quality of service delivery through reporting and analysis. As part of our approach, we build performance warning thresholds and deploy immediate corrective action to outperform contract service levels.

Privacy & Security. Cognosante’s comprehensive security and privacy policies and procedures apply to all project work as well as our own internal corporate activities. As implemented, this approach provides appropriate safeguards for information and IT assets under our care. These measures demonstrate compliance with federal and state level legal and regulatory requirements related to handling PII and PHI, including but not limited to the provisions in the Health Insurance Portability and Accountability Act (HIPAA) Security Rule and HIPAA Privacy Rule, Health Information Technology for Economic and Clinical Health Act (HITECH), the Privacy Act, Federal Information Security Management Act of 2002 (FISMA), Office of Management and Budget (OMB), and Health and Human Services (HHS) policies, directives, and memoranda, and state regulations on protecting the privacy and security of personal information.

Transition Approach. Our transition approach includes careful and detailed planning with regular checkpoints to validate progress against the plan. To facilitate transparency, we establish multiple communication channels, including an established SharePoint site, a dedicated conference telephone line and email inbox, and a centralized meeting location for Cognosante and the State to regularly communicate status updates and promptly resolve escalated risks and issues throughout transition. We define and validate quality and performance measures early and often as part of our planned quality processes and activities, including well-defined entrance and exit criteria for each transition phase and formal gate reviews to confirm readiness to move forward.

Building upon more than 15 years of enrollment and business process outsourcing experience, the Cognosante solution will focus on the following Exhibit 2 critical success factors.

Exhibit 2: Features and Benefits of Our Enrollment Broker Operational Solution

FUNCTION	FEATURE	BENEFIT
Project Lifecycle Management	▶ Executive and management teams with extensive experience delivering customer facing enrollment services	▶ Knowledgeable leadership supported by Cognosante executives ensure service delivery.

FUNCTION	FEATURE	BENEFIT
	<ul style="list-style-type: none"> ▶ Our project management framework built on Project Management Book of Knowledge (PMBOK), ISO and CMMI standards 	<ul style="list-style-type: none"> ▶ Rigorous processes with appropriate checks help ensure that project deliverables are complete and accurate.
Outreach Approach	<ul style="list-style-type: none"> ▶ Education-based outreach ▶ Regional outreach and education specialists ▶ Integration not only with State organizations, but also with social service and faith-based agencies 	<ul style="list-style-type: none"> ▶ Using a regional model, our education-based outreach reaches members and enrollees with targeted messaging that improves outcomes and increases choice.
Contact Center	<ul style="list-style-type: none"> ▶ Staffed in Charleston with ability to do remote call center support ▶ Corporate reach back allows surge to be placed across U.S. 	<ul style="list-style-type: none"> ▶ Whether it is a natural surge of enrollees or a natural disaster, our call center design allows Cognosante to immediately adapt to remote work or surge in one of our other sites.
Technology	<ul style="list-style-type: none"> ▶ EnGage360 call center platform ▶ EnGage360 enrollment broker system ▶ EnGage360 data integration 	<ul style="list-style-type: none"> ▶ Low cost, highly secure, Federal Risk and Authorization Management Program (FedRAMP) compliant solution provides industry leading approach to telecom. ▶ The EnGage360 solution will allow us to help reduce paper, gain insight, and improve the customer experience.
Fulfillment	<ul style="list-style-type: none"> ▶ Partnered with Champion to serve as our print and fulfillment subcontractor 	<ul style="list-style-type: none"> ▶ Champion Printing Company will support on demand printing and distribution. ▶ Champion Output Solutions will support material and graphics development. ▶ Four locations in West Virginia to support distribution needs and within the State. ▶ On demand fulfillment of print materials retained, stocked, and distributed.

OUTCOMES THAT MATTER

Cognosante’s partnership with BMS will be focused on delivering high quality services for the West Virginia EB Services Project that help meet the goals of improving access and choice while providing world class customer service. Improving choice is just one outcome of our overall approach. More importantly, we are focused on outreach and education as a way to improve medical outcomes.

Our regional-based approach to enrollment broker services will help West Virginia focus on the social determinants of health (SDOH), including transportation and Internet access to improve health equity. By tailoring our approach, we ensure we meet a wider range of potential and existing enrollees and help educate and inform their choices.

3. QUALIFICATIONS

3. QUALIFICATIONS: Vendor, or Vendor's staff if requirements are inherently limited to individuals rather than corporate entities, must have the following minimum qualifications:

Cognosante offers extensive business processing outsourcing experience and expertise, including consumer outreach and education services, call center services, eligibility processing, and Medicaid program support. Our responses to the RFQ minimum qualifications are included in the following sections:

- ▶ 3.1 Staffing Approach and Organization
- ▶ 3.2 Past Performance

3.1 STAFFING APPROACH AND ORGANIZATION

3.1. The Vendor must agree to secure and retain professional staff to meet contract requirements. The Vendor's response must provide personnel comprised of staff dedicated full-time to the MHT program. At a minimum, the Vendor must provide the following key staff:

3.1.1. Project Director. The Vendor must have (1) full-time Project Director during the term of this contract. The Project Director must serve as the key accountable lead and the primary point of contract for all program activities. This key staff member must have the authority to make decisions, be responsible for directing operations throughout the life of the contract and attend all requested meetings as request by BMS. The Project Director must meet the following qualifications and experience:

3.1.1.1. Have a minimum of three (3) years of experience with managed enrollment and Medicaid programs.

3.1.1.2. Have a minimum of three (3) years of experience managed projects of similar size and scope.

3.1.1.3. Provide executive direction for completion of required deliverables.

3.1.1.4. Have authority to make decisions and be responsible for directing operations throughout the term of the contract.

3.1.1.5. Have authority for staffing and operations decisions, with BMS' approval.

3.1.1.6. Ensures the Project Team staff fulfill the following:

3.1.1.6.1. Provide regular status reports to the Project Director and BMS or its designee.

3.1.1.6.2. Report any issues causing delays and/or problems on the project.

3.1.1.6.3. Resolve issues reported by BMS with the timeframe designated by BMS.

3.1.1.6.4. Escalate critical issues to BMS for resolution within one (1) business day from the notification of the issue.

3.1.2. Outreach Manager. The Outreach Manager must have a minimum of three (3) years of experience in developing and implementing comprehensive communications plans and outreach materials with Medicaid populations, including the use of websites as well as electronic and social media. This person will also be the liaison with the contracted MCOs to obtain required information to help enrollees make informed MCO selections. This person will be responsible for monitoring and oversight, including development and review of reports to identify trends and concerns that need to be addressed.

3.1.2.1. The Outreach Manager must have a minimum of three (3) years of experience with enrollment and reporting operations management.

3.1.3. Call Center Manager. The Call Center Manager will be responsible for managing the Vendor's call center, and therefore, must have a minimum of three (3) years of experience demonstrating the ability to manage a large Call Center for a health care related or Medicaid program.

An effective, efficient, and committed team is a critical driver of success in a service delivery operation. Based on our experience successfully delivering similar services for multiple federal and state agencies, we have built an effective staffing approach that incorporates best practices including targeted recruiting, level of effort forecasting, initial and ongoing training, quality programs, cross-training, and expedited surge support. We apply these practices to create a positive work environment and culture that engages employees and yields a stable and qualified workforce over the life of our contracts.

STAFFING APPROACH

Cognosante is committed to securing, retaining, and developing highly qualified and professional staff for the West Virginia Enrollment Broker (EB) Services Project that includes a dedicated project director, outreach manager, and call center manager.

We have found that in-house recruiting provides superior results when compared to recruiting subcontractors and a reliance on staffing agencies. Our dedicated recruiters, who support our project teams across the country, understand how to recruit and hire local quality talent with specialized skill sets, including healthcare and customer service skills.

At Cognosante, we believe that investing in your team is key to implementing and operating a successful project. We build a strong team culture and an environment of trust and pride in delivery at the corporate level and on each project. Consistency and quality of service is critical—any lapse can affect some of the most vulnerable citizens in the State of West Virginia. We embrace this necessity and have designed our staffing approach to meet the State’s requirements for continuous high-quality performance.

Staffing Plan

Finding the right resources to deliver for our projects is only half the equation. We must also retain the team that brings success and excellence for our clients. Recruitment, training and development, and retention are ongoing activities so that we are prepared and agile in delivering services to valued clients like West Virginia.

Targeted Recruitment. It is critical to accurately match each candidate with the position and work to be performed, resulting in improved job satisfaction and lower employee turnover. We have a proven four-phased recruiting approach that starts with an accurate job description and ends with the right candidate matched to the job they are to perform.

We also recognize there are advantages to offering employment to the incumbent vendor staff that are valued by Bureau for Medical Services (BMS). At the start of the contract, our leadership team will work with BMS and the incumbent where appropriate, to determine the best approach to identify current staff, interview and evaluate their skills, and develop a plan for transitioning them onto our delivery team at the right time. Once hired, they will become Cognosante employees, subject to the rules of employment and benefits that all Cognosante employees receive.

As part of our thorough screening process, we conduct criminal background investigations of all employees. Employees who perform work on the West Virginia EB Services Project, including new hires and individuals from the incumbent who pursue employment with Cognosante, will have a criminal background investigation performed prior to joining the team.



TARGETED RECRUITMENT LEADS TO A QUALITY TEAM

Cognosante excels at recruiting and onboarding resources. For example, we have:

- ▶ Ramped up staffing and trained nearly 400 people in a 2-month period to resolve 1095-A tax form data discrepancies for CMS.
- ▶ Recruited more than 200 resources across Kentucky in less than two weeks to supplement its Contact Tracing Program.
- ▶ Implemented surge support for a Small Business Administration (SBA) outbound call center in less than 24 hours including hiring, training, and deploying equipment to 100 remote agents who handled nearly 4,000 calls in three days.

Training and Development. We invest heavily in the development of all our employees. Our approach to training starts with courses already developed by Cognosante and refined over time for onboarding new employees, required annual compliance training (i.e., Health Insurance Portability and Accountability Act [HIPAA] and security), and customer support with a strong emphasis on critical customer service skills including telephone etiquette, cultural sensitivity, building trust, treating others with dignity and respect, and handling sensitive and confidential information. We augment these trainings with client/project specific training courses about state policies and programs, Medicaid, Children’s Health Insurance Program (CHIP), and the Affordable Care Act (ACA). In addition, we grant access to the full suite of 8,000+ LinkedIn Learning training courses offered 24/7 as a benefit of working at Cognosante, to keep staff current on specific skills, industry trends, and project specific information that is relevant to our clients.

Our cross-training program includes monthly and quarterly refresher trainings and provides learning opportunities for staff to achieve individual career development goals. Cross-training is key to providing interesting and meaningful work to our employees, improves staff morale by exposing staff to multiple functions and workflows, and makes certain the project has the skilled staff it needs to successfully enroll eligible members in a managed care organization (MCO). It also provides continuity during unexpected surges and absences and eliminates risks from dependency on single individuals.

Staff Retention. Maintaining a stable, trained, and experienced staff is essential for an operation like the West Virginia EB Services Project. As we have done on similar projects, we will create an environment where people want to work, respect, and help each other, and know their efforts are recognized and appreciated. We promote an atmosphere of team unity and community at each of our project locations through a variety of programs and activities including performance recognition programs, individual and team monthly performance awards and public recognition, a monthly employee newsletter, employee surveys, and in-person and virtual town halls. We have a formal employee engagement program at all project sites across the company and encourage Cognosante employees to be active in their communities, creating a work community and nurturing a high performing and cohesive team.

We make sure everyone knows and understands all performance expectations, how and when they are measured, and what is required to meet and exceed each one. Our goal is your goal—to provide timely, accurate, and beneficial information and services to enrollees. We make sure all employees understand this goal, what needs to be accomplished to reach that goal, and are empowered to contribute, be accountable, and drive to the success of reaching that goal.

Organizational Structure

We reviewed the services, functions, expectations, and volumes outlined in the RFQ to determine the optimal organizational structure for providing consistent, dependable service to BMS. Our project team is comprised of multiple interdependent positions that have a combination of unique and shared responsibilities to consistently achieve the requirements of the RFQ. We have found this structure promotes higher levels of engagement, improved accountability, and increased productivity within each position.

Our Staffing Contingency Plan will detail how we will deliver consistent, dependable service regardless of changes that may influence volumes such as seasonal fluctuations, changes in economic status, the state of natural disasters, Federally Facilitated Marketplace (FFM) open enrollment, and adjustments related to State policy changes.

In addition to our dedicated team members as shown in Exhibit 3, our organizational structure includes the support of Cognosante executive leadership and corporate shared services.

Executive Leadership and Oversight. Karen Gage, Senior Vice President and Executive



Program Director for this project, will ensure the contract is satisfying the needs of the State and meeting or exceeding our contractual obligations. She has direct access to our Chief Executive Officer (CEO) and other executives to make sure the project team has all the support it needs to be successful. We are an agile and effective organization with few layers of bureaucracy so we can quickly adapt and respond to project needs at all levels of the organization. Ms. Gage brings more than 25 years of Medicaid experience, where she has worked with managed care plans, providers, and consumers.

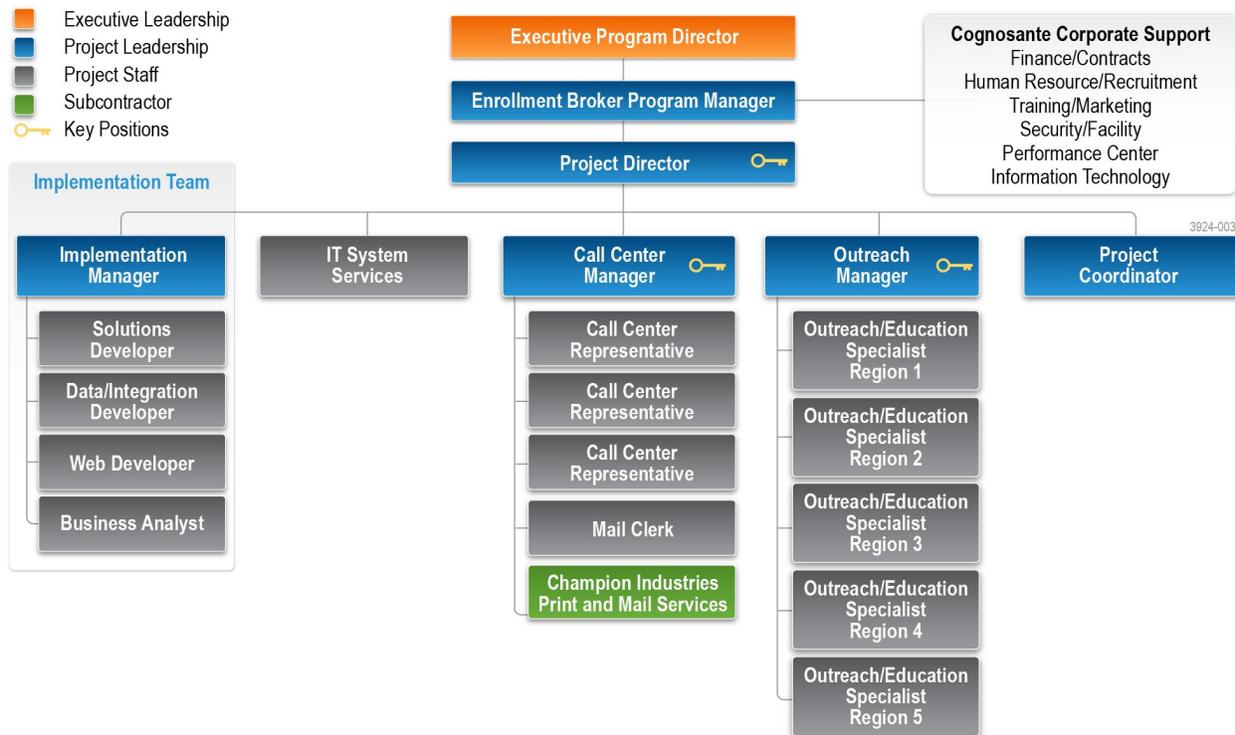
Corporate Support. Project resources are backed by our corporate divisions. For the West Virginia EB Services Project those divisions include: Finance (payments and budgeting), Contracts (contract compliance, forecasting and invoicing), Human Resource (HR) and Recruitment (hiring, employee benefits, and performance), Training (content development and delivery), Marketing (social media and graphics), Performance Center (project and quality oversight), Security (adherence to privacy and security standards), and Facility (lease agreements).

In addition, we have leveraged Corporate Information Technology (IT) system services to provide technical support, IT service management, and information security during ongoing operations for the West Virginia EB Services Project. This team will ensure hardware, software, telecommunications, and other IT assets are available and functioning properly to support business operations and service delivery activities.

Organizational Chart. As illustrated in Exhibit 3, our team construct of focused capabilities achieves increased productivity, accountability, and engagement that drive efficiency and quality into our delivery of enrollment broker services. Our staffing model facilitates collaboration and flexibility within the individual teams and is supported by role definitions that provide clear responsibilities for the execution and control of the work to achieve high-quality results.

Exhibit 3: Cognosante Organizational Chart for the West Virginia EB Services Project.

Our organization is structured to focus on "your member" including outreach and education to ensure members/potential members have the information needed to enroll successfully.



Enrollment Broker Program Manager. Our Enrollment Broker Services portfolio is led by



Ms. Kari Dingman, who will support the implementation and operations/delivery of the West Virginia EB Services Project. Ms. Dingman has a long-standing career supporting state enrollment broker programs across the United States that encompass direct management for the states of California, Texas, Kansas, and Colorado. She has also functioned in an advisory capacity for many other state programs including Medicaid Managed Care, Children’s Health Insurance Programs, and Medicare services programs. Her background includes the delivery and operation of the enrollment broker functions including call center, outreach, and mailroom, as well as information systems design, development, and implementation. Throughout her career she has successfully transitioned services from incumbent vendors and led the implementation of new state programs and transformation initiatives to improve business processes employed by state agencies. In addition to enrollment broker programs, Ms. Dingman has successfully directed and managed delivery and operations for state Children’s Health Insurance Programs and held the position of Deputy Medicaid Director for the State of Texas, Health and Human Services Commission.

Key Personnel

We select key personnel based on their relevant expertise and their ability to meet the RFQ and our internal qualification requirements for their respective positions. Our three key

personnel, project director, call center manager, and outreach manager will be dedicated to the West Virginia EB Services Project and primarily work from the main project office located in the City of Charleston. Each of these individuals will meet the RFQ qualifications and experience for these positions and have the support of our Enrollment Broker Program Manager Kari Dingman.

Project Director. Cognosante proposes Erica Byrd to be the project director for the West Virginia EB Services Project. Ms. Byrd will serve as the key accountable lead and the primary point of contact for all program activities. She has the authority to make decisions, is responsible for directing operations throughout the life of the contract and will attend all meetings as requested by BMS. Additional roles and responsibilities are provided later in this section (Exhibit 4). Ms. Byrd meets the RFQ requirements for the project director position as outlined in RFQ Section 3.1.1.

For the past two years, Ms. Byrd has been supervising a large team of virtual contact center agents handling inbound calls regarding medical claims and benefits questions for the West Virginia Public Employees Insurance Agency. Her team processes medical claims for payments and Ms. Byrd oversees the successful partnership with medical facilities across the State to handle insurance complaints or coverage questions. She managed the implementation and training for 75 new employees and acted as lead recruiter for call center and claims agents, interviewing and assisting with onboarding of all new contact center representatives.

As contact center manager for Medical Transportation Management (MTM), Ms. Byrd managed a team of over 65 employees including supervisors, support staff and contact center representatives from implementation throughout the contract period. In this role Ms. Byrd oversaw and coordinated the provision of Non-emergency medical transportation (NEMT) services to Medicaid members both virtually and in an office setting. She successfully spearheaded a substance abuse initiative, working with clinics around the State to provide transportation to facilities for Medicaid members. Ms. Byrd coordinated meetings between MTM, Department of Health and Human Resources (DHHR), and substance abuse clinics across West Virginia. She served as the main point of contact for the Help4WV organization. She was responsible for implementing trip data analysis research that resulted in over \$600,000 in program transportation cost savings for a one-year period.

Outreach Manager. Cognosante proposes Tiffany Jones to be the outreach manager for the West Virginia EB Services Project. Ms. Jones will be responsible for developing and implementing a comprehensive communications plan and outreach materials with Medicaid populations, including the use of the website and through electronic and social media. Ms. Jones will serve as the liaison with the contracted MCOs to obtain required information to help enrollees make informed MCO selections. She is responsible for monitoring and oversight, including development and review of reports to identify trends and concerns that need to be addressed. Ms. Jones will assume the project director position when the project director is absent. Additional roles and responsibilities are provided later in this section (Exhibit 4). Ms. Jones meets the RFQ requirements for the outreach manager position as outlined in RFQ Section 3.1.2.

Ms. Jones has more than 15 years of working within the Medicare and Medicaid benefit and enrollment regulations and throughout her career has cultivated strong relationships across the healthcare community. Since 2015 she has helped develop community outreach strategies and education and enrollment programs for community focused organizations including chamber of commerce, small business associations, and faith-based organizations in her role as the community marketplace representative. Ms. Jones conducts presentations, marketing activities, and other informational events in accordance with all State and federal regulations; and works with Health Partners and internal departments to analyze and resolve contract, billing, credentialing, and provider-related issues. She has extensive experience analyzing, reporting trends, and helping to improve contact team center performance in her prior role as a quality assurance and reporting analyst.

Call Center Manager. Cognosante proposes Tyrone Thompson to be the call center manager for the West Virginia EB Services Project. Mr. Thompson will be responsible for managing the call center and call center representatives for both regular and surge periods of performance. In addition, he will be responsible for project training and will ensure all staff is trained on the project processes and policies. Additional roles and responsibilities are provided later in this section (Exhibit 4). Mr. Thompson meets the RFQ requirements for the call center manager position as outlined in RFQ Section 3.1.3.

Mr. Thompson has worked at LogistiCare for more than two years and currently manages a team of 18 to 22 agents; coaching, counseling, and enforcing compliance with call center policies and procedures to achieve results. He regularly analyzes performance data to successfully plan, monitor, improve, and report on agent performance. Mr. Thompson actively participates in leadership meetings to help monitor and improve daily operations. Mr. Thompson has experience maintaining agent schedules and running reports for leadership to confirm appropriate scheduling levels.

During his eight years at Casci, Mr. Thompson maintained call center representative schedules and forecasted weekly call volumes, provided monthly feedback to a team of call center representatives to ensure CareFirst BCBS providers received quality service, and provided one on one coaching to improve call quality. He managed correspondence case productivity, managed escalated phone inquiries for provider and member call center representatives, and trained call center representatives to use the system effectively to improve their problem-solving skills.

West Virginia EB Services Operations/Delivery Team and Implementation Team

We have carefully outlined the roles and responsibilities for our operations and delivery team as well as our implementation team to include RFQ requirements and other functions necessary for a successful and cohesive organization that will make sure the West Virginia EB Services Project is efficiently implemented and that ongoing operations improve the services to BMS enrollees/potential enrollees.

Operations and Delivery Team. Our operations and delivery team is designed to address the unique enrollment needs of each West Virginia county. This team of outreach and education specialists will work directly with organizations across the State as “boots on the ground,” employing a more direct and personal approach to reaching West Virginia’s Mountain Health Trust (MHT) population. Our call center representatives will be available

via telephone, our member portal, and online chat to provide choice counseling related to enrollment services. Our operational and technical staff will work collaboratively with BMS, the Medicaid Management Information System (MMIS) vendor, and the MCOs to collect and exchange data, identify and resolve data discrepancies, and validate enrollments are appropriate. Other members of our team will manage printing and mailing of hard copy materials and responses to enrollment forms, perform quality assurance, and continually measure and report on results and performance metrics. Please see roles and responsibilities for each team member in Exhibit 4.

Implementation Team. Members of our implementation team configure and implement our EnGage360 solution, including our enrollment broker Customer Relationship Management (CRM), member portal, MCO Datahub Website, and telephony capabilities during the three-month implementation period. Following a successful operational readiness review, this team will transition maintenance of these systems to our IT systems services team for ongoing support. Please see roles and responsibilities for each team member in Exhibit 5.

Team Responsibilities. Roles and responsibilities for our operations and delivery team members are described in Exhibit 4, and roles and responsibilities for the implementation team for the three-month implementation period are defined in Exhibit 5.

Exhibit 4: Operations and Delivery Team Member Responsibilities

Clear role definitions eliminate gaps and makes sure there is full accountability across the West Virginia EB Services Project.

ROLE/POSITION	OPERATIONS AND DELIVERY TEAM MEMBER RESPONSIBILITIES
Executive Program Director	<ul style="list-style-type: none"> ▶ Monitor client satisfaction ▶ Escalation point for the project team and BMS ▶ Support use of Cognosante methodologies, processes, and implementation guidance ▶ Participate in key discussions/briefings and project governance meetings as appropriate
Enrollment Broker Program Manager	<ul style="list-style-type: none"> ▶ Liaison to State leadership and Cognosante team, as appropriate ▶ Establish overall program and project management discipline, drive consistent delivery, and oversee development and monitoring of program management standards, tools, and processes ▶ Provide senior-level management oversight, drawing from experience with other enrollment broker implementations and contracts ▶ Remain significantly engaged throughout contract startup and implementation period to make sure that a solid foundation is established through clear expectations ▶ Monitor and confirm the project team's performance is meeting the State's needs and performance expectations ▶ Assist with staff management and planning and budget forecasting ▶ Participate in deliverables development and reviews
Project Director Key 	<ul style="list-style-type: none"> ▶ Primary liaison to all stakeholders including BMS, the State's fiscal agent, and MCOs ▶ Key accountable lead and the primary point of contact for all program activities ▶ Authority to make project decisions and accountable for the quality of services delivered to BMS ▶ Responsible for directing operations through the life of the contract ▶ Oversee all aspects of daily operations, including staff management, training, assignments, performance evaluations, and mentoring ▶ Responsible for call center and outreach and education effectiveness including call center surge and overflow, as well as outreach and education tasks throughout the State ▶ Work with Human Resources and project managers to manage ongoing recruitment and staffing ▶ Facilitate communication with BMS and Cognosante executive leadership for approval of staffing and operations decisions

ROLE/POSITION	OPERATIONS AND DELIVERY TEAM MEMBER RESPONSIBILITIES
	<ul style="list-style-type: none"> ▶ Participate in status meetings, discussions, briefings, and project governance meetings with BMS and stakeholders as appropriate or requested by BMS ▶ Ensure appropriate staff representation in meetings and/or events ▶ Maintain and report compliance with all aspects of the contract and confirm all work is directed at meeting/exceeding Service Level Agreements (SLAs) ▶ Responsible for the reporting, resolving, and escalating of any critical issues causing delays and/or problems on the project ▶ Monitor reports from the fiscal agent and BMS ▶ Ensure the project provides operational reporting, including status, monthly snapshot, etc. to BMS or its designee ▶ Execute Implementation Plan and reporting of milestones ▶ Responsible for completion and delivery of all deliverables ▶ Interface with corporate facilities and oversee West Virginia facility needs ▶ Maintain current knowledge of Federal and State legislation, legislative initiatives, and regulations that may impact the MHT program ▶ Manage project budget
<p>Call Center Manager Key </p>	<ul style="list-style-type: none"> ▶ Oversee the call center strategy development planning, execution, and deliverables ▶ Direct and manage all activities for call center services including updates to the Interactive Voice Response (IVR), call scripts, and training materials ▶ Monitor call center statistics, current compared to historical and ensure SLA compliance ▶ Oversee daily, weekly, and monthly report creation ▶ Responsible for workforce management and resource scheduling ▶ Provide orientation, cross-training, and ongoing training for call center staff ▶ Spearhead design of training and oversee assessment, planning, development, coordination, and delivery of enrollment broker staff training to meet training needs and schedules ▶ Define training evaluation processes, measures, and reporting ▶ Manage mail processing and data entry into the MMIS ▶ Responsible for the production, inventory, and distribution of member materials including management of Champion's responsibilities and performance ▶ Maintain current knowledge of Federal and State legislation, legislative initiatives, and regulations that may impact the MHT program
<p>Outreach Manager Key </p>	<ul style="list-style-type: none"> ▶ Liaison with the contracted MCOs to acquire information needed to increase enrollee selection ▶ Oversee the development of the outreach and education strategy and deliverables including comprehensive communications plans and outreach materials for BMS approval ▶ Direct and manage all activities for outreach and education services, including the schedule of outreach and education specialists, event attendance and participation, and ensuring the execution and administration of the outreach and education strategy ▶ Make presentations and attend outreach events and meetings ▶ Provide orientation, cross-training, and ongoing training for outreach and education staff ▶ Responsible for monitoring and oversight of the outreach and education services provided ▶ Development and review of daily, weekly, and monthly reports to assist in the identification of trends and concerns that may need to be addressed ▶ Maintain current knowledge of Federal and State legislation, legislative initiatives, and regulations that may impact the MHT program ▶ Engage in project director duties upon absence of project director
<p>Project Coordinator</p>	<ul style="list-style-type: none"> ▶ Develop the Quality Assurance Plan (QAP) in conjunction with the project director ▶ Conduct quality activities in accordance with the QAP ▶ Define quality processes, measures, and reporting and communicate protocols to stakeholders ▶ Coordinate quality sampling, evaluation, measurement, and reporting ▶ Investigate and perform research upon BMS requests to resolve member grievances ▶ Manage and develop reporting to include analysis and trends ▶ Perform enrollment broker file discrepancy reporting ▶ Work with project directory and BMS to identify improvements in processes, measures, and reporting

ROLE/POSITION	OPERATIONS AND DELIVERY TEAM MEMBER RESPONSIBILITIES
<p>Call Center Representative</p>	<ul style="list-style-type: none"> ▶ Complete daily queue of workload assigned including incoming and outbound calls, chats, and voicemail support functions ▶ Meet or exceed performance expectations and follow established processing procedures and policies ▶ Respond to calls accurately, concisely, and professionally providing general program information to assist enrollees/potential enrollees with completing the plan selection process ▶ Evaluate information received through phone contact, ask appropriate follow up questions, solicit additional information, and evaluate potential impact of information provided ▶ Perform data entry into the MMIS ▶ Resolve problems by clarifying issues, researching, and exploring answers and alternative solutions; implementing those solutions; and escalating unresolved issues ▶ Log detailed information regarding communication, actions, next steps, and confirm follow up is completed as needed ▶ Escalate timely and in accordance with BMS and Cognosante policies and procedures ▶ Maintain documentation in accordance with policies and procedures ▶ Attend all required trainings and meetings ▶ Adhere to HIPAA privacy laws
<p>Outreach and Education Specialists</p>	<ul style="list-style-type: none"> ▶ Execute the developed outreach and education strategy ▶ Coordinate the identification, education, recruitment, engagement, planning, and MCO enrollment support for enrollees and potential enrollees ▶ Schedule outreach calls and attend target events to educate members on MCO enrollment ▶ Plan site visits to assigned West Virginia region and schedule events where enrollment broker services information can be delivered ▶ Provide general program information and assist enrollees and potential enrollees with completing the plan selection process ▶ Answer questions professionally, respectfully, and politely ▶ Evaluate information received through contact, ask appropriate follow up questions, solicit additional information, and evaluate potential impact of information provided ▶ Perform data entry into the MMIS as needed ▶ Log detailed information regarding communication, actions, next steps, and confirm follow up is completed as needed ▶ Escalate timely and in accordance with BMS and Cognosante policies and procedures ▶ Maintain documentation in accordance with policies and procedures ▶ Attend all required trainings and meetings ▶ Adhere to HIPAA privacy laws
<p>Mail Clerk</p>	<ul style="list-style-type: none"> ▶ Respond to and/or manage all incoming and outgoing mail ▶ Process enrollment forms, member material, and other material sent to the project office ▶ Process returned mail within seven calendar days if received at the project office ▶ Act as liaison with Champion for printing and mailing fulfillment ▶ Maintain mailroom equipment and inventory onsite ▶ Maintain service that is consistent with all applicable laws and regulations, as well as Cognosante policies and procedures ▶ Research misdirected mail and re-route it to appropriate party/location ▶ Participate in call center duties as necessary

Please see the roles and responsibilities for the implementation team for the three-month implementation period in Exhibit 5.

Exhibit 5: Implementation Team Member Responsibilities

This team configures and implements the Enrollment Broker services solution.

Role/Position	Implementation Team Member Responsibilities
Implementation Manager	<ul style="list-style-type: none"> ▶ Manage the implementation staff ▶ Create and execute Implementation Plan including management of implementation schedule, identifying risks, and executing mitigation strategies ▶ Communicate implementation status to project team and BMS ▶ Lead the solution configuration, support, and maintenance of the cloud-based network ▶ Manage the solution requirements defined by the contract and solution performance ▶ Establish effective solution technology and access for Cognosante staff across all systems including cloud hosting services ▶ Adhere to BMS and Cognosante corporate systems and technology policies and standards ▶ Serve as escalation point of contact for other team members
Solutions Developer	<ul style="list-style-type: none"> ▶ Provide functional and subject matter expertise for the EnGage360 solution ▶ Work with other developers and architects to validate the technical approach ▶ Prepare and deliver solution presentations and prototypes ▶ Support EnGage360 solutions business continuity planning ▶ Responsible for EnGage360 configuration ▶ Responsible for EnGage360 security implementation ▶ Responsible to deliver a compliant operating environment
Data/Integration Developer	<ul style="list-style-type: none"> ▶ Establish and support secure file and data exchanges between BMS, MCOs, and Cognosante systems ▶ Develop data mapping between BMS input and output batch files ▶ Develop testing and confirmation plan to address any potential data exception handling ▶ Maintain solution and implementation documentation ▶ Track and resolve issues and potential issues
Web Developer	<ul style="list-style-type: none"> ▶ Create member enrollment assistance website and MCO Datahub Website that addresses validated requirements ▶ Develop comprehensive application testing procedures ▶ Confirm EB applications meet the security and functionality standards as outlined in West Virginia and Cognosante policies ▶ Implement testing tools that monitor the ongoing performance of the web portals ▶ Assist in updating application development policies to ensure that all future applications meet the latest technical requirements
Business Analyst	<ul style="list-style-type: none"> ▶ Responsible for documenting business requirements, including developing use cases ▶ Work with implementation team to translate business requirements into technical requirements ▶ Participate in development of test cases to assess system functionality against the requirements ▶ Validate test results and prepare documentation ▶ Develop user acceptance testing results and approval documentation

SUMMARY

Cognosante has successfully transitioned multiple large contracts and knows that transitioning service from one contracting vendor to another can be both exciting and stressful for the client. We know high quality service is not a goal, but a must have. Any lapse in quality and service can affect some of the most vulnerable citizens in the State of West Virginia. Our strong and capable West Virginia team, backed by committed corporate resources, will bring leadership, quality, transparency, and first-hand experience that will reduce the risk associated with changing vendors and instill new thinking and excitement into the program.

3.2 PAST PERFORMANCE

3.2. The vendor must have a minimum of three (3) years of experience in working with State Government agencies.

Cognosante has more than 30 years of experience working in the health and human services domain in states, as well as for federal healthcare agencies such as Centers for Medicare and Medicaid Services (CMS), Health and Human Services (HHS), and Veterans Affairs. We have served 48 state governments in various capacities, developing a deep understanding of health and human services functions at the state level. Our experience includes more than 15 years of business processing outsourcing experience with functions that are critical to the success of an enrollment broker, including application processing, call center operations, and eligibility support services such as outreach and education.

Cognosante’s experience with the ACA is especially notable in relation to the enrollment broker scope of work delineated in this request for quote. In population centers identified by CMS in states using the FFM that did not elect the Consumer Assistance Partnership, CMS created the Enrollment Assistance Program (EAP). In 2013, Cognosante was one of two contractors selected by the CMS Center for Consumer Information and Insurance Oversight (CCIIO) to help implement many provisions of the ACA to ensure that as many consumers as possible could obtain information and enroll in qualified health plans in the Marketplace across the country. To accomplish this, Cognosante recruited, hired, and trained more than 500 “in-person assisters” nationwide to provide accurate, fair, and unbiased information and support for application filing and enrollment, eligibility determination, plan comparison, and plan selection.

Our assisters were deployed during open enrollment periods in 40 states and more than 60 cities. During the four-year partnership between Cognosante and CMS, we held and staffed 25,000 enrollment events, and assisted more than 150,000 people with their health care questions. This translated into more than 70,000 people enrolling into a qualified health plan.

Cognosante’s current engagements with state agencies meet the stated past performance requirement and are representative of the breadth of solutions we plan to bring to the West Virginia EB Services Project. A summary of our relevant state engagements appears in Exhibit 6.

Exhibit 6: Cognosante Current State Government Experience

Cognosante delivers innovative approaches to state challenges.

PROJECT NAME	PROJECT DESCRIPTION
<p>Alabama One Health Record (ALOHR)</p>	<ul style="list-style-type: none"> ▶ Period of Performance: April 2016 – Present (4 years) ▶ Customer: Alabama Medicaid Agency ▶ Cognosante Project Scope: <ul style="list-style-type: none"> ■ Provide health information exchange (HIE) architecture, technology, and services, including a help desk, to support customers across Alabama ■ Transitioned connections from the legacy HIE platform, including a mixture of hospitals, clinics, and a regional HIEs ■ Delivered a fully functional and transformed HIE in seven weeks ■ Continue to support the ALOHR today increasing clinical data sharing between more than 5,500 points of care in Alabama and across the country ■ Our solution is provided on a tailored Commercial Off-the-Shelf (COTS) platform and hosted in the Amazon cloud

PROJECT NAME	PROJECT DESCRIPTION
Pennsylvania State Health Insurance Exchange Assisters	<ul style="list-style-type: none"> ▶ Period of Performance: August 2020 – Present ▶ Customer: Pennsylvania Health Insurance Exchange Authority ▶ Cognosante Project Scope: <ul style="list-style-type: none"> ■ Provide outreach, education, and enrollment assistance across Pennsylvania to individuals and families seeking health insurance coverage through the new State Based Exchange (SBE) ■ Identify strategies for reaching the target areas of the underserved ■ Create awareness and demand for enrollment assistance through events and relationships with Health Centers and community organizations ■ Develop and distribute SBE training and outreach materials ■ Developed an online learning management system, reporting system, and training and appointment request forms ■ Provide program and administrative reporting to the Commonwealth
Commonwealth of Kentucky Contact Tracing Program	<ul style="list-style-type: none"> ▶ Period of Performance: May 2020 – Present ▶ Customer: Kentucky Cabinet for Health and Family Services (CHFS) ▶ Cognosante Project Scope: <ul style="list-style-type: none"> ■ Recruit and deliver qualified contact tracing staff ■ Provide contact tracing support ■ Work with local Health Departments to support case information for members with potential COVID-19 contact
State of Nevada HealthIE Nevada	<ul style="list-style-type: none"> ▶ Period of Performance: July 2020 – Present ▶ Customer: HealthIE Nevada ▶ Cognosante Project Scope: <ul style="list-style-type: none"> ■ Maintain the statewide HIE platform to provide exchange of member health information. ■ Assist healthcare providers connecting with the HIE to ensure accurate data submission ■ Work directly with Nevada healthcare stakeholders to create effective data exchange ■ Provide program and administrative reporting to the HIE leadership

4. MANDATORY REQUIREMENTS

Our responses to the RFQ mandatory requirements are included in the following sections:

- ▶ 4.1 Mandatory Contract Services Requirements and Deliverables
- ▶ 4.2 Optional Contract Services and Deliverables

4.1 MANDATORY CONTRACT SERVICES REQUIREMENTS AND DELIVERABLES

4.1. Mandatory Contract Services Requirements and Deliverables: Contract Services must meet or exceed the mandatory requirements listed below.

Cognosante will meet or exceed all of the mandatory requirements and deliverables in this section.

4.1.1 FREEDOM OF CONFLICT OF INTEREST

4.1.1 The Vendor must attest to freedom of conflict of interest as set forth in 42 CFR § 43.8.810 (http://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec438-81_0.pdf).

Cognosante attests to the freedom of conflict of interest as set forth in 42 CFR § 43.8.810. Cognosante attests we have no direct or indirect financial interest in West Virginia where we will provide enrollment services. Cognosante has not been excluded from Title XVII or

IX of the Act and we have not been debarred by any Federal agency nor are we currently subject to civil money penalties under the Act.

4.1.2 OUTREACH AND EDUCATIONAL MATERIAL APPROVAL, PRODUCTION, AND DISTRIBUTION

4.1.2 The Vendor must obtain BMS approval for outreach and educational materials in any medium thirty (30) days prior to production and distribution. Production, reproduction, updates, and distribution of materials must be at the Vendor's expense. BMS reserves the right to edit all or portions of materials prior to distribution. Upon BMS approval, the Vendor must print all written materials, maintaining an adequate stock of materials and distributing materials needed at the Vendor's expense. The Vendor is responsible for supplying and distributing any pamphlets and other mailing material, in addition to DHHR approved materials, supplied by the MCOs and DHHR.

Thirty days prior to the production and distribution of outreach and educational materials in any medium, Cognosante agrees to obtain Bureau for Medical Services (BMS) approval. Moreover, Cognosante acknowledges that BMS may choose to revise the outreach and educational materials we produce, reproduce, or update prior to distribution. Cognosante bears these costs and agrees to print, distribute, and maintain an adequate stock of written materials that BMS approves.

Since we use on-demand printing for the enrollment packet, it will eliminate the need to store significant quantities of hard copy outreach and educational materials; however, these materials will be available in the local Department of Health and Human Resources (DHHR) offices, and other community-based organizations for use when on-demand printing is not an option. In addition, we will store adequate enrollment materials on hand with our trusted printer, Champion Industries, Inc. (Champion) and send the mail merge file for the on-demand printing to Champion the same day we receive and review the eligibility file from the fiscal agent. Champion is an established local West Virginia printer with locations in Charleston, Huntington, and Parkersburg. Please see Section 4.1.8, Plan for Outreach by Mail, for more information.

Cognosante also agrees to distribute pamphlets and other mailing materials in addition to BMS-approved materials that DHHR or the Managed Care Organizations (MCOs) supply. Materials we expect DHHR and the MCOs to supply include network provider listings, approved marketing materials, frequently asked questions, letters, and other related Mountain Health Trust (MHT) program materials.

Materials We Develop

Cognosante will develop and submit for BMS approval the customer-focused outreach and educational materials that will inform, engage, and clearly explain health plan choices available to potential and existing enrollees. The materials we develop are at or below the sixth-grade reading level, easily understood, prepared in the prevalent non-English speaking language, as determined by BMS and Cognosante, and in readily accessible formats for those that may have limited English proficiency. These materials are designed in an unbiased way to encourage members to voluntarily select an MCO that is suited to their individual and family healthcare needs and minimize auto-assignment. Cognosante will develop and update the following materials for BMS:

- ▶ Welcome Letters
- ▶ Enrollment Forms (includes health assessment survey questions)

- ▶ Brochures and pamphlets
- ▶ Envelopes
- ▶ Notices
- ▶ MCO Plan Comparison Charts including value-added services
- ▶ Presentations
- ▶ Internet Website content
 - MHT Member portal
 - MCO Datahub Website

We understand the current enrollment form combines enrollment information and health assessment survey questions. During implementation, we will work with BMS to streamline the form. Likewise, during implementation, we will work with BMS to update or revise the welcome letter, enrollment brochure, and MCO Plan Comparison Chart using the process outlined in Section 4.1.12, Review and Approval of MCO Materials and Information.

Exhibit 7 through Exhibit 9 are a combination of representative mockups and examples of the State's current materials that we develop, print, and distribute. The mockups we include in our response are merely representative examples that have not had the benefit of BMS' review and approval. We would work with BMS, as described earlier in this proposal section, to obtain BMS' feedback and approval for the content and design of all outreach and education materials.

Exhibit 7: Welcome Letter

Our welcome letter clearly explains how members can enroll in MHT program benefits.



Exhibit 8: Enrollment Brochure

Our enrollment brochures are simple and engaging.

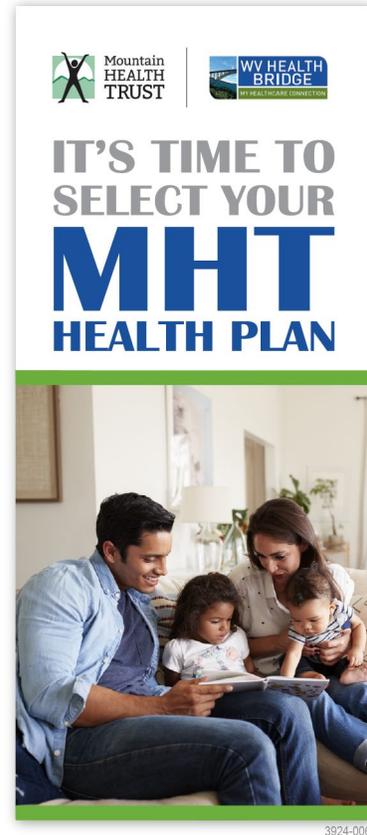
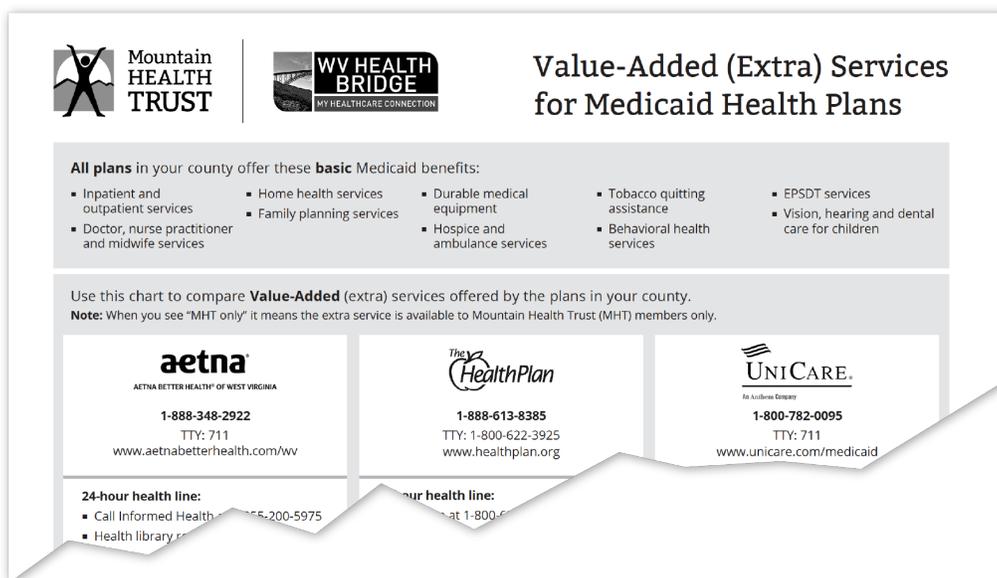


Exhibit 9: MCO Comparison Chart

Using the MCO comparison chart helps member decide which plan is right for them.



Process to Obtain Contact Information

Since communications preferences differ among West Virginia's potential and existing enrollee population, we use each interaction with them to obtain this information.

- ▶ During in-person events, when outreach and education specialists meet with potential and existing enrollees, we ask them for an email address and if they would consent to receiving periodic notifications from us through email. Likewise, we seek their consent to receive their mobile telephone number and ask if they are willing receive periodic text message notifications about important MHT program events.
- ▶ When potential and existing enrollees contact our call center, Cognosante call center representatives are trained to obtain (if the member record does not already include that information) or confirm (if the member record includes the information) email addresses and mobile phone numbers when assisting a member over the phone.
- ▶ For either online or paper enrollment applications, we ask for, but do not require, mobile phone and email contact information, and request their communications preference.

We recognize that outbound calling is highly regulated. For each of the interactions referenced above, Cognosante complies with all federal laws/regulations that outbound efforts need to abide by including the Do Not Call (DNC) Registry and the Telephone Consumer Protection Act (TCPA).

We update potential and existing enrollee records in EnGage360 to accommodate those who prefer digital media in addition to those who prefer traditional printed media. Obtaining and confirming potential and existing enrollee contact information promotes voluntary MCO selection and reduces auto-assignments.

Knowledge and Training Repository

As a nationally experienced enrollment healthcare and member services provider, Cognosante both complements and strengthens the State's goals with the content we enter in the knowledge and training repository in EnGage360 to support our "boots on the ground" outreach approach. We use this feature to track the various enrollment and education materials used to promote voluntary enrollment in the MHT program.

During implementation, we gather and upload into our knowledge and training repository all available potential and existing enrollee materials currently in use, including videos. We later add the enrollment and educational materials we will develop with BMS. Our knowledge and training repository intuitively organize these materials into a catalogue and creates an inventory.

With our secure, yet easily accessible knowledge and training repository, our outreach and education team, located in the communities, can quickly access needed enrollment information when assisting enrollees using their electronic devices such as tablets, smartphones, or laptops. Our in-house call center representatives can also access needed enrollment information when assisting potential and existing enrollees with enrollment and MHT program-related questions. The knowledge and training repository is also accessible to BMS to facilitate periodic quality reviews.

We also gather and upload into our knowledge and training repository BMS policies and procedures that outline how the MHT program is administered. We use this information to train our staff. In addition, staff can reference this easily accessible information as they perform their duties in responding to and assisting potential and existing enrollees.

As we work with BMS and the MCOs to update these materials, we study and learn them well. We reference the knowledge and training repository for both initial and ongoing training materials. We use ongoing training to make sure our staff are up to date with current policies, procedures, and individual MCO benefits so that the education we provide to potential and existing enrollees is always accurate.

4.1.3 CHOICE COUNSELING AND ENROLLMENT SERVICES

4.1.3 The Vendor must agree to provide choice counseling to and enroll eligible participants into an approved MCO. All enrollment tasks detailed in this section apply to both new enrollments and changes in MCOs and must comply with 42 CFR 438.71 (which can be found at <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec438-71.pdf>).

Cognosante agrees to provide choice counseling and enrollment services to all eligible and potentially eligible program participants into an approved MCO. We agree choice counseling activities, as outlined in this section, and in compliance with the 42 CFR § 438.71 regulations, are fundamental to the member's understanding of the healthcare options available in their home service area, and their ability to make an informed decision about how they want to receive their healthcare benefits. Our demonstrated approach to these operational requirements is outlined in the remainder of this section.

At the onset of an individual or family's eligibility determination, Cognosante will be notified via an eligibility file from the State's Medicaid Management Information System (MMIS). This daily file contains the necessary demographic information about the member, as well as information pertinent to the type of Medicaid and/or Children's Health Insurance Program (CHIP) assistance to which this individual/family member is eligible. Cognosante automatically creates a member enrollment record in our EnGage360 system, allowing for the mailings to commence, and outreach and education specialists to begin the education process for the enrollee and their family.

We use this information from the State, notifying us of persons eligible for MHT, to produce and print enrollment packets to mail to the newly eligible individuals, and as required, upon renewal determinations. Enrollment packets contain a personalized welcome letter, a summary brochure of the MHT program, a preprinted enrollment form that includes optional information about a member's health status, an MCO Plan Comparison Chart, and a pre-stamped envelope for the enrollee to return the enrollment form to us to process. The materials provide information for the enrollees about how to enroll via mail, phone, or our member website.

- ▶ Approximately 14 days after the welcome packet is sent to a potential enrollee, Cognosante will send a reminder letter to individuals who have not yet made a plan selection.
- ▶ Individuals who have still not made a plan selection by the 30th day following the date on the daily file will be auto assigned using the prescribed auto-assignment algorithm before the next enrollment cutoff (set by the fiscal agent).

We provide the auto assignments to the fiscal agent and can support both direct data entry of plan selection into MMIS as well a file transfer. We will work with BMS and the fiscal agent to support either requirement. Automated assignments will become effective the first day of the month following the established cut-off date. Any individuals who contact us with a plan selection after the auto-assignment date, and before cutoff will be changed to the plan of their choosing.

4.1.4 ADDRESSING UNIQUE ENROLLMENT NEEDS THROUGHOUT THE COUNTIES

4.1.4 The Vendor must agree to assist the State with enrollment in each of the fifty-five (55) counties, including addressing the unique enrollment needs of each county. Such circumstances may include rural/urban location, the number of enrollees, and the number of providers.

Cognosante is experienced in understanding the unique circumstances around addressing those enrollees who may live in harder to reach locations, such as those in the rural/urban communities. We understand and agree to the various methods we need to employ in order to locate, educate, and ultimately enroll these potential members.

We have thoroughly reviewed and researched the 55 counties within the borders of West Virginia. Further, we have analyzed the monthly volume reports provided by the State and believe we can improve on the number of enrollment selections by individuals through our plan for successful outreach, engaging in the communities where they live.

Our outreach and education plan has taken into account each county's unique enrollment needs. In addition, in order to accomplish a widespread outreach campaign, we must first determine the number of enrollees that we need to educate, as well as their access to providers within an MCO network in their communities.

During our initial assessment, we believe the most effective approach is to first meet with BMS to gain your perspective, community agencies and stakeholders, the MCOs, and other provider groups that support these enrollees, to further understand the various media and educational needs of the enrollees. We know there are variances in how each member understands and processes their choices—some prefer a face-to-face interaction, others want to discuss their needs with a call center representative by telephone, and yet there is a growing member base that prefers more electronic means (cell phone, text, mobile applications and web-service portals). We bring all of these options to the project as a means to reach locations where an enrollee lives, plays, and receives their healthcare services. Exhibit 10 shows the map of West Virginia, with each region where we will



COGNOSANTE USES DATA DRIVEN ANALYSIS TO IDENTIFY TARGET OUTREACH AREAS

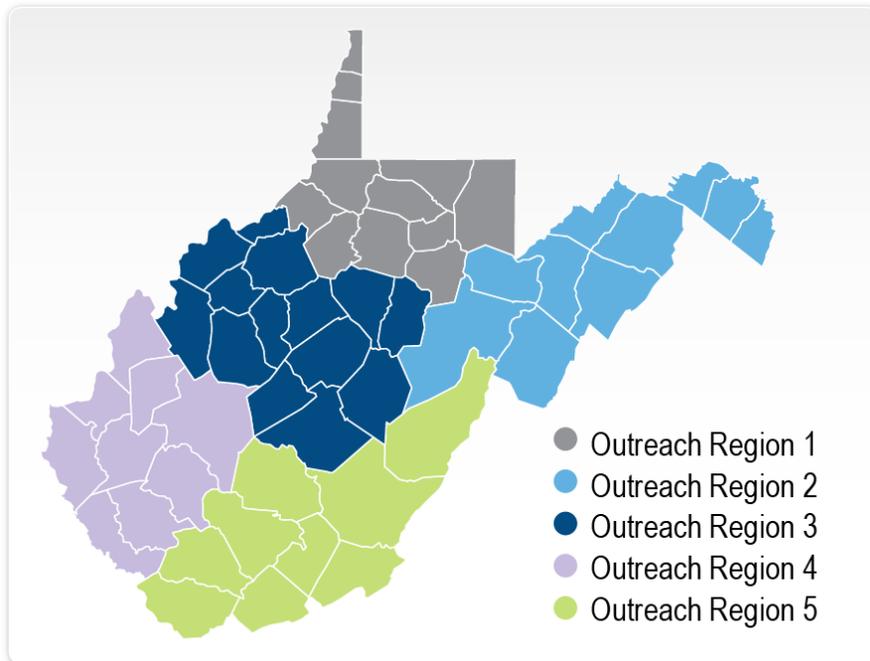
In Pennsylvania, Cognosante supports the Commonwealth as it transitions to a state-based exchange with targeted Assister outreach and enrollment services to:

- ▶ Develop and support Assister training
- ▶ Analyze data about top uninsured population areas in the 67 counties
- ▶ Identify targeted areas and prioritize for the open enrollment period
- ▶ Establish relationships with local community organizations and health centers
- ▶ Conduct events and share information across the counties
- ▶ Coordinate individual enrollment assistance support in the local areas

provide outreach and education services. We further describe our regional outreach approach in Section 4.1.9, Enrollment Process Outreach Plan.

Exhibit 10: Cognosante West Virginia Enrollment Broker Regions

Cognosante Outreach and Education Specialists will work in all 55 counties of the State.



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4.1.5 CHOICE COUNSELING AND ENROLLMENT SERVICES IN ACCORDANCE WITH 42 CFR § 438.71

4.1.5 The Vendor must perform choice counseling and enrollment services as must be in accordance with 42 CFR 438.71 (which can be found at <https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=b28b3c87bd54fab4ebaac64dfdd20351&h=L&mc=true&n=pt42.4.438&r=PART&ty=HTML#se42.4.438171>), 42 CFR §438.54 (which can be found at <https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=a099885d325cee4c78f1534e82eeaeac&mc=true&n=pt42.4.438&r=PART&ty=HTML#se42.4.438154>), and 42 CFR §457.1210 (which can be found at <https://www.ecfr.gov/cgi-bin/textidx?SID=a099885d325cee4c78f1534e82eeaeac&mc=true&node=se42.4.45711210&rgn=div8>).

42 CFR § 438.71, subsection 1210 specifies that the enrollment broker selected to perform this vital function on behalf of the State must do so in accordance with this regulation, be free from organizational conflicts of interest, and not be owned wholly or in part by an MCO or like-entity. Cognosante meets these requirements and, we agree to provide these important services to the citizens of West Virginia on behalf of BMS. Some of the applicable requirements that may be performed by the enrollment broker, at the State's discretion include:

- ▶ The default enrollment process, which should preserve an enrollee's existing relationship with their provider where possible
- ▶ Sending the enrollees a confirmation of their managed care enrollment within five calendar days
- ▶ Explaining the enrollees right to disenroll within 90 days of the effective day of enrollment

Our team relies on the human touch to increase the information enrollees receive through our people, and using technology to drive satisfaction, efficiency, and more meaningful benefits for all users. As our outreach and education approach describes, Cognosante will provide the choice counseling and enrollment services to those members and potential members, within each community using various methods of communication:

- ▶ We use telephony capabilities for those members, prospective members, or new enrollees who opt to speak directly with a representative
- ▶ We deploy our outreach and education staff to the communities in the 55 counties to speak to individuals and families in person and during local community events
- ▶ We use technology to enable our staff to support these eligible and potentially eligible families and individuals via our easy to navigate web-services portal
- ▶ We offer other features of our technical solution such as webchat, text and email where the member has authorized the use of receiving text messages and email communication and provided their email address.
- ▶ We support written correspondence and information sharing.

Cognosante has more than 15 years of relevant experience that includes ongoing member support and service coordination, document management (including inbound/outbound mail), data validation, dispute and appeals processing, complex issue resolution, and in-person coverage assistance. We have specifically provided choice counseling and enrollment services to groups and individuals who are eligible for Medicaid and other healthcare and social services programs for the past five years. We pride ourselves on our work with the Federal Marketplace and the Pennsylvania state-based marketplace, where we provide in-person assisters to navigate these critical systems and help consumers enroll in healthcare coverage.

4.1.6 NON-ENGLISH ENROLLEE IDENTIFICATION

4.1.6 The Vendor must, working with BMS, identify the prevalent non-English languages spoken by enrollees and potential enrollees throughout the State in accordance with 42 CFR §438.10 (which can be found at <https://www.ecfr.gov/cgi-bin/textidx?SID=a099885d325cee4c78f1534e82eeaeac&mc=true&node=se42.4.438%2010&rqn=div8>). The Vendor must make all information available in each prevalent non-English language (if BMS and the Vendor determine a prevalent language other than English is present) to the same extent as the information available in English. The Vendor must ensure that all information for enrollees or potential enrollees complies with the requirements of 42 CFR §438.10 and is at or below a sixth-grade reading level.

Cognosante knows working in collaboration with BMS will provide us valuable insights, collectively, into the needs of those enrollees who do not predominantly speak English as their first language. We have assessed the prevalent languages in West Virginia—English (97%) and Spanish (less than 3%)—and agree that all MHT members, and potential enrollees are entitled to receive information in their native language. Cognosante commits to working with BMS to make materials, information, presentations and notices available in those languages that the enrollees prefer, as well as at or below a sixth-grade reading level so they are easily understood. We further acknowledge the requirement that all materials are created and distributed in easily understood and readily accessible formats for those that may have limited English proficiency, (LEP). Our approach supports English, Spanish, and LEP, with a high degree of attention to detail, always with the member's needs in mind, and utilizing effective communications media.

4.1.7 SAMPLE ENROLLMENT FORMS AND PHONE SCRIPTS

4.1.7 The Vendor must agree to develop sample enrollment forms and phone scripts for potential enrollees that comply with the requirements of 42 CFR §438 Subparts A-J (which can be found at <https://www.ecfr.gov/cgibin/retrieveECFR?gp=&SID=a099885d325cee4c78f1534e82eeaeac&mc=true&n=pt42.4.438&r=PART&ty=HTML>). A sample enrollment form must be provided to BMS within thirty (30) calendar days of award of this contract.

4.1.7.1 The enrollment form and scripts must ask potential enrollees to indicate: his or her choice of MCO; the name of his or her existing provider(s); and his or her race, ethnicity, primary language spoken and health status. The form must specify that information on race, ethnicity, primary language, and health status is not mandatory for enrollment.

Within 30 calendars days of contract award, Cognosante agrees to develop and submit to BMS sample enrollment forms and phone scripts that meet 42 CFR § 438 Subparts A-J requirements. This assures BMS that the enrollment forms and scripts we produce follow federal requirements.

Our printed enrollment forms will be pre-populated with individual head of household enrollee information making it easier to complete. The BMS-approved enrollment forms and scripts we develop ask potential enrollees for the following information:

- ▶ Their choice of MCO
- ▶ Name of his or her existing provider(s), if known
- ▶ His or her race (optional)
- ▶ Ethnicity (optional)
- ▶ Primary language spoken (optional)
- ▶ Applicable health assessment questions (optional)
- ▶ Email address with a check box indicating their agreement to receive notices and other important information via email (optional)
- ▶ Mobile phone number with a check box indicating their agreement to receive notices and other important information via text message (optional)

The enrollment forms will clearly indicate that information on race, ethnicity, primary language, and health status is not mandatory for enrollment.

If BMS recommends changes to the enrollment forms or scripts, we agree to make the changes within the 30-day timeframe or sooner, following the appropriate BMS approval processes.

Experience Developing Educational Brochures

We have a history of developing and producing educational materials and visual aids that promote member awareness and understanding for our clients. These materials span a range of the member's selection process, from informational member brochures to MCO Comparison Charts that aid in decision making. As an example, for the Health Insurance Marketplace, we developed a four-page brochure to help consumers understand our role and how we could assist them.

Page one covers basic Marketplace information to:

- ▶ Explain the Affordable Care Act and the Health Insurance Marketplace

- ▶ Describe the minimum essential coverage for Marketplace plans, and the five types of Marketplace plans
- ▶ Define common Marketplace terms

Page two covers costs and affordability plans to:

- ▶ Describe five factors that can affect premium costs
- ▶ Identify and explain how to apply to Affordability plans
- ▶ Provide a federal poverty level (FPL) chart

Page three is a copy of the yearly Income Estimate Form.

Page four provides additional information to help Marketplace beneficiaries and includes:

- ▶ A worksheet that beneficiaries can use entitled “Important Items to Consider When Choosing a Health Insurance Plan”
- ▶ Information on the importance of reporting life and income changes to the Marketplace
- ▶ A place to write down local healthcare services and a place for a navigator to add their name for follow up

Cognosante will use the State’s current brochures as a baseline and update them as required.

Approach

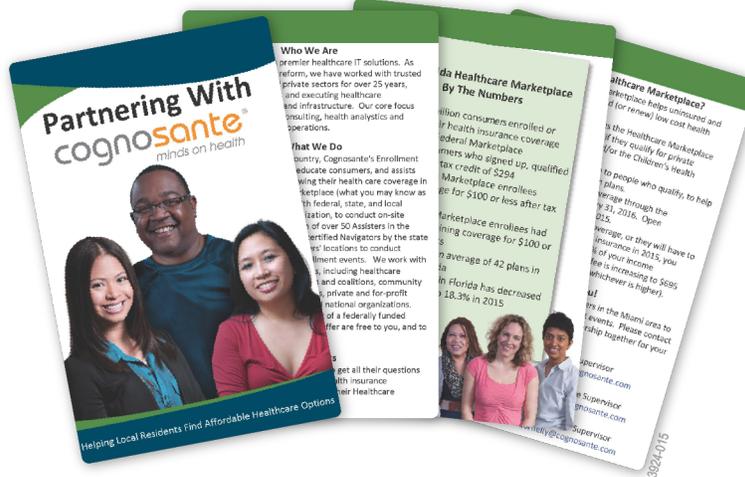
We will work with BMS to create engaging, easy-to-understand enrollment forms that provide easy-to-follow instructions. What drives the content is the simple question: What information do enrollees need to complete their enrollment and select an MCO? The answer includes the following four basic topics:

- ▶ **How to Enroll:** This explains why a member needs to select an MCO and Primary Care Provider (PCP), as well as how to change plans after initial enrollment in an MCO.
- ▶ **How to Choose an MCO:** This lists the available MCO choices, based on the Zip Code in which the enrollee resides, (currently Aetna, The Health Plan of the Upper Ohio Valley, and UniCare of West Virginia) along with instructions on how to reach our local outreach and education specialists and our call center for help.
- ▶ **How to Reach the Call Center:** This prominently features the call center phone number and our member Website URL that directs potential and existing enrollees to a link for those who prefer to use the live chat feature.
- ▶ **How to Obtain Services Appropriately:** This explains overall MHT program benefits available to enrollees.

When we create and update the brochures and other enrollee informational materials, with BMS guidance, we confirm that the content is written at a sixth-grade reading level. Exhibit 11 is another example of an enrollment brochure Cognosante developed for the Health Insurance Marketplace.

Exhibit 11: Example Enrollment Brochure

Our informative brochures help consumers make informed health care choices.



Phone Scripts

Cognosante will work with BMS as we train our outreach and education specialists and call center representatives to use phone scripts to guide them when assisting enrollees. This enables our teams to help callers make informed healthcare decisions, including an MCO selection to complete their enrollment over the telephone. We employ a unique approach to supporting enrollment—we cross-train both call center and outreach and education staff to create more opportunities for members to enroll—whether in person, or via the telephone, thereby having consistent educational information available no matter what option they select to enroll. Cross-training also supports surges during times of intensified outreach and enrollment activities.

When an existing enrollee or potential enrollee contacts our call center, call center representatives follow a BMS-approved script designed to help callers make informed MCO and provider selections. Our customer-focused and unbiased call center representatives do not recommend health plan selections. Rather, by following the BMS-approved scripts, they educate and inform callers about enrollee rights and responsibilities regarding the enrollment process. They also educate them about future enrollee rights and responsibilities once they are enrolled with an MCO serving the MHT program. We store BMS-approved call scripts in our knowledge and training repository to make them more accessible and useful to call center representatives and outreach and education specialists, and for BMS staff to conduct periodic reviews for quality and accuracy. Exhibit 12 is an example of a phone script that Cognosante call center representatives will use when assisting callers.

Exhibit 12: Sample Phone Script

Phone scripts help call center representatives guide callers through the enrollment process.

Welcome and Caller ID Verification

Thank you for calling the MOUNTAIN HEALTH TRUST Enrollment Broker Call Center. My name is _____.

For security and privacy reasons, I need to get additional information for verification purposes.

- Would you please verify your name?
- Would you also verify your Social Security Number, Date of Birth, Address or Medicaid ID Number? (Two of the four must be verified before proceeding with the call.)

If the caller speaks a language other than English:

1. Ask the caller to hold while you contact LanguageLine Solutions.
2. Call LanguageLine (See LanguageLine Solutions Procedures).
3. Inform the interpreter that language assistance is needed with a caller on the line.

If caller is not found in EnGage360:

- Have you been approved by Medicaid?
If YES – Proceed with processing a pending enrollment.
If NO – Only people who qualify for Medicaid can enroll in MOUNTAIN HEALTH TRUST. Please contact Medicaid Member Services at 1-888-483-0797 for more information.

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In addition to training our call center representatives and outreach and educational specialists to use phone scripts, we also develop and use scripts for the Interactive Voice Response (IVR). We make certain that the IVR scripts are consistent with the phone scripts. This is important since members may call for MHT program information after normal call center operations hours. We want them to receive the same, accurate, up-to-date information concerning the MHT program. If we make BMS-approved changes to phone scripts, those changes will cascade to IVR scripts. We make this possible since we will store both phone and IVR scripts in our knowledge and training repository, which will be the one source of truth about the MHT program.

4.1.8 PLAN FOR OUTREACH BY MAIL

4.1.8 The Vendor must agree to provide a plan, within fifteen (15) calendar days of award of this contract, describing the process for mailing the enrollment form and accompanying enrollment materials to potential enrollees within two (2) business days of receiving the eligibility file from the fiscal agent.

Within 15 calendar days of contract award, Cognosante agrees to provide a plan for outreach by mail that describes the process we use to mail the enrollment form and accompanying enrollment materials to potential enrollees within two business days of receiving the eligibility file from the State's fiscal agent.

As noted previously, Cognosante has subcontracted print and fulfillment services to Champion. For more information on Champion, please see Proposal Section 4.1.17, Material Printing and Distribution.

On a daily basis, upon receipt of the eligibility file from the fiscal agent via a secure transmission method, EnGage360 performs a series of validation checks to make certain

the record is in the correct format, does not duplicate an existing record, and contains a valid address. We also confirm the requested language. If there are problems with the file or any of the transmitted records, we contact the fiscal agent to resolve them.

Cognosante transmits the file to Champion using secure file transfer protocol (SFTP). Champion prints on demand using the information contained in the file, such as the enrollee name, primary language spoken, and address. This makes certain that the enrollment application is easy to complete and includes the correct list of MHT managed care options based on the individual's residence. Champion prints and mails the enrollment packets within two business days of receipt of the SFTP file. Exhibit 13 illustrates the process.

Exhibit 13: Outreach by Mail Process

We mail potential and existing members enrollment packets within two business days.



4.1.9 ENROLLMENT PROCESS OUTREACH PLAN

4.1.9 The Vendor must agree to provide a plan, within fifteen (15) calendar days of award of this contract, that includes the development of materials to notify members of the expectation to select an MCO or provider within forty-five (45) calendar days or be assigned to one (1) by the State. The plan must also include a process for accommodating passive enrollment as needed as described in 42 CFR 438.54 (<https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=23bd2e3977143b635caf5c5cb220506a&mc=true&n=pt42.4.438&r=PART&ty=HTML#se42.4.438.154>).

Within 15 calendar days of contract award, Cognosante agrees to provide a plan that includes the development of materials to notify members of the 45-day MCO selection period prior to auto-assignment.

Outreach Plan Highlights

Cognosante's Outreach Plan for the West Virginia Enrollment Broker (EB) Services Project employs multiple strategies to address the unique challenges present in the 55 counties within the nine areas of the State: Northern Panhandle, Mountaineer Country, Eastern Panhandle, Potomac Highlands, Mountain Lakes, Mid-Ohio Valley, Metro Valley, Hatfield-McCoy Mountains, and New Greenbrier Valley. As part of our outreach efforts, we will engage local stakeholders to understand the programs—from DHHR offices to non-profits and hospitals. We also use virtual events, and electronic or online channels to reach potential enrollees and existing enrollees. We are more than a transaction-based organization. We strongly believe that having "boots on the ground" is key to the success of our approach.

Organizing our approach to visiting all 55 counties

We divided West Virginia into five regions in which DHHR has field offices:

- ▶ Outreach Region 1 includes the Northern Panhandle and Mountaineer Country areas:
 1. Hancock (Weirton and New Cumberland)

2. Brooke (Weirton and Beech Bottom)
 3. Ohio (Wheeling and Tridelpia City)
 4. Marshall (Moundsville)
 5. Wetzel (Martinsville and Smithfield)
 6. Tyler (Sistersville and Paden City)
 7. Monongalia (Morgantown)
 8. Preston (Kingwood)
 9. Marion (Fairmont)
 10. Taylor (Grafton)
 11. Barbour (Phillippi)
 12. Harrison (Bridgeport and Clarksburg City)
 13. Doddridge (Smithburg and West Union)
- Outreach Region 2 includes the Eastern Panhandle area:
1. Morgan (Berkeley Springs)
 2. Berkeley (Martinsburg and Kearneysville)
 3. Jefferson (Charles Town, Kearneysville, and Ranson)
 4. Mineral (Keyser)
 5. Hampshire (Augusta and Romney)
 6. Grant (Petersburg)
 7. Hardy (Moorefield)
 8. Tucker (Parsons)
 9. Randolph (Elkins)
 10. Pendleton (Franklin)
- Outreach Region 3 includes the Mid-Ohio Valley and Central areas:
1. Pleasants (St. Marys)
 2. Ritchie (Harrisville)
 3. Gilmer (Glennville)
 4. Lewis (Weston)
 5. Upshur (Buckhannon)
 6. Wood (Parkersburg)
 7. Wirt (Elizabeth)
 8. Calhoun (Grantsville)
 9. Braxton (Sutton and Gassaway)
 10. Webster (Webster Springs)
 11. Jackson (Ripley)
 12. Roane (Spencer)

- 13. Clay (Clay)
- 14. Nicholas (Summersville)
- ▶ Outreach Region 4 includes the Metro Valley and Hatfield-McCoy Mountains areas, which contains portions of Southern West Virginia:
 - 1. Mason (Point Pleasant)
 - 2. Putnam (Winfield and Teays)
 - 3. Kanawha (Charleston and Cedar Grove)
 - 4. Cabell (Huntington)
 - 5. Lincoln (Hamlin)
 - 6. Boone (Foster and Danville)
 - 7. Wayne (Wayne and Ft. Gay)
 - 8. Mingo (Delbarton and Williamson)
 - 9. Logan (Logan)
- ▶ Outreach Region 5 includes the New River/Greenbrier Valley, which also contains portions of Southern West Virginia:
 - 1. Pocahontas (Marlinton)
 - 2. Fayette (Fayetteville and Oak Hill)
 - 3. Greenbrier (Ronceverte and Lewisburg)
 - 4. Raleigh (Beckley)
 - 5. Summers (Hinton)
 - 6. Monroe (Union and Lindside)
 - 7. Wyoming (Oceana and Pineville)
 - 8. Mercer (Princeton and Bluefield)
 - 9. McDowell (Welch and Wilcoe)

We summarize our strategies for outreach in Exhibit 14 and follow with our methods of outreach in Exhibit 15.

Exhibit 14: Outreach Plan Highlights

Our outreach approach employs multiple ways to reach West Virginia’s MHT population.

OUTREACH STRATEGY	DESCRIPTION
ASSIGN OUTREACH AREAS	We assign five outreach and education specialists the following areas: <ul style="list-style-type: none"> ▶ Outreach Region 1 - 1 outreach and education specialist ▶ Outreach Region 2 - 1 outreach and education specialist ▶ Outreach Region 3 - 1 outreach and education specialist ▶ Outreach Region 4 - 1 outreach and education specialist ▶ Outreach Region 5 - 1 outreach and education specialist The outreach manager also conducts events in areas in which we require further assistance and special events in any of the regions.

OUTREACH STRATEGY	DESCRIPTION
DEFINE THE TERRITORY AREAS	<p>We categorize not only the area, but counties within the areas into:</p> <ul style="list-style-type: none"> ▶ Rural: Potential and existing enrollees living in this type of area typically do not have easy access to the Internet, computers, or transportation services. Outreach for these individuals is more effective by going to where they are. Outreach and education specialists will factor in more time to reach individuals living in these outlying areas. ▶ Suburban/Urban: Potential and existing enrollees living in this type of area typically enjoy easy access to the Internet and computers. They also tend to have easy access to transportation services. In addition to in-person outreach, electronic channels of communication (web portal, mobile app, web chat, texting) are effective.
DETERMINE NUMBER OF POTENTIAL ENROLLEES OR ENROLLEES	<p>West Virginia has a total of approximately 500,000 enrollees as of June 2020. However, when planning outreach events and presentations, it is important to know how many individuals in the area qualify for Medicaid. The outreach manager works closely with BMS within each area. This helps with event planning since we have an informed expectation of how many potential and existing enrollees to expect. This helps outreach and education specialists to select a properly sized venue and to have enough education and enrollment materials on hand for the event.</p>
ESTABLISH RELATIONSHIPS WITH STAKEHOLDERS	<p>There are many MHT stakeholders. Our outreach manager and outreach and education specialists will meet and establish partnerships with the following:</p> <ul style="list-style-type: none"> ▶ DHHR regional offices ▶ West Virginia Bureau for Public Health ▶ Community health centers ▶ Local and regional hospitals ▶ Health care-related community-based organizations throughout West Virginia's 55 counties ▶ Primary care centers ▶ Nonprofit organizations
CO-LOCATE OUTREACH AND EDUCATION STAFF IN DHHR REGIONAL OFFICES	<p>By co-locating our outreach and education specialists in select DHHR regional offices, eligible MHT populations will view us as an extension of the eligibility worker and the process in a non-threatening environment where they can receive the unbiased education and assistance to complete their MCO selection.</p>
COORDINATE OUTREACH AND EDUCATION EVENTS	<p>We coordinate and schedule outreach and education events that either coincide with local events or that are planned separately in order to reach the potential and existing enrollee population. We arrange to have sufficient enrollment and informational materials at these locations to alert potential and existing enrollees of upcoming events where they can get answers to enrollment-related questions (including information about available providers) and complete their enrollment in person. In working with local community organizations, we will work with local organizations to help organize education/outreach events.</p>
SCHEDULE OUTREACH EVENTS AND PRESENTATIONS	<p>Based on established partnerships, we schedule outreach events and presentations in each county and arrange to have adequate enrollment materials on hand based on the expected number of attendees.</p>
ADVERTISE EVENTS	<p>After obtaining BMS approval of notifications, presentations, and enrollment materials, we publish a schedule of events on our website and through social media. Concurrently, we also arrange for our partners (DHHR regional offices, the West Virginia Bureau for Public Health, local and regional hospitals, community health centers, primary care centers, and nonprofit organizations) to post notifications with links to our website on their social media pages and website pages, where permitted.</p>

OUTREACH STRATEGY	DESCRIPTION
USE MULTIPLE METHODS TO NOTIFY POTENTIAL AND EXISTING ENROLLEES	Along with personalized, in-person outreach and education, Cognosante uses built-in multi communications channels in EnGage360 to efficiently reach potential and existing enrollees. Because EnGage360 is a cloud-based solution, all channels access the same information so that enrollment information is consistent and accurate across all mediums. This is critically important during the 45-day MCO selection period when potential and existing enrollees are making an MCO selection. We send them notifications using the multiple channel communications methods discussed in Exhibit 15.
CONDUCT EDUCATIONAL SESSIONS	Based on the schedule to visit each county in their outreach region that outreach and education specialists develop in consultation with the outreach manager, outreach and education specialists arrange to give in-person presentations at scheduled venues. We also arrange to show videos at presentation locations.
HOST OFFSITE LIVE EVENTS	<p>To accommodate established COVID-19 restrictions that limit the size of gatherings due to Centers for Disease Control (CDC) recommended social distancing requirements, we use telephone conferences, videos and webinars to conduct educational sessions that include step-by-step information on how to complete an application.</p> <ul style="list-style-type: none"> ▶ On the Internet ▶ Using the mobile app ▶ Printed Enrollment Form

Exhibit 15: Multiple Communications Methods

We contact potential and existing enrollees using their preferred method of communication.

CHANNEL	DESCRIPTION
PRINTED MAIL	We send all potential and existing enrollees enrollment packets. Enrollment packets contain a personalized welcome letter, a summary brochure of the MHT program, a preprinted enrollment form, an MCO Plan Comparison Chart relevant to their area, and a pre-stamped envelope for the enrollee to return the enrollment form to the enrollment broker. Printed materials are effective outreach for those who prefer to read hard copy or who do not have access to the Internet or other digital media communications channels.
TEXT MESSAGE	We determine which enrollees have a mobile phone that is authorized by the individual to receive text messages, includes a statement that all data rates apply, and work with BMS to develop a BMS-approved SMS message within EnGage360 and set up a schedule for sending the SMS message. A follow up text message, about 14 days later, includes a link to the online enrollment application (available through our Web portal) along with a link to the provider listing to help potential and existing enrollees easily navigate through the online enrollment process. Since many potential and existing enrollees use and carry their mobile phones wherever they go, this digital media communications channel is an effective method to reach them.
EMAIL	We send all potential and existing enrollees for whom we possess an email address and who have authorized to use the address for applicable notification purposes only, an email with the same message. We send reminder emails on the same schedule as the SMS message. The message includes a link to the online enrollment application (available through our Web portal) along with a link to the provider listing to help potential and existing enrollees easily navigate through the online enrollment process. The message also includes a link to more information about how to obtain verbal translation services in any language by contacting the call center, the schedule for enrollment events in their area, and a notification that printed enrollment materials are also available. Since many potential and existing enrollees check their email messages, this digital media communications channel is an effective outreach method.

CHANNEL	DESCRIPTION
INTERACTIVE VOICE RESPONSE (IVR)	<p>When potential and existing enrollees contact the call center and before they reach a call center representative, they are informed that verbal translation is available in any language. If they desire this service, the IVR routes them to a call center representative who connects them with LanguageLine Solutions to obtain verbal translation services for a three-way call. If the member needs written materials in a non-English language, the call center representative arranges to send the member the materials. Many potential and existing enrollees prefer to speak to a person. Speaking to a call center representative is just what some members need when they do not want to read hard copy, do not have access to the Internet, or other digital media communications channels.</p>
MHT MEMBER PORTAL	<p>We post BMS-approved announcements on our website prior to the MCO selection period. The announcement includes a link to the online enrollment application (available through our MHT Member portal) along with a provider listing to help potential and existing enrollees easily navigate through the online enrollment process. The message also includes the call center toll-free contact number for individuals who wish to speak to a live call center representative or obtain verbal translation services in any language. The message also includes the schedule for enrollment events in their area along with information about how to obtain printed enrollment materials.</p>
WEB CHAT	<p>Potential and existing enrollees can contact our call center representatives and outreach and education specialists via live web chat to obtain answers to questions about MHT's managed care programs. Use of this live web chat digital media channel is increasing. Upon request, call center representatives send out electronic brochures and other enrollee information stored in the EnGage360 knowledge and training repository via multi communications channel options, which include live chat. Call center representatives can also arrange for potential and existing enrollees to receive printed information through our fulfillment subcontractor, Champion. This digital media communications channel accommodates those who prefer to communicate with a call center representative via the Web instead of over the phone.</p>
INTERACTIVE CHAT	<p>EnGage360 includes interactive chat capabilities. Unlike live chat, which is dependent on the response of a live call center representative, interactive chat does not require a live call center representative to respond. This is self-service. Interactive chat enables potential and existing enrollees to find answers to their inquiries anywhere and anytime without speaking to, or connecting with, a call center representative via live chat since the feature directs the member to information already contained within our knowledge and training repository. This digital media communications channel enables those who are unavailable during live operations to get information about the MHT program when it is best for them.</p>
MOBILE FRIENDLY	<p>We send a push notification to potential and existing enrollees who have indicated their consent to receive notifications. The notification includes an embedded link to our Web portal. Potential and existing enrollees can access education materials through the mobile interface. We also send follow up reminders about 14 days after the initial notification about the MCO selection period. The notification includes the call center toll-free contact number for individuals who wish to speak to a live call center representative or obtain oral interpretation services in any language. The notification also includes a link to the schedule for enrollment events in their area along with information about how to obtain printed enrollment materials.</p> <p>The mobile interface is a digital media communications channel that facilitates greater MHT program awareness amongst the MHT population since smartphone use is increasing.</p>
OUTBOUND CALLS	<p>If we have neither a mobile phone number nor an email address, EnGage360 automatically prompts our call center representatives to make outbound calls to potential enrollees and existing enrollees, who have indicated their consent to be contacted via telephone, to inform them about the MCO selection period and encourage them to enroll in one of the MCOs within the MHT program. Call center representatives attempt to enroll those they reach on that call, arrange a callback appointment to complete the enrollment, or arrange to have additional information sent to the enrollee at their request via a communications channel that is convenient for them. Hearing the voice of an empathetic and knowledgeable call center</p>

CHANNEL	DESCRIPTION
	representative is often all that is needed for potential and existing enrollees to complete their enrollment. We recognize that outbound calling is highly regulated. Cognosante complies with all federal laws/regulations that outbound efforts need to abide by the Do Not Call (DNC) Registry and the Telephone Consumer Protection Act (TCPA).

Passive Enrollment

Our Outreach Plan includes a process for accommodating passive enrollment should BMS decide to implement this process, as described in 42 CFR § 438.54. Passive enrollment is the process by which a member, once deemed eligible by the State, is auto assigned into an MCO that meets the demographic and capacity limits set for the MCOs available. Should the member decide the MCO is not of their choosing, nor meets their healthcare needs, they may opt to select an alternative MCO that does during the ‘grace’ period afforded by the State’s rules. With passive enrollment, Cognosante, uses an algorithm developed with BMS’ approval, to automatically enroll individuals in an MCO at the time the eligibility file is transmitted, and provides the member(s) the appropriate timeframe with which to make a new MCO selection. Since EnGage360 is configurable, we can modify the auto, or passive enrollment rules quickly to accommodate changing regulations and rules.

While Cognosante’s first choice is to always provide an opportunity for our staff to educate the member about how to use the managed care organizations appropriately to access their healthcare services, passive enrollment may be applied for members who have difficulty making a selection within the afforded timeframe, and allows for real-time access to their MCO services, rather than relying upon the waiting period associated with new enrollments and traditional fee-for-service (FFS) access to care.

4.1.10 ADDITIONAL MAILED MATERIALS

4.1.10 The Vendor must agree to mail additional materials, including those created by BMS and/or the MCOs, to help enrollees in making their choice (e.g., network provider listings, any BMS -approved marketing materials, question and answer sheets, letters related to the managed care programs). at no additional cost to BMS.

Cognosante agrees to mail additional materials, including those that BMS approves on behalf of what the MCOs create, to help members in determining which of the MCOs are the right selection for them at our expense. We understand these materials may include provider listings, BMS-approved marketing materials, question and answer sheets, letters related to the managed care programs within MHT, and other materials previously listed in Proposal Section 4.1.2 Outreach and Educational Material Approval, Production, and Distribution.

In addition to generating mailings of enrollment forms, enrollment materials, notices, and pamphlets as noted in Section 4.1.8, Plan for Outreach By Mail, our mail and fulfillment subcontractor, Champion, handles the distribution of other materials DHHR or MCOs prepare to promote enrollee voluntary choice.

We have reviewed the populations and distribution of the West Virginia MHT program population, and we have built the expected volumes into our Outreach Plan.

4.1.11 SUBMISSION OF SAMPLE MATERIALS FOR APPROVAL

4.1.11 The Vendor must submit sample educational materials, including a general informational (i.e. MCO availability, PCP options, etc.) pamphlet and letters to enrollees for approval by BMS before distribution.

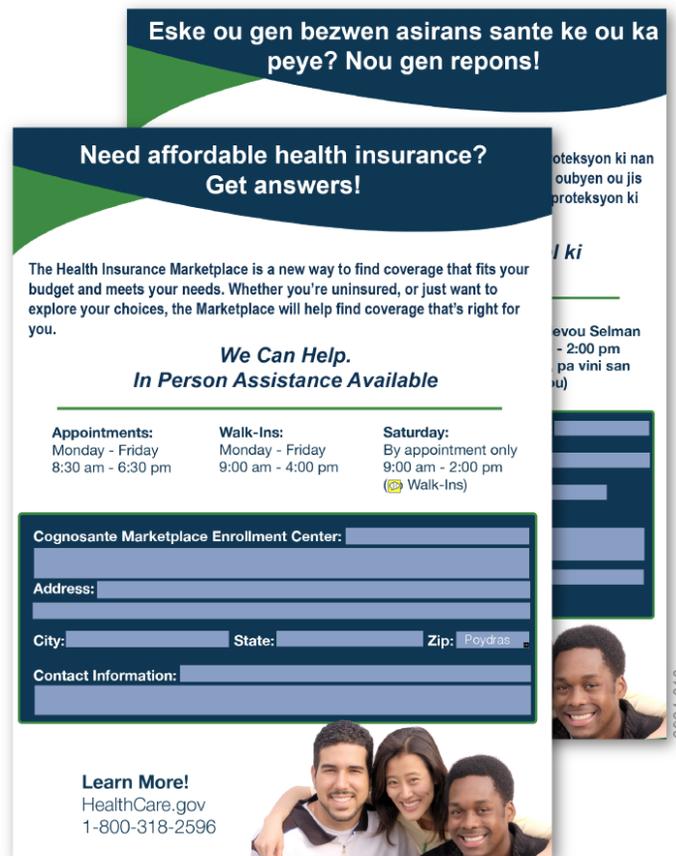
Cognosante agrees to submit sample educational and general informational materials for BMS' review and approval prior to production and distribution. These materials include MCO availability, PCP options, and other enrollment-related pamphlets, and letters to enrollees. In addition, some materials will be given to providers and community resources, and will include items, such as:

- ▶ Value-added benefits charts
- ▶ Brochures
- ▶ Listing of outreach contacts

Exhibit 16 is an example of educational material Cognosante developed for other clients.

Exhibit 16: Member Brochure Example

Cognosante develops engaging and easy to understand educational materials to promote enrollment.



We anticipate the review and approval process will follow the same process outlined in Section 4.1.12, Review and Approval of MCO Materials and Information.

4.1.12 REVIEW AND APPROVAL OF MCO MATERIAL AND INFORMATION

4.1.12 The Vendor must agree to assist BMS in the review and approval of MCO member materials and other information in any medium upon request. Any review of marketing materials must ensure that they comply with the requirements of 42 CFR § 438 Subpart C (<https://www.ecfr.gov/cgi-bin/textidx?SID=54456f1c514a85798272299161c6e115&mc=true&node=pt42.4.438&rgn=div5#sp42.4.438.c>).

Working closely with BMS, Cognosante agrees to assist BMS in the review and approval of MCO member materials and other information in any medium when requested to do so. Our review of the requirements for educational and member materials checks for conformity with 42 CFR § 438 Subpart C.

Cognosante works with BMS, the MCOs, and other key stakeholders to update and revise existing MCO materials so that they reflect current MHT policies and procedures.

Process for Development of MCO Material and Information

The process we rely on is based on our flexible Project Management Institute (PMI®)-based Project Management Framework that we tailor for producing outreach and educational materials. The five phases included within our Project Management Framework are:

- ▶ Project Initiation
- ▶ Project Planning
- ▶ Execution
- ▶ Controlling
- ▶ Project Closeout

Each step is designed to build on the next and includes discreet tasks that enable us to work closely with BMS, the MCOs, and other key stakeholders to produce effective outreach and educational materials.

After we incorporate and baseline existing member materials into our knowledge and training repository, we meet with BMS and appropriate MCO representatives to coordinate the development, revision, and updating of potential enrollee and existing enrollee materials. Changes to MCO materials will likely necessitate changes to enrollment materials. At our initial meeting, we establish a meeting cadence as well as relationships with appropriate BMS and MCO staff. Within the first 30 days of the contract we recommend meeting weekly and then changing the cadence to meet as needed, but at least once per quarter to maintain regular and ongoing collaboration.

Over time, BMS revises or updates its regulations and policies that affect the MHT program, and these changes may affect the participating MCOs in different ways. In addition, the MCOs may have policy or benefit changes apart from those of the State. Planning for change requires that we establish a process to receive advance notice of upcoming changes to plans within the MHT program. This is also true for MCO benefits so that we can update potential enrollment materials concurrently. We also want to make updates that are concurrent with the change so that healthcare decisions can be made based on up-to-date and accurate information.

Review of MCO Material and Information

Our review checks for readability and content efficacy. Since content efficacy is enhanced when supported by graphics/visuals that aid in comprehension and reflect the spirit of the

program and the profile of the members the program aims to support, we look for this in our review. We look for documents that are based on a standard layout including a high-level overview, details on how the program works accompanied by a supporting visual, and a case study or testimonial quote that reinforces claims.

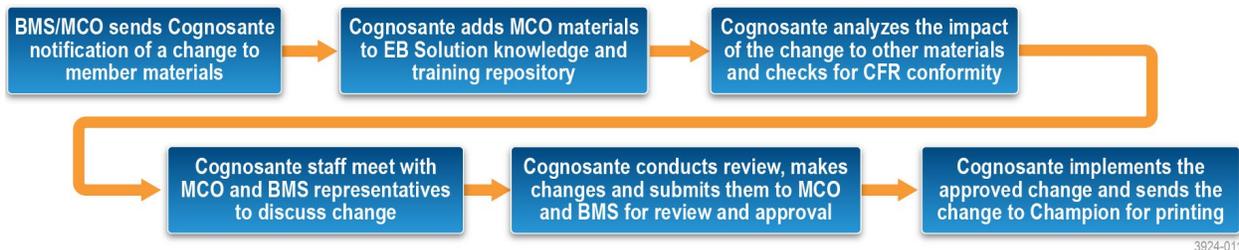
To make certain that potential enrollee or existing enrollee materials are at the appropriate reading level, and are clear and easily understood, Cognosante uses the Flesch-Kincaid reading ease test as the standard test of readability for its documents and forms. We use this test when reviewing MCO-produced materials. When designing web or print materials, we focus on program accuracy and compliance with BMS policy and regulations for the MHT program. Finally, we work with BMS and invite the MCOs to review the documents before external distribution to make sure that the messaging is accurate, and member community needs are properly addressed. The test addresses the following key points:

- ▶ Is it easy to read?
- ▶ Does it address accurate and accepted barriers to enrollment with enough specificity?
- ▶ Are there particular questions/features we should make more prominent?
- ▶ Is it clear what the potential or existing enrollee needs to do as a next step, and is it accurate?

Our review ultimately helps potential and existing enrollees to receive easy-to-read materials that are engaging, clear, and understandable. Exhibit 17 illustrates the process.

Exhibit 17: MCO Materials Change Process

Our collaborative change process promotes accuracy in all enrollment materials.



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Version Control

Each time there is a revision or update to member materials, BMS policy or procedures, our knowledge and training repository enables us to carefully manage the version and track the inventory of all materials. This is made easy and rapidly accomplished using our knowledge and training repository's automated versioning and inventory tracking functionality. This feature enables us to focus on the needs of potential and existing enrollees, rather than on administrative matters of tracking and inventory.

Each document stored in the knowledge and training repository is assigned an author. Authorship is based on the employee profile created for that role. If a person's role does not include authorship, they are not allowed to make any changes to the document or alter an existing version. All documents in the knowledge and training repository are automatically assigned inventory and version numbers. Documents that are new to our knowledge and training repository are baselined as version 1.0. Document authors can set a document's effective date and designate a document as a draft or final version.

For each revision or update an author makes, our knowledge and training repository keeps a history of each version. This means users can easily view a previous version of the document, which indicates the effective date, version number, and document inventory number. Because approved BMS staff are given access to our knowledge and training repository, BMS has anytime, anywhere access to member materials from the baselined version to the most current version. With our knowledge and training repository, stored documents within the module are inventoried and assigned control numbers and versions.

By effectively managing outreach materials using technology, we avoid the trap of approaching our work transactionally. Rather, we are free to focus more of our attention on outreach and education, and enrollment activities—a BMS and Cognosante shared objective.

4.1.13 MULTIPLE APPROACHES FOR ENROLLMENT

4.1.13 The Vendor must offer multiple approaches for members to enroll, including by mail, telephone, text, web-based applications, and other innovative and unique vehicles. The Vendor must agree to provide a plan, upon award of this contract, to address its approach for receiving enrollment forms via mail, telephone, and internet. The Vendor must not exceed 24 hours for processing enrollment forms and for returning forms received from eligible participants that cannot be processed due to incomplete or illegible information.

Enrollment is the primary function for the West Virginia EB Services Project, and as such, Cognosante agrees to provide our plan for the multiple approaches that are used around the country to support the enrollment of the MHT eligible populations. We agree to provide our multi-pronged approach after contract award; however, we provide an understanding of this requirement and outline our strategies in the following subsections. Our various approaches are performed within the contractual requirements established including the need to process both complete, and incomplete/illegible forms received within 24 hours, and take appropriate actions as necessary to complete enrollment.

Multiple Methods for Enrollment Assistance

Cognosante employs various creative methods in which we reach out to those citizens who may be/or are eligible for Medicaid and provide information about the MCOs available to them. We use the traditional methods of mail, telephone, text, and web-based applications—all of which support the ability to rapidly receive and process enrollments—but also out-of-the-box methods, such as outreach ambassadors, staffing community based organizations that are already in tune with these enrollee needs, serving those that require special assistance such as individuals in long-term care, and reaching out to Spanish-speaking enrollees where traditional social services are provided.

Our outreach and education specialists are key contributors to how we reach our enrollees for completion of their healthcare selection. As previously described, we will complete all required mailings in the format prescribed to eligible and potentially eligible families or individuals. However, since our outreach and education staff have secure access to EnGage360, they are able to schedule presentations or other community events where the larger degree of prospective enrollees reside and/or access their health or social services. Such places may include, school-based health and book fairs, health fairs that are well attended, and include participation by each of the MCOs, and community health centers.

Enrollment Assistance via Telephone and Digital Options. Our call center is available to assist enrollees in understanding the MCO choices available to them based on the service

area in which they reside. Our call center representatives are skilled and well-trained in the nuances of the enrollment process for enrollees and use EnGage360 to complete the enrollment process on behalf of the new enrollee or make changes at the request of existing enrollees. Should a caller indicate they are unable to attend an in-person event, our cross-trained operational staff also perform outbound call campaigns so that these last-minute enrollees have the information needed to support an informed healthcare decision. This is especially critical as the due date for a voluntary selection nears.

Another method the members and new enrollees have the option to take advantage of is the ability to use our self-service web portal, that is mobile enabled and easy to use. This portal will help potential enrollees understand their choices, allow them to make changes (as allowed) to their MCO option, and to find additional program information in their area. This portal is available to the enrollee at their leisure and makes the enrollment process easy to navigate. Should they encounter any difficulty using the portal, they are able to chat with one of our call center representatives using our online chat feature configured in EnGage360.

Enrollment Forms via Mail. As hard copy enrollment forms are often the most prevalent means of enrolling into an MCO, we employ a process for identifying those without working telephone service, and/or those that submit illegible or incomplete enrollment forms through EnGage360 and we continue to attempt to reach these individuals to provide needed education and to result in a successful selection. For enrollment forms received that are either illegible, written in a non-English language, or missing critical information needed to complete their enrollment choice, we continue to monitor systems and other eligibility files to ascertain additional information that may lead to a successful contact with these enrollees.

For items we have mailed out, and are subsequently returned as non-deliverable, our project coordinator is responsible for indicating the return mail in the enrollee record, and EnGage360 will determine via the MMIS daily file if a more recent address is received. If an updated address is received that matches the member's identifying case information, we begin the mailing process for this household. This process includes an appropriate indicator in EnGage360 of when the new address/updated information was received in order for the enrollee to have sufficient time to make their selection. Should the auto-assignment for the member or family already have taken place, materials and other communication attempts will reflect the process for making a change if the member is not satisfied with the auto-assigned selection.

Enrollment Assistance via Other Methods. Our outreach approach includes other simple avenues to reach individuals such as:

- ▶ Co-locating our staff within the local DHHR offices where eligibility determinations or redeterminations are made
- ▶ Submitting web-based enrollments with one of our skilled outreach specialists
- ▶ Working with LEP enrollees so they verbally understand their choices and have a witness to the choices they do make
- ▶ Having bilingual staff to support the Spanish-speaking community members in understanding how MHT works

- ▶ Providing posters and other educational materials to the offices that serve members

In some cases, having an outreach and education specialist co-located in the DHHR offices may result in a greater positive experience for the enrollee—we are seen as an extension of the eligibility worker and the process in a non-threatening environment where they can receive the unbiased education and assistance to complete their MCO selection. If the enrollee does not wish to make a selection during the presentation, as often happens when a member wishes to consult with another family member or trusted advisor in their community, it is important that our staff make sure the individual has the information such as the timeframe, MCO options, and methods to complete the enrollment at their convenience.

We believe that the community and social services organizations that have historically served the Medicaid populations in accessing their social services, including healthcare, are viewed as an extension of our outreach staff and operations—they know these people well, they are trusted advisors in their communities, and more often, they are the first people the individuals seek guidance from on the right selection for their family’s needs—something our staff cannot do when making unbiased presentations. Toward this end, Cognosante works with our community partners and coalitions to make sure they know we are available with trained and knowledgeable resources for the enrollees.

4.1.14 PLAN FOR RETURNED MAIL

4.1.14 The Vendor must agree to provide a plan, within fifteen (15) calendar days of award of this contract, describing a process for following up on returned mail within seven (7) calendar days of receipt. This plan must also address the process of identifying address discrepancies in the State’s systems.

Within 15 calendar days of contract award, Cognosante will provide our detailed approach for following up on returned mail within seven calendar days of receipt. Our approach is outlined in this section and includes addressing any discrepancies identified in the State’s systems.

Upon receipt of a piece of returned mail, our project coordinator date stamps, opens, and scans the letter that was originally sent to the enrollee, along with the pre-printed enrollment form, and indicates in EnGage360, that the mail has been returned. Essentially, this action will ‘stop the clock’ in our system to allow for additional time to research records contained in the State’s systems to ascertain if more current information is available for the enrollee. In the event we are able to locate more current information that affords another mailing, the project coordinator will indicate that in our system, and initiate an on-demand printing and mailing of the required mailing contents. In the event that the auto-assignment to an MCO has already taken place, materials and other communication attempts will reflect the member’s ability to change their MCO within the prescribed grace period if they are not satisfied with the MCO to which they are assigned.

Often our outreach and education and call center staff are the first line of communication with enrollees, outside of their eligibility or case worker. As such, we know we will be in receipt of conflicting information as it relates to the demographic, spelling or address changes that commonly occur with some of the more mobile enrollees. EnGage360 will track address corrections and the enrollee to which this applies. We will work with BMS to review, approve these address corrections into the State’s systems and report these to BMS or the identified entity for reconciliation and resolution.

We use this process successfully in other enrollment services projects. For example, in our ERR/1095-A project, we have successfully processed:

- ▶ More than 250,000 applications annually
- ▶ More than 3 million enrollment disputes and 52 million payment disputes
- ▶ More than 99% of all disputes that are now being processed via automated rules

4.1.15 OUTREACH AND EDUCATION STRATEGY

4.1.15 The Vendor must agree to provide, within fifteen (15) calendar days upon award of this contract, a comprehensive, statewide outreach and education strategy, which includes, but is not limited to:

4.1.15.1 The development of materials,

4.1.15.2 An approach for engaging stakeholders, and

4.1.15.3 A staffing model to conduct both in-person and electronic education activities.

As described in detail in Section 4.1.9, Enrollment Process Outreach Plan, our Outreach and Education strategy will be submitted within 15 calendar days of contract award. Our strategy is comprehensive, statewide, and includes development of materials, an approach for engaging stakeholders, and a staffing model to support both in-person and electronic education activities.

Our strategy begins with a simple mission—to reach and positively impact the members of the community that will most benefit from receiving enrollment education and assistance, whether in person, by telephone, or other electronic means. Our goal is to always keep the member’s needs at the forefront—we go where they go, where they play and interact with their community, and where they access their healthcare services. Our outreach and education strategy includes well-trained outreach and education specialists, a call center that can expand as necessary to meet demand, and our EnGage360 enrollment broker solution that enables us to interact quickly with eligible enrollees and assist them in selecting an MCO. We plan to visit each county and region within the State and utilize the following outreach activities to support our strategy:

- ▶ Work with BMS to ascertain the largest communities of enrollees within a specific region
- ▶ Identify stakeholders and other community-based organizations that readily serve these enrollees, in various social service environments
- ▶ Structure our outreach presentations and events schedules to reach the broadest group of eligible enrollees
- ▶ Emphasize the need for empathy, patience and cultural sensitivity during operational staff training
- ▶ Collaborate with the MCOs to further understand the benefits and members they currently serve
- ▶ Create and distribute materials to DHHR local offices to make sure brochures, MCO comparison charts, and benefits information are available to enrollees

To complement these strategies and engage stakeholders, we hire outreach and education specialists that not only live in the communities they serve but will work locally and speak the languages that are most prominent in their assigned region. Our staff know the value of

stakeholders and community organizations that support West Virginia enrollees and will solicit their insights as our outreach ambassadors for enrollment.

We arm our outreach and education specialists with laptops, tablets and cell phones with access to EnGage360, affording real-time enrollments to be completed should the individual member authorize them to do so. Our member focus includes promoting and expanding the digital experience for West Virginia members. As a result, we will also assist the enrollee in navigating the web portal to determine what MCO would best serve their family's needs. The member is then presented with information on how to select their PCP, how to make changes to their MCO choice, the timeframes with which to make changes, and how to access their healthcare services until they receive their MCO identification card(s). Should the member at any time require further assistance, they are provided with the toll-free telephone number of both their selected MCO, and the Cognosante West Virginia EB Call Center.

4.1.16 OUTREACH AND EDUCATIONAL MATERIALS

4.1.16 The Vendor must agree to develop written and visual materials for use in outreach and educational efforts to educate MHT members, advocates, providers, community agencies, caseworkers and DHHR employees about any changes in delivery systems.

4.1.16.1 These materials must include, but not be limited to: enrollment forms, notices, letters, pamphlets, presentations, videos, internet websites and other information.

4.1.16.2 Each document submitted for approval must be accompanied by a concise memo indicating the purpose, expected use, target audience and printing specifications.

4.1.16.3 BMS reserves the right to edit all or portions of materials prior to distribution.

Cognosante agrees to develop both written and visual materials for use in our outreach and education of MHT members, advocates, providers, community agencies, caseworkers, and DHHR employees about any changes in delivery systems.

As previously noted, Cognosante develops the following materials:

- ▶ Welcome Letters
- ▶ Enrollment Forms (includes health assessment survey questions)
- ▶ Brochures about health services
- ▶ Envelopes
- ▶ Notices
- ▶ Pamphlets (including MCO Plan Comparison Charts)
- ▶ Presentations
- ▶ Videos
- ▶ Internet Website content
 - MHT Member portal
 - MCO Datahub Website

We work closely with BMS and the MCOs throughout all aspects of the delivery of the enrollment broker services so that the MHT population is well cared for. We establish close communication with BMS when developing written or visual materials. For each written or visual outreach or educational material we develop and submit to BMS, Cognosante will include a concise memo indicating the purpose, expected use, target audience, and printing

specifications. Project staff involved in materials development are available to work with BMS on any follow up related to the materials we produce.

We acknowledge that BMS reserves the right to edit all or portions of materials we submit prior to distribution. Upon receiving BMS approval, we work with Champion to print, produce, and distribute the materials.

Materials Development Factors

The materials we produce empower individuals to voluntarily select an MCO that is best suited for their health care needs.

Cognosante's materials development is informed by insights from BMS, the MCOs, local community health organizations, and by area social determinants of health (SDOH). The current COVID-19 pandemic has exacerbated certain SDOH. One example is access to health care services. As we engage with members, we may learn that a member no longer has access to health care services. We would refer them to the appropriate local DHHR regional office, local community health organization, and or local stakeholder resource in their area to obtain information about the access they need. As we engage with members and the various community stakeholders, we will work to mitigate the effects of known SDOH's in their area by including information about these resources in the materials we develop.

Other examples of social determinants that may impact the member's healthcare and quality of life include:

- ▶ Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- ▶ Access to educational, economic, and job opportunities
- ▶ Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- ▶ Transportation options
- ▶ Adequate public safety
- ▶ Social support
- ▶ Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- ▶ Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- ▶ Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- ▶ Language/literacy
- ▶ Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)

We will work closely with BMS, the MCOs, and other key stakeholders to produce effective outreach and educational materials.

4.1.17 MATERIAL PRINTING AND DISTRIBUTION

4.1.17 Upon BMS approval, the Vendor must print all written materials, maintaining a sufficient stock of materials and distributing materials as needed at the Vendor's expense.

4.1.17.1 The Vendor is responsible for supplying and distributing any pamphlets and other mailing material in addition to DHHR approved materials supplied by the MCOs and DHHR.

As noted previously, Cognosante has partnered with Champion to serve as our print and fulfillment subcontractor. We understand that all materials retained, stocked, and distributed are at Cognosante's expense, including pamphlets and other mailing material required at DHHR direction and approval or supplied by the MCOs.

Champion has four locations in West Virginia—two in Charleston, one in Huntington, and one in Parkersburg. Champion is a premier provider of print and fulfillment services in West Virginia, and provides these similar services to large hospital organizations, utility companies and financial institutions. We have chosen Champion for their solid reputation in this service industry and their local presence in the state. Cognosante is committed to using local resources in the states in which we operate.

Champion will maintain a sufficient stock of materials and distribute those materials as required by Cognosante, and detailed in Section 4.1.2, Outreach and Educational Material Approval, Production, and Distribution. These materials include all necessary enrollment materials, such as the welcome packets, brochures, and pamphlets, MCO Comparison Charts, and business reply envelopes to facilitate the return of the pre-printed enrollment form. During implementation, we will work closely with BMS to identify sufficient inventory levels to be maintained and will conduct quality control checkpoints with Champion to ensure sufficient stock is always maintained.

In order to be mindful of waste, should we receive the welcome packets among our return mail, our project coordinator will retain the materials that are not specific to an enrollee, and send the inventory of enrollment material back to Champion for restocking.

4.1.18 CHANGES TO MANAGED CARE PROGRAMS AND ENROLLMENT PROCESS

4.1.18 The Vendor must agree to notify all DHHR county offices of any changes in the managed care programs or processes for enrollment.

Changes in the Medicaid managed care programs are inevitable, and require careful planning and communications to all stakeholders, including all DHHR county offices. Cognosante agrees to notify each county office with the appropriate information that describes the change(s), how to reach our toll-free call center, or how to seek additional educational assistance from our outreach and education specialists. Having a positive working relationship with our DHHR county office partners will facilitate this exchange and understanding of any changes within the managed care programs, or enrollment processes.

Upon approval from BMS and DHHR, we will prepare the messages that instruct the county offices of the change taking place using the most effective avenue for distribution whether that is via mail notification in the form of a bulletin, an email, or announcement on the web-portal. All notifications are coordinated with our project director and outreach manager and submitted to each county liaison as identified during implementation.

4.1.19 OUTREACH TO MEMBERS WITH CHALLENGES

4.1.19 The Vendor must agree to perform outreach to members who have challenges to enrollment, which include but are not limited to: housing circumstances, cultural differences, or inability or unwillingness to access information through DHHR county offices or community hosted information program.

Cognosante has a long history of working with members that face challenges related to socio-economic disadvantages, cultural differences, and communication limitations. Our work with the Veteran's Affairs Office has provided valuable insights into serving those members who may require specialized services to understand and enroll in an MCO. This requirement aligns with our mission to fully serve all members, regardless of what limitations they may have. We agree to perform outreach to any member who may have challenges with enrollment.

We understand and agree that reaching these members is paramount to their understanding of how to enroll, but more importantly, how to access healthcare services when they require them. Whether their specific circumstances relate to housing concerns, cultural differences, or their inability or unwillingness to access information through traditional channels such as the DHHR county offices or community hosted information programs, we approach these circumstances through a seek-to-understand approach, and adjust our education and enrollment activities accordingly. We believe that everyone learns differently, whether through materials and pictures, telephone discussions, or even a preference to use the web portal on their own time and in their own space. Our goal is to not upset, or challenge their circumstances, but rather to support them through the enrollment process and for the member, or enrollee, to gain access to healthcare.

4.1.20 ENROLLMENT ASSISTANCE WEBSITE

4.1.20 The Vendor must design and maintain an enrollment assistance website available to MHT enrollees.

4.1.20.1 The Vendor must agree to provide, upon award of this contract, the type of web accessibility software, the types of information available to enrollees, languages supported on the website, frequency of updates to the website, search capabilities, user friendly provider directories and interactive functionality to facilitate the secure submission of member plan and PCP changes.

Cognosante will design and maintain an enrollment assistance website for use by MHT enrollees. Cognosante will provide, upon award of this contract, a detailed system design for our web accessibility software solution that describes the type of information available to enrollees, the languages supported on the website, our approach and frequency to updates, how we will support search and user friendly provider directories, how enrollees will interact with the web portal, and how our solution facilitates the secure submission of data. Our portal supports the effective access, capture, and management of data including member plan selection, PCP selection, health assessment, and optional SDOH information.

Our EnGage360 solution features various communication channels to improve the member experience. From the moment members interact or engage with the MHT program they can choose the most convenient and effective way to communicate with Cognosante for information regarding their plan selection, health assessment and other member information. A key component of our member focus is to promote and expand the digital experience for West Virginia members. Having an easy to use, strong and reliable web and mobile presence that provides this access channel is a key project goal, and over time, we seek to make this the preferred channel for members to access information, while still

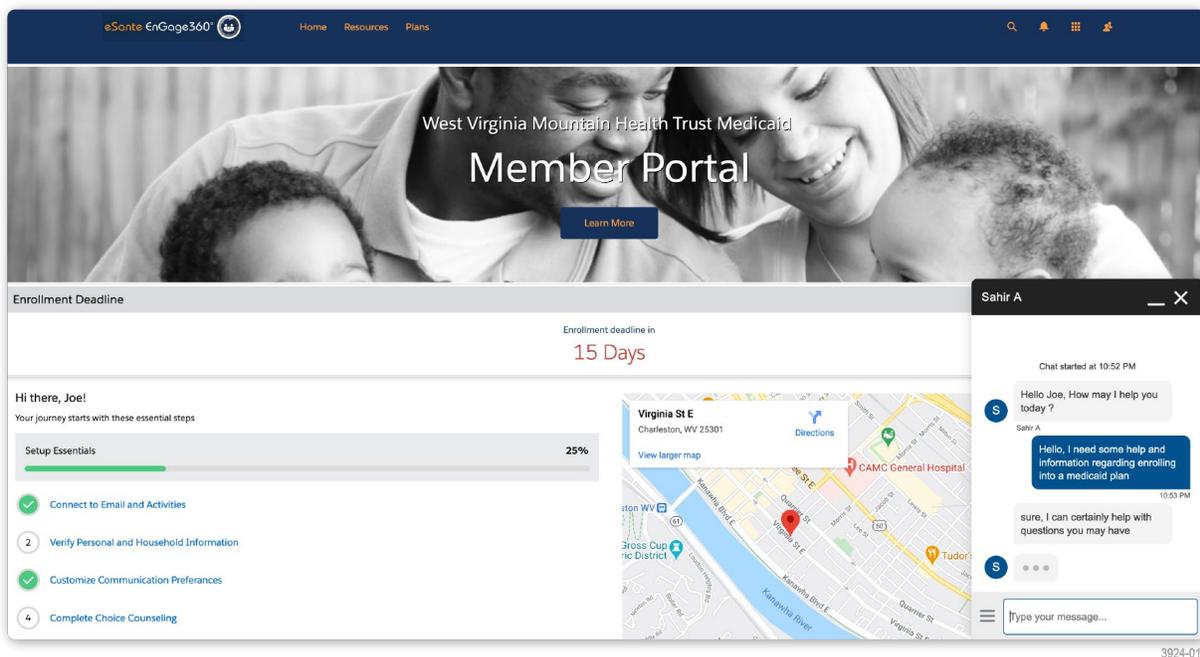
offering our assistance through in-person and telephone representatives. Cognosante will implement an enrollment assistance website and mobile interface to meet the need of the MHT enrollment broker program. We have provided examples of these user interfaces in Exhibit 18 and Exhibit 19.

Our website will support MCO comparisons, online enrollment, access to interactive chat features, and provide a portal for members to access and maintain SDOH and Health Assessment information. Key features of our enrollment portal include:

- ▶ Online enrollment and submission
- ▶ Searchable provider directory
- ▶ PCP selection and changes
- ▶ Plan comparison and selection
- ▶ Health Assessment capture
- ▶ Social Determinants of Health capture
- ▶ Data validation

Exhibit 18: Enrollment Assistance Website

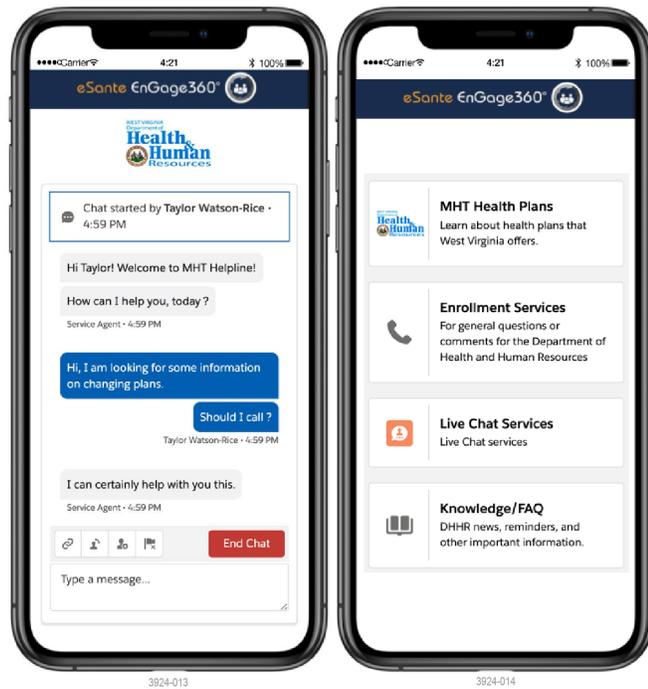
Our member enrollment assistance website demonstrates our approach to user interface.



Our website is developed to be mobile friendly to support access by mobile devices and extend all website features to a mobile experience. A 2018 study from mHealth on Medicaid beneficiary use of technology concluded that 88 percent of Medicaid beneficiaries own a smartphone. Cognosante has designed our solution to support this critical device access.

Cognosante will provide a separate MCO Datahub Website that extends web access for our MCO partners to manage incoming and outgoing data and track data accuracy and reporting. We further describe the support our MCO Datahub Website provides in Section 4.1.53, Regular and Ad Hoc Queries for Enrollment Validation. Our MCO Datahub Website will provide a central point to manage the exchange of information and resolve any issues with data accuracy or enrollments. We will develop, implement, and maintain this website during the implementation of our solution and support of ongoing service delivery.

Exhibit 19: Enrollment Assistance Mobile Interface



4.1.21 HIGH QUALITY HEALTH HOMES AND PATIENT CENTERED MEDICAL HOMES

4.1.21 The Vendor must agree to educate and engage enrollees in high quality health homes and patient centered medical homes.

During the enrollment process, our outreach and education specialists, as well as our call center representatives, are trained to identify, educate, and engage those enrollees who are in high quality health homes and patient-centered medical homes (PCMH). These enrollees may require additional assistance to promote their engagement in the enrollment selection process, including tailored materials and scripts that consider their unique circumstances.

A high-quality health home is not a physical place; it is a group of health care and service providers working together to make sure members get the care and services they need to stay healthy. Once an individual is enrolled in a health home, they will have a care manager that works with them to develop a care plan and often act as an advisor to the enrollee on which MCOs might meet their needs. We assist these health homes to understand and provide choice support to enrollees in an unbiased manner.

In addition, the PCMH is a model of care that puts patients at the forefront of care. PCMHs build better relationships between patients and their clinical care teams. These PCMH models are important to the enrollee when considering if they may require coordination of care services when opting for their MCO.

We will focus on the education and engagement—ultimately the collaboration of these community resources and your enrollees—to assist enrollees in making their choice of the appropriate MCO.

4.1.22 SPECIAL SERVICES TO ACCOMMODATE ENROLLEES

4.1.22 The Vendor must agree to provide special services necessary to accommodate enrollees. Special services may include, but not be limited to teletypewriter (TTY) line translation services, assistance for the blind/literacy challenged; and program fact sheets in different languages for prevalent non-English members as defined in 42 CFR438.10 (c) (<https://www.ecfr.gov/cgi-bin/textidx?SID=54456f1c514a85798272299161c6e115&mc=true&node=pt42.4.438&rgn=div5#se42.4.438110>.)

Cognosante will provide special services necessary to accommodate enrollees. These special services include teletypewriter (TTY) line translation services, assistance for the blind/literacy challenged, and program fact sheets in different languages for prevalent non-English speaking members.

Our member-centric approach to the call center recognizes that poor communication is a barrier to accessing healthcare and can result in auto-assignment. We remove that barrier by making oral translation services available to enrollees who indicate they require special assistance, whether they are hearing-impaired, or their first language is not English. We currently do this at our existing call centers where over 100 bilingual customer service representatives assist our clients. In the subsections that follow, we discuss three components of our solution to helping enrollees who have limited English proficiency or other disabilities which require accommodation services.

Teletypewriter Line Translation. Absent the proper equipment, a hearing disability can result in auto-assignment. To address the needs of this segment of this population, when they call the West Virginia EB Call Center, we will acquire and maintain Telecommunications Device for the Deaf (TDD)/ TTY equipment. When a hearing-impaired member reaches a call center representative, they indicate a need for hearing assistance. The call center representative then activates the TDD/TTY machine to assist the member. We train our call center representatives on how to use the TDD/TTY system so they can effectively communicate with hearing impaired callers using our own, on-premises equipment. The outcome for MHT program members in this segment of the population is that they receive the same high level of quality customer service from our staff.

Assistance for Blind and Literacy Challenged. We promote member awareness of West Virginia's MHT program by notifying members of the availability of oral reading of written materials. Events that trigger such notifications are not limited to initial or open MCO/PCP changes. Events may also include program or policy updates that affect member benefits or co-pays, where applicable. The notification explains the choice to obtain information in alternative formats and languages in the following ways:

- ▶ BMS and Cognosante mutually agreed non-English languages for enrollment package mailings (letter, brochure, enrollment form) and other printed materials that explain how to access these services
- ▶ During calls to our toll-free customer service line and as indicated during our outreach and education sessions
- ▶ Interactive chat

Non-English Speaking. To address the needs of non-English-speaking enrollees, Cognosante recruits, hires, trains, bilingual call center representatives who speak Spanish. These bilingual call center representatives are available during live-voice operating hours.

Bilingual and English-speaking call center representatives will be present during all “live” operating hours.

For languages other than English and Spanish we use LanguageLine Solutions, the largest provider of over-the-phone, on-demand interpretation services. LanguageLine Solutions provides services in more than 240 languages. Using LanguageLine Solutions, call center representatives connect to interpreters in just seconds, providing a seamless customer experience.

4.1.23 QUALITY ASSURANCE PLAN

4.1.23 The Vendor must agree to provide, within fifteen (15) calendar days of award of this contract, a Quality Assurance Plan subject to BMS approval.

Within 15 calendar days of the contract award, we will submit a Quality Assurance Plan (QAP) to BMS for review and approval that includes all quality processes to evaluate performance and confirm quality outcomes in compliance with contractual requirements.

To achieve and maintain high quality that will exceed BMS’ expectations, Cognosante imbeds quality assurance activities into all project tasks. Each task we execute has corresponding quality assurance activities with criteria for how to assess and measure performance, when to conduct assessments, detailed steps for addressing gaps, and continuously improving performance to meet or exceed customer expectations. We will also review and update the QAP regularly as operational, policy, procedure and process changes occur, and as best practices are identified.

The QAP will contain a:

- ▶ Quality Assurance Process section that will cover:
 - What areas will be monitored
 - How monitoring will be conducted
 - Responsible parties
 - How the results will be documented
- ▶ Quality Improvement Process section that covers how improvements will be:
 - Identified
 - Tracked
 - Reported
- ▶ Deliverable Development Process section that describes the required steps in the development of each project deliverable



COGNOSANTE QUALITY MANAGEMENT

Cognosante’s Quality Management Approach provides for efficient operations including:

- ▶ A corporate Performance Center focused on providing excellence in product and service delivery through a strong culture of project management and quality practices
- ▶ Processes that have been independently appraised as compliant with Level III of the CMMI for both development and services
- ▶ Current certification with the International Organization for Standardization (ISO 9001:2015)
- ▶ Multiple “clean desk” facilities across the country that implement operational and physical security measures to meet or exceed all federal standards for safeguarding PII/PHI and other types of personally identifiable
- ▶ Lean Six Sigma Certification Programs for Yellow Belts and Green Belts information

The project director, call center manager, and the project coordinator will develop the QAP and related policies, procedures, and processes customized to the needs of the West Virginia EB Services Project. This sets a clear direction for the team and establishes a common language to assist in the understanding of the quality policies and procedures. Establishing clarity up front and reducing the amount of interpretation will ultimately establish an environment of consistency to promote accuracy and efficiency for the member.

Quality Methods. To optimize performance across the enrollment broker program, we incorporate best practices from Capability Maturity Model Integration (CMMI) and International Organization for Standardization (ISO) 9001:2015 to address quality across all program tasks. Our teams execute to a continuous cycle of Plan-Do-Check-Act (PDCA) to improve performance across all program tasks and performance standards:

- ▶ **Plan:** We implement a robust quality program focused on performance management and improvement, which includes quality control (QC)—conformance to client requirements, quality assurance (QA)—adherence to process, and quality improvement. We define and integrate process and service audits and product and peer reviews into all tasks; analyze risk data to focus quality activities on areas of highest risk; and define and schedule quality roles and responsibilities, data collection, analysis, tracking tasks, and due dates for each program team and task.
- ▶ **Do:** The West Virginia project director and Cognosante’s Performance Center confirm that the project coordinator completes quality activities as planned, generates quality reports to evaluate performance, and recommend improvements to mitigate risks, resolve issues, and improve performance.
- ▶ **Check:** The project coordinator in tandem with the project leadership and our Performance Center team analyzes and trends quality data daily regularly to provide insight into the quality of all services and products and continually re-adjusts quality activities to maximize the value of the West Virginia EB Services Project to the State.
- ▶ **Act:** The project coordinator in tandem with the project leadership and our Performance Center team will adjust quality activities based on performance data and analysis and works to implement preventive actions and corrective/adaptive actions to improve performance across known problem areas, incidents, and issues identified through root cause analysis.

Quality Assurance Approach

The Cognosante approach to quality assurance for the West Virginia EB Services Project focuses on four areas: maintaining contractual compliance, having highly effective communications in the call center by implementing our internal best practices, fully documenting all operational procedures to establish performance standards, and training all staff in the approved policies and procedures.

Contractual Compliance. Upon contract award, we compile a requirements traceability matrix (RTM) that includes all contractual requirements. We review the RFQ for the initial requirements and incorporate any additional requirements from collaboration meetings with BMS into the RTM. We use the RTM throughout the contract to confirm our performance and create awareness of all expectations.

Quality Management Methods. Our approach to measuring and assessing quality takes into consideration standard principles for Quality Management.

Our multidimensional approach to measure and evaluate the quality of tasks we perform every day provides us and BMS with insights across all workstreams based on a broader range of inputs. Key assessment methods include call screening and quality scorecards.

- ▶ **Enrollments:** Cognosante will establish clear procedures and scripts to support accurate choice counseling and drive accuracy in resulting enrollments. We will monitor staff to maintain the processes and complete quality reviews.
- ▶ **Call Screening:** Call screening includes listening to active and recorded calls.

In active call listening, the call center manager has the ability to listen to in-progress calls to discover what the call center representative is doing well or provide assistance if needed. Active call listening is vital as it helps team members address conditions in real time often changing the outcomes of in-process calls.

Screening of recorded calls provides an additional flexibility as the selection of calls can be stratified to certain criteria or business drivers. For example, reviewing calls for a caller that has had a bad experience in the past; for members impacted by a new policy or procedure or who have recently changed MCOs; or for team members who have just learned a new skill or are new employees.

- ▶ **Quality Scorecard:** We utilize a Quality Scorecard to tabulate and track the quality scores of the contact center staff (Exhibit 20). This tool is used to assess consistency in caller interactions and improve customer-centered behaviors by call center representatives. We design our quality scorecard with a focus on positive caller interactions, consistency across the team, accuracy in program information, and building relationships of trust and confidence. We build effective scorecards that measure soft skills and emotional connections made with West Virginia citizens as these characteristics often make the difference between a good caller experience and a great one. Our call center manager will tag each scorecard with coaching comments for areas that would benefit from improvement, and accolades for areas of excellence. Our call center representatives value the

Exhibit 20: Quality Scorecard
 A sample quality scorecard demonstrates the variety of skills evaluated and scored.

Form Type		Evaluation Form - Phone		Helpline Representatives Quality Scorecards
Contact Type	Phone			
ANI/Chat ID #	2547439904			
Date and Time of Call/Chat	8/21/2021			
Agent Name	Fred			
Evaluator/Assessor Name	Deb			
Skill (Language)	Spanish			
Location/Site	McAllen			
Area	Conditions Evaluated	Target Score	Observations	
Opening		10.00%		
	OPN01 Used approved opening supported by a warm, friendly tone of voice	3.3%		
	OPN02 Properly authenticated the call when applicable	6.7%		
	OPN03 Collected all necessary statistical data	0.0%		
Communication Skills		35.00%		
	CS01 Allowed the customer to speak w/o interruption	4.4%	At 4:26 agent interrupted caller. His date of birth after confirming correct date multiple times.	
	CS02 Did not cause the customer to repeat themselves unnecessarily	2.2%		
	CS03 Used verbal acknowledgements to indicate listening	2.2%		
	CS04 Paraphrased to ensure understanding	2.2%		
	CS05 Eliminated periods of unexplained silence	2.2%		
	CS06 Used an effective tone of voice throughout the call	2.2%		
	CS07 Adjusted communication style to accommodate the caller	4.4%		
	CS08 Took ownership for the organization	0.0%		
	CS09 Maintained control of the call	1.1%		
	CS10 Avoided the use of internal jargon	1.1%		

quality scorecards because they provide clear guidelines for their success and help them feel prepared and confident in working with customers, even if a call experiences frustration or escalates. Our experience in call center management has helped us produce highly effective quality scorecards and use this method as an integral part of our quality management program.

- ▶ **Clean Desktop:** All work areas are required to return any work in process at the end of each day to a secure station. The mailroom and other areas will be periodically checked at the end of the workday for any materials not processed or secured. All materials must be tracked with the date of receipt to ensure that they are processed in the correct order.
- ▶ **Inbound Mail Sampling:** Periodic sampling of inbound mail will be taken to validate that the documents were scanned and correctly processed within the required time frames.

4.1.24 COMMUNICATION WITH BMS AND THE MCOs

4.1.24 The Vendor must agree to ongoing communication with BMS and the MCOs. These duties include, but are not limited to:

4.1.24.1 Maintaining direct, ongoing communication with BMS regarding the Vendor's activities and working closely to assure accomplishment of the enrollment goals and objectives.

4.1.24.2 Meeting with the MCOs upon contract award and on an ongoing basis, as necessary, to obtain detailed information about each individual operation.

4.1.24.3 On a case-by-case basis, notifying BMS, of any discrepancies found on the enrollment form such as, but not limited to, name spelling, date of birth, number of family members in the home, returned mail which indicates the member has moved, etc., for resolution. Any discrepancy found on the enrollment form must be tracked and reported within five (5) business days.

4.1.24.4 For discrepancies identified, the Vendor must work with BMS to reconcile the monthly list of enrollees for each MCO, which may require extensive research. The Vendor must monitor reports from the fiscal agent and alert BMS regarding any discrepancies within five (5) business days.

4.1.24.5 The Vendor must be alert to possible discrepancies between approved documents and actual MCO distribution practices as may be reported by enrollees. Any discrepancies discovered must be documented and forwarded to BMS for disposition within five (5) business days.

Communication and active collaboration with BMS and the MCOs are key components to the success of the West Virginia EB Services Project. Cognosante commits to the requirements listed in RFQ Section 4.1.24 and we outline our approach to meeting these requirements in the following paragraphs.

Ongoing communication with BMS and the MCOs is a primary responsibility of our project manager and outreach manager, and affords the degree of transparency, and 'no surprises' necessary to achieve voluntary selections. They will lead our project staff to accomplish the enrollment goals and objectives by encouraging collaboration with the MCOs. We will foster this collaboration by meeting with the MCOs upon contract award, participating in weekly meetings, reporting enrollment statistics, establishing the agenda, tracking action items, and reporting outcomes to BMS. The goal of these meetings, ultimately, is to ensure accurate and timely information is provided to the enrollee, and that auto-assignments are minimized.

Since we rely on the MCOs to provide us with information as their operations or services change, we make sure to include this information in our weekly discussions so that our

own enrollment broker materials and system configurations may be modified if needed, and at the direction of BMS. In addition, we have created an MCO Datahub Website that provides another avenue for the MCOs to access real time data related to their enrollment operations. Please see Section 4.1.25, Implementing and Performing the System Development Tasks, for additional information.

Should we find discrepancies on the enrollment form, or other communications with the enrollee such as spelling, date of birth, number of family members in the home, or even as we receive returned mail indicating a member moved, we will notify BMS on a case-by-case basis within five business days of receipt, and continue our efforts to resolve these discrepancies as directed by BMS.

During the monthly reconciliation process between the fiscal agent data and our enrollment broker system, we have an established process in which we provide detailed reports of any discrepancies reported and those that may require extensive research to BMS within five business days.

4.1.25 IMPLEMENTING AND PERFORMING THE SYSTEMS DEVELOPMENT TASKS

4.1.25 The Vendor's must agree to provide, within fifteen (15) calendar days of award of this contract, its approach for implementing and performing the systems development tasks listed below:

4.1.25.1 Establish and maintain databases and systems to support the enrollment operation.

4.1.25.2 Work with BMS to learn the data entry screens within the MMIS which allows enrollees to be enrolled in an MCO and develop linkage to the State's benefit eligibility system to facilitate research.

4.1.25.3 Work with BMS and the fiscal agent to identify any modifications needed.

4.1.25.4 Work with BMS employees in refining the default auto-assignment algorithm and responding to county-specific algorithm needs as appropriate (e.g., mandatory MCO enrollment, voluntary MCO enrollment).

4.1.25.5 Work with BMS in supporting any additional auto-assignment strategies which could include passive enrollment and pay-for performance (P4P) approaches. BMS reserves the right to modify the methodology for assigning enrollees at any time.

Within 15 calendar days of award of this contract, Cognosante will provide our approach for implementing and performing the systems development tasks, including:

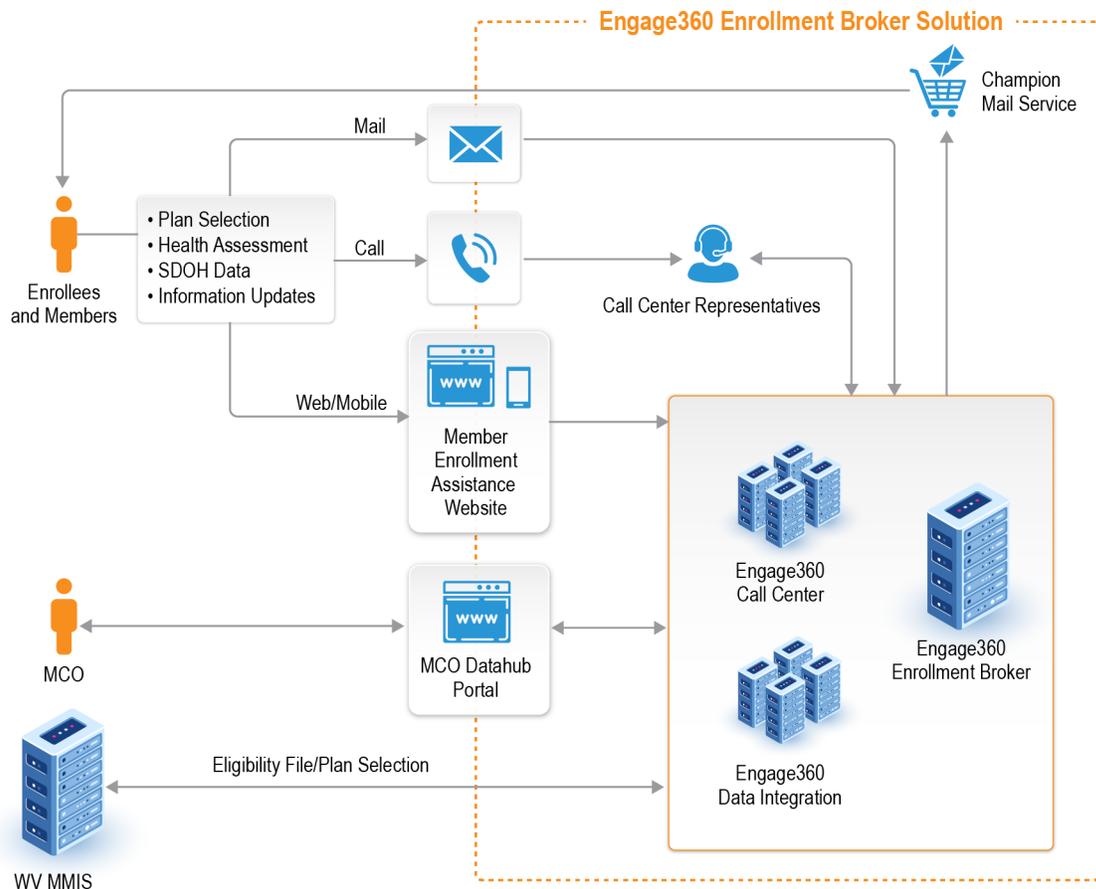
- ▶ How we will establish and maintain databases and systems to support the enrollment operation.
- ▶ How we will work with BMS to learn the data entry screens within the MMIS which allows enrollees to be enrolled in an MCO and develop linkage to the State's benefit eligibility system to facilitate research.
- ▶ How we will work with BMS and the fiscal agent to identify any modifications needed.
- ▶ How we will work with BMS employees in refining the default auto-assignment algorithm and responding to county-specific algorithm needs as appropriate (e.g., mandatory MCO enrollment, voluntary MCO enrollment).
- ▶ How we will work with BMS in supporting any additional auto-assignment strategies which could include passive enrollment.

We acknowledge BMS reserves the right to modify the methodology for assigning enrollees at any time.

Cognosante has provided our approach to meeting these requirements in our draft Implementation Plan, included as Appendix B to our RFQ response. Our solution will include industry leading cloud hosted and Commercial Off-the-Shelf (COTS) products that have been integrated and configured to meet or exceed the functional requirements of the MHT program. Our EnGage360 enrollment broker solution is comprised of the following key elements and illustrated in Exhibit 21.

Exhibit 21: EnGage360 Enrollment Broker Solution

Cognosante will include the following key elements in our solution for West Virginia.



EnGage360 Enrollment Broker. Our solution combined with our customer-focused service delivery model enables members to reach a live call center representative, obtain self-help via the website or IVR, and/or use the mobile channel that includes a link to live chat with a call center representative. Our solution builds on cloud-based technologies for service delivery customer relationship management (CRM) for contact interaction and tracking and knowledge management.

Our call center representatives will use EnGage360 Enrollment Broker to track, document, and manage all customer interactions through multiple service delivery channels including phone calls, email, live chat, and written correspondence. This will include choice counseling and plan selection, capture of health assessment information, and capture and management of SDOH information for each member.

EnGage360 Enrollment Broker will also be the repository for knowledge articles and information that our call center representatives use to deliver high quality services. The Knowledge Base is fully searchable and allows representatives to select knowledge articles faster with highlighted search-term matches in the results list. The Knowledge Base can dynamically adjust to match the incoming call type to save time and improve access to information.

EnGage360 Call Center. Our cloud-based telecommunications platform delivers intelligent contact routing and call treatment over a modern technology infrastructure. Our solution incorporates the flexibility and responsiveness that BMS requires, including the ability to scale as demand changes, IVR and Automatic Call Distributor (ACD) programming and routing, robust reporting functionality, and redundancy for disaster recovery.

EnGage360 Data Integration. Our solution will process files that are available from the West Virginia HealthPAS MMIS via SFTP or other data exchange and creates reports and files to provide member plan selections to the MMIS. Our solution is capable of processing files that are available. While we understand today information is keyed directly into the MMIS, we can work with BMS to provide a more efficient method of data sharing data between systems. Reporting from this solution will support our MCO data exchange and enrollment quality assurance tracking.

Member Enrollment Assistance Website. Our solution will provide an enrollment assistance website that supports user access and authentication. Our portal supports plan comparisons, plan selection, and captures health assessment information and SDOH data that will be shared with the MCO for each member. Our enrollment assistance website will provide self-service on demand and promote a digital experience for MHT members and enrollees.

MCO Datahub Website. Our solution will include a web portal that extends access to MCOs to review data exchanges, reports, and provide a repository for approved and version-controlled program documents. This portal will provide a central platform to track and manage data exchange as well as provide a repository for approved materials for distribution and to track meetings, decisions, operating procedures, and other supporting information for enrollment operations.

4.1.26 KEY ACTIVITY REPORTING

4.1.26 By the 15th of the subsequent month, the Vendor must provide BMS with a monthly snapshot of key activities, which include a comparison of the current month's report with previous periods, as appropriate.

4.1.26.1 The Vendor must also agree to identify trends in enrollment, any issues encountered and recommendations for improvements, policy changes or procedural improvements. Reports must include charts and graphs to illustrate program performance.

4.1.26.2 The Vendor must agree to propose indicators to include in the monthly report. Final format and indicators are subject to BMS approval.

Cognosante values status reporting and documentation as a central point of project management. By the 15th of each month Cognosante will send BMS our Key Activity Report that reflects enrollments received via any channel, outreach and education, call center, and data management activities for the previous month. A summary of the number and types of inquiries will be provided, including new enrollments, changes, complaints, outreach, and referrals.

Cognosante agrees to track enrollment and disenrollment of the MHT program, health plans, and MCOs, which is used by the State in program monitoring. Through our analysis of the information gathered, we will assist BMS in identifying trends in enrollment, issues encountered and recommendations for improvements, and policies and procedures that may enhance the program if amended.

We further agree to propose indicators to include in the monthly report that BMS will approve. Cognosante will introduce indicators that connect outreach efforts and encourage technology access by MHT members with improved choice selection and data management. The process of compiling and presenting this information allows the team to focus on important hot topics, performance metrics, action items and key decisions, and tracking ongoing project communications.

4.1.27 SAMPLE REPORT TO BMS

4.1.27 The Vendor must agree to provide a sample report to BMS within fifteen (15) calendar days of award of this contract. The Vendor must respond to BMS requests for additional detail on activities within ten (10) business days.

Cognosante will provide a sample activity report that includes all BMS approved reporting elements within 15 calendar days of contract award. We will propose a set of project indicators and reporting elements and will respond to any BMS requests for additional details on reporting activities within 10 business days of the request.

4.1.28 FUNCTIONAL ORGANIZATIONAL CHART

4.1.28 Within fifteen (15) calendar days of award of the contract, the Vendor must provide a functional organizational chart indicating the proposed project structure as part of its response to this RFQ. The Vendor must indicate on the chart, or separately, the name of each proposed staff member and the percentage of time each proposed employee will be dedicated to this project, expressed in a full-time equivalent (FTE) percent. This chart is subject to BMS approval.

Cognosante has provided our proposed functional organization chart indicating the project structure as part of our RFQ response in Section 3.1, Staffing Approach and Organization. The chart includes each proposed functional position for executive leadership, project leadership and project staff. In the same section, we include the names of our key staff and information on their qualifications.

We have included a listing of each position that appears on the functional organizational chart and the percentage of time we expect each position to be dedicated to the West Virginia EB Services Project, expressed in full-time equivalents (FTE) in Exhibit 22.

We acknowledge that to fully meet this requirement, we must provide our functional organizational chart including the names of proposed staff members as well as the information provided in Exhibit 22 within 15 calendar days of award of the contract for BMS approval.

Exhibit 22: Cognosante Staffing Plan

Our Staffing Plan includes project staffing levels by position and FTE throughout the life of the contract (assumes 12/1/2020 start).

PROJECT TITLE	IMPLEMENTATION 12/1/2020 – 2/28/2021	BASE YEAR 1 3/1/2021 – 11/30/2021	OPTION PERIOD 1 12/1/2021 – 11/30/2022	OPTION PERIOD 2 12/1/2022 – 11/30/2023	OPTION PERIOD 3 12/1/2023 – 11/30/2024
Enrollment Broker Program Manager	.25	.25	.25	.25	.25
Project Director*	1.0	1.0	1.0	1.0	1.0
Call Center Manager*	1.0	1.0	1.0	1.0	1.0
Call Center Representative	.30	1.0	1.0	1.0	1.0
Call Center Representative	.30	1.0	1.0	1.0	1.0
Call Center Representative	.30	1.0	1.0	1.0	1.0
Outreach Manager*	1.0	1.0	1.0	1.0	1.0
Outreach and Education Specialist	.30	1.0	1.0	1.0	1.0
Outreach and Education Specialist	.30	1.0	1.0	1.0	1.0
Outreach and Education Specialist	.30	1.0	1.0	1.0	1.0
Outreach and Education Specialist	.30	1.0	1.0	1.0	1.0
Outreach and Education Specialist	.30	1.0	1.0	1.0	1.0
Implementation Manager	1.0				
Engagement Solutions Developer	.50	.10			
Data/Integration Developer	1.0	.10			
Web Developer	.30				
Business Analyst	1.0	.10			
Project Coordinator	1.0	1.0	1.0	1.0	1.0
Mail Clerk		1.0	1.0	1.0	1.0
IT Systems Support		.25	.25	.25	.25
Total FTEs	10.15	12.8	12.5	12.5	12.5

*Key Staff

4.1.29 SUBCONTRACTOR MANAGEMENT

4.1.29 If the Vendor proposes to subcontract with organizations or individuals, it must agree to provide a copy of the subcontract/agreement and a summary of the subcontractor's size, resources, location and responsibilities under the contract. The primary contractor must assume responsibility for all subcontracted work.

Cognosante’s past successes in multiple states have resulted in many best practices, but one is universally recognized as a key to success—working with local businesses to support the local economy. Accordingly, Cognosante has established a relationship with Champion Industries, Inc. who will provide print and mail services for the West Virginia EB Services Project. Champion has four locations in West Virginia, two in Charleston, one in

Huntington, and one in Parkersburg. Champion is a premier provider of print and fulfillment services in West Virginia, and provides these similar services to large hospital organizations, utility companies, and financial institutions. We have chosen Champion for their solid reputation in this service. Please see Section 4.1.17, Material Printing and Distribution, for additional detail on the services Champion will provide.

We agree to provide a copy of the subcontract/agreement and a summary of Champion's size, resources, location, and responsibilities under the contract upon request. Cognosante will assume all responsibility for subcontracted work for this procurement and will abide by the plan we will provide to BMS as noted in Section 4.1.56, Subcontractor and Remote Staff Management.

4.1.30 STAFFING CONTINGENCY PLAN

4.1.30 Within fifteen (15) calendar days of award of this contract, the Vendor must agree to provide its detailed staffing contingency plan for handling sudden and unexpected increases in enrollment, MCO transfers, and call volumes with a description on how the plan will be implemented and coordinated with BMS. This plan is subject to BMS approval.

Cognosante will provide a Staffing Contingency Plan within 15 calendar days of project award. This plan will include a description of how we will use a tiered approach to ramp up staffing, including expanding call center representatives within our facility, leveraging staffing capacity, and expanding to offsite staff when large volume increases require a quick ramp up and response. This plan, which is subject to BMS approval, will also describe how we will implement and coordinate this plan with BMS.

Please see additional information on how we will handle call center surge in Sections 4.1.65, Overflow Call Center Staff and 4.1.66, Overflow Call Center Staff Engagement.

4.1.31 MEMBER ASSESSMENTS

4.1.31 The Vendor shall conduct member assessments as part of the enrollment process to determine any social determinants of health (SDOH) impacting the member's healthcare and quality of life.

4.1.31.1 The member assessment shall be approved by BMS prior to implementation.

Upon approval by BMS and prior to implementation, we agree to conduct member assessments as part of the enrollment process to determine if there are any social determinants of health that should be considered. During the initial enrollment and during any inquiry made by an existing member, we will provide a short assessment of their circumstances, indicating whether or not they have environmental or economic factors that may impact their healthcare needs and overall quality of life. We explain these factors by asking simple questions that will assist them in understanding what may, or may not, affect their healthcare service needs. Many of the more common concerns that we hear about relate to categories of safe housing, access to food markets, having a regular doctor they or their children see for healthcare service, etc. While not mandatory as part of their successful enrollment, it is an overall important aspect that may drive their choice of MCOs or their need for additional resources in their community.

Factors we consider during our performance of the education activities include aspects, such as the following, for the enrollee to consider when making their selection:

- ▶ Availability of resources to meet daily needs (e.g., safe housing and local food markets)

- ▶ Access to educational, economic, and job opportunities
- ▶ Access to health care services
- ▶ Quality of education and job training
- ▶ Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- ▶ Transportation options
- ▶ Public safety
- ▶ Social support
- ▶ Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- ▶ Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- ▶ Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- ▶ Language/Literacy
- ▶ Access to mass media and emerging technologies (e.g., cell phones, the Internet, and social media)
- ▶ Culture

Should the enrollee indicate any of these SDOH during the enrollment process, the outreach and education specialist or call center representative will make note in their enrollment record, and this information will be passed on to their MCO of choice.

Further, our EnGage360 enrollment broker solution includes a screen for ease of completing this assessment and capturing any of the SDOH data elements. This information will be available to the MCOs through the MCO Datahub Website we make available for the MCOs. This information and other enrollment related data is shared with the MCOs as previously described.

4.1.32 SHARING MEMBER ASSESSMENT DATA

4.1.32 The Vendor must share the SDOH assessment data with the enrollee's managed care organization.

Upon completion of the enrollment selection of the MCO, Cognosante staff—outreach and education specialists and/or call center representatives—will complete the assessment and include the optional data provided in the enrollment record. These assessments will be sent to the MCOs on the enrollment file, from our EnGage360 enrollment broker solution. Cognosante will work with MCOs to deploy the most effective way to share individual data and provide multiple approaches including Application Programming Interface (API) and point-to-point data exchange. We plan to leverage the MCO Datahub Website to manage information sharing and updates related to the SDOH assessment information. Cognosante will treat this information with the same integrity as all clinical data following strict Protected Health Information (PHI) security requirements.

4.1.33 OUTREACH AND EDUCATION FOR SDOH ASSISTANCE

4.1.33 The Vendor shall conduct outreach and engagement to members needing SDOH assistance and inform them of community supports to help address their needs.

As discussed in Section 4.1.31, Member Assessments, we recognize the importance of capturing social determinants of health within the enrollment process, and we shall conduct our outreach and education to support these members and assist them by identifying and informing them of any community programs that may meet their needs. Our focus in West Virginia is your member. We will use our detailed outreach and education strategy and collaborate with BMS to ensure all members are fully informed.

4.1.34 SDOH PROGRAM MONTHLY REPORTING

4.1.34 Due by the fifteenth (15th) of the subsequent month, the Vendor shall provide monthly reporting updates on their SDOH program in a BMS approved template.

By the 15th of each subsequent month, Cognosante will provide monthly reporting on SDOH information capture, management, and distribution activities in a BMS-approved template. We use a three-pronged approach to capture SDOH information. First, we identify opportunities to integrate with State and regional resources, including CRISP and other State health systems. Second, we include a standard web and mobile form to voluntarily allow members to enter and maintain SDOH data to provide dynamic sharing of information. Finally, we leverage the power of available data and analysis of geographic and demographic data from population health analysis to connect SDOH and health assessment information and provide these insights to the supporting member MCO within the population dataset.

4.1.35 BUSINESS CONTINUITY PLAN

4.1.35 Within fifteen (15) calendar days of award of this contract, the Vendor must provide a business continuity plan that will be enacted in the case of a state/national disaster/emergency for seamless transfer of business operations.

Cognosante will provide a Business Continuity (BC) Plan within 15 calendar days of contract award. This plan will include our approach to disaster recovery and business continuity used for seamless transfer and recovery of business operations in the case of a State or national disaster or emergency. Because we have a cloud first approach to our solution, our data is maintained with seamless backup and recovery. Our BC Plan exceeds the Data Backup and Retention requirements defined by West Virginia Department of Technology (WVOT) Policy No: WVOT-PO1013.

For each of our facilities, enterprise services, and project engagements, Cognosante develops a comprehensive BC Plan reflecting the results of a Business Impact Analysis (BIA) evaluating the information, systems, facilities, and personnel that support each project. This documented plan—developed in conjunction with our clients ensure they accurately reflect business requirements such as recovery point objectives—defines the critical business processes, systems, and resources necessary to ensure Cognosante is able to efficiently and effectively recover from outages and continue to offer services and fulfill contract obligations in the event of natural or man-made disasters or incidents significant enough to disrupt business operations. Our goal for the West Virginia EB Services Project is to make certain our system is in working order and available 99.99% of the hours of

operation with scheduled maintenance occurring only during non-operation hours and with BMS approval.

Cognosante is experienced in providing high-availability services and IT operations and in deploying alternate processing facilities and processes to enable business continuity, both for personnel working in our facilities in support of customer contracts and for the systems, services, and data that support our business operations. Our overall approach to contingency planning, including business continuity, adheres to federal guidance contained in NIST Special Publication 800-34, Contingency Planning Guide for Federal Information Systems. For enrollment broker solution components requiring disaster recovery and failover services, we deploy solutions in high-availability configurations with redundant servers and network connections and specify alternate processing site capabilities to be used to recover systems in the event of a significant outage. We maintain both “warm” and “hot” failover capabilities for our EnGage360 enrollment broker solution, so that high-priority IT assets can be fully replicated and available on standby should an outage or disruption occur to the primary operations. The EnGage360 enrollment broker platform maintains similar controls and assurances to maintain high availability. Similarly, we provide call center services in multiple facilities located across the United States that, coupled with a secure remote access/work-from-home capability most recently validated during the coronavirus/COVID-19 pandemic, enables business continuity for any or all of our operational sites.

The BC Plan that Cognosante develops for the West Virginia EB Services Project will fully describe all contingency planning and operational processes to be followed in the event of a significant outage to the call center or the technologies and services supporting the MHT program. The BC Plan will be approved by BMS upon contract implementation and include, or incorporate by reference, the key elements as shown in Exhibit 23.

Exhibit 23: Key Elements of the Business Continuity Plan

Cognosante will include the following key elements in our plan.

GOVERNANCE	
<ul style="list-style-type: none"> ▶ Applicable Laws, Regulations, and Standards ▶ Planning ▶ Policy Guidance ▶ Policy Compliance 	<ul style="list-style-type: none"> ▶ Project Management ▶ Risk Assessment ▶ Maintenance ▶ Configuration Management ▶ Contingency Planning
SECURITY POLICIES	PRIVACY POLICIES
<ul style="list-style-type: none"> ▶ Access Control ▶ Awareness and Training ▶ Audit and Accountability ▶ Identification and Authentication ▶ Incident Response ▶ Media Protection ▶ Physical and Environmental Protection ▶ Personal Security ▶ System Assessment and Authorization ▶ System and Services Acquisition ▶ System and Communications Protection ▶ System and Information Integrity 	<ul style="list-style-type: none"> ▶ Authority and Purpose ▶ Accountability ▶ Audit Management ▶ Data Quality and Integrity ▶ Data Minimization and Retention ▶ Individual Participation and Redress ▶ Risk Management ▶ Security ▶ Transparency ▶ Use Limitation

Cognosante brings an experience-driven, standardized, and proven approach to business continuity, disaster recovery, information security, and related standards and best practices for government agencies.

4.1.36 PROJECT OFFICE AND CALL CENTER

4.1.36 The Vendor must establish, maintain, and operate a main project office within fifteen (15) miles of the city limits of Charleston, West Virginia (Charleston). The Vendor must administer telephone support from that location or an additional location within fifteen (15) miles of the city limits of Charleston.

We have identified the locations that will serve as our primary project office and is within the required 15 miles of the city limits of Charleston, West Virginia. Our selection is located at 1206 Quarrier Street and will house our call center, be the main location for project operations, and will serve as the primary location of our key personnel. All operations including our project administration and leadership, reporting, quality assurance, and call center services—including telephone support—will occur in this location. Our outreach manager will also spend one day per week in our project office to conduct administrative tasks, meet with leadership and the State, as well as the MCOs. At other times, the outreach manager will be throughout the State assisting our outreach and education team and to continue to evolve our relationships in the communities we serve.

4.1.37 SINGLE LEAD POINT OF CONTACT

4.1.37 Within fifteen (15) calendar days of award of this contract, the Vendor must agree to provide a single lead point of contact that will serve as project manager and be immediately available by telephone and email, at a minimum, during business hours of Monday through Friday, 8:00 am- 5:00 pm Eastern Standard Time, excluding state holidays. This person will be responsible for overseeing Vendor performance and act as a liaison between the Vendor, BMS, WVCHIP and the MCOs.

Project Director Erica Byrd is the single lead point of contact for the West Virginia EB Services Project. Our director will perform all the duties of a project manager, work onsite at our Charleston office, and be immediately available by telephone and email, at a minimum during business hours (Monday – Friday from 8:00 a.m. to 5:00 p.m. EST), excluding State holidays. We have defined the roles and responsibilities of this position and provided information related to the project director in Section 3.1, Staffing Approach and Organization. This position is responsible for representing and overseeing Cognosante’s performance and will serve as the liaison between BMS, WVCHIP, and the MCOs.

4.1.38 DRAFT IMPLEMENTATION PLAN

4.1.38 The Vendor must prepare and submit a draft implementation plan as part of its response to this RFQ. The Vendor must agree to submit any revisions to its implementation plan for review and approval by DHHR/BMS within fifteen (15) calendar days of award of this contract. In addition, the vendor must agree to complete implementation activities within the timeframe allotted in the implementation plan and no more than three (3) months following the contract award.

Cognosante has included our draft Implementation Plan for launching this project as Appendix B to our RFQ response. Cognosante will follow our PMI based project management approach to implementing this program. During the first two weeks of the project, our implementation and delivery team will validate our assumptions, update the schedule based on the award data, and submit an updated Implementation Plan for review and approval by DHHR/BMS, meeting the requirement of within 15 calendar days. Our draft plan has included all the tasks, activities, and resources required to successfully

implement our solution, staff, facility, and operations necessary to go live within three months following the contract award.

Our approach includes careful and detailed planning with regular checkpoints to validate progress against the plan. To facilitate transparency, we establish multiple communications channels including an established SharePoint site, a dedicated conference telephone line and web conference, email inbox, and our project offices. This approach allows Cognosante and the State to regularly communicate status updates and promptly resolve escalated risks and issues throughout transition. We define and validate quality and performance measures early and often as part of our planned quality processes and activities. This includes well-defined entrance and exit criteria for each transition phase and formal gate reviews to confirm readiness to move forward.

Our implementation timeline depicted in Exhibit 24 identifies the duration and effort associated with the key activities and milestones that will be executed to confirm our preparedness to successfully assume operations responsibilities for West Virginia by the end of implementation.

Exhibit 24: Implementation Gantt Chart

Cognosante has applied our six-phase approach to project implementation.



As we further describe in the draft Implementation Plan in Appendix B, Cognosante will follow our standard process for implementing the EnGage360 enrollment broker solution, staff, and services required to support the MHT program. Our Implementation Plan will follow a deliverables-based implementation that provides BMS the opportunity to review and approve our delivery progress. Cognosante will take a pragmatic approach to project implementation considering the most effective approach to completing the work required for a successful transition. For example, there are 13 deliverables due within the first 15 calendar days of project start and one additional due within 30 days. To facilitate the review process, we have staggered the delivery to load balance the high volume of documents. We will plan to deliver some of these plans in the first week and some plans in the second week, allowing the State time to review and approve. These deliverables described in the RFQ are listed in Exhibit 25. In addition, we have added the Turnover and Closeout Management Plan due within 30 days of request.

Exhibit 25: Phase 1: Transition Plan Deliverable Table

Cognosante will stagger deliverable submission to load balance State review time.

	DELIVERABLE NAME	SUBMISSION REQUIREMENT	RFQ REFERENCE
1.	Sample Enrollment Forms and Phone Scripts	30 calendar days following contract award.	RFQ Requirement 4.1.7
2.	Plan for Outreach by Mail	15 calendar days following contract award.	RFQ Requirement 4.1.8
3.	Enrollment Process Outreach Plan	15 calendar days following contract award.	RFQ Requirement 4.1.9
4.	Plan for Returned Mail	15 calendar days following contract award.	RFQ Requirement 4.1.14
5.	Outreach and Education Strategy	15 calendar days following contract award.	RFQ Requirement 4.1.15
6.	Quality Assurance Plan	15 calendar days following contract award.	RFQ Requirement 4.1.23
7.	Plan for Implementing and Performing Systems Development	15 calendar days following contract award.	RFQ Requirement 4.1.25
8.	Sample Activity Report	15 calendar days following contract award.	RFQ Requirement 4.1.27
9.	Functional Organizational Chart	15 calendar days following contract award.	RFQ Requirement 4.1.28
10.	Staffing Contingency Plan	15 calendar days following contract award.	RFQ Requirement 4.1.30 and 4.1.61
11.	Business Continuity Plan	15 calendar days following contract award.	RFQ Requirement 4.1.35
12.	Implementation Plan	15 calendar days following contract award.	RFQ Requirement 4.1.38
13.	Plan for MCO Contract Termination	15 calendar days following contract award.	RFQ Requirement 4.1.46
14.	Turnover and Closeout Management Plan	Within 30 calendar days of request	RFQ Requirement 4.1.54
15.	Subcontractor and Remote Staff Management Plan	15 calendar days following contract award.	RFQ Requirement 4.1.56

Risk Management and Mitigation

Cognosante’s approach to risk management uses a formal process to proactively identify and eliminate potential problems that could impact quality within the scope of our required objectives under this focused effort and this will be managed during implementation and into operations.

We develop and implement risk management for all West Virginia enrollment broker activities that encompasses risk management planning and budgeting; risk identification, assessment, and analysis; risk mitigation and contingency planning; and risk monitoring and control. The Risk Management Plan, including the Risk Register is prepared and updated; it is a living document that describes the overall risk management procedures as part of the Implementation Plan.

Once a risk has been identified and assessed, risk prioritization and controls are implemented, using proven, approved checklists and processes. Our risk strategy includes evaluating multiple options to manage and mitigate a risk to an acceptable level. We identify resources and potential, related expenses, and determine how risk mitigation will be implemented. We coordinate with West Virginia EB Services Project management and stakeholders before putting any plan into action. We record and manage all operational and program risks and impacts to State and the stakeholders. The benefit to West Virginia is reduced costs, reduced security risks, and reduced delays.

4.1.39 NO CORPORATE OR FINANCIAL INTEREST IN WEST VIRGINIA'S MCOs

4.1.39 In accordance with 42 CFR §438.810(b)

([https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=a099885d325cee4c78f1534e82eeaeac&mc=true&n=pt42.4.438&r=PART &teHTML#se42.4.438 1810](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=a099885d325cee4c78f1534e82eeaeac&mc=true&n=pt42.4.438&r=PART%20&teHTML#se42.4.438%201810)), expenditures for enrollment broker services, the Vendor must attest in writing that it nor its subcontractors have no corporate connections or financial interest in any of West Virginia's MCOs.

Cognosante, LLC and our subcontractor attest that we have no corporate connections or financial interests in any of West Virginia's MCOs (currently Aetna, The Health Plan of the Upper Ohio Valley, and UniCare of West Virginia).

4.1.40 VENDOR EQUIPMENT AND SUPPLIES

4.1.40 The vendor must provide telephone, toll free numbers, fax service, paper supplies, postage machines, furniture, etc. for its work force at no additional cost to BMS. This involves purchasing capital equipment including equipment that will be necessary to carry out the responsibilities of the contract.

In support of our operations, we will provide sufficient operating equipment and supplies to allow our staff to readily serve the citizens of West Virginia that comprise the Medicaid and CHIP enrollment population at no cost to BMS. Our facility operations include telephones and toll-free numbers, fax and electronic communications, all paper supplies, postage machines, furniture, and enrollment materials necessary to promote enrollment selection. We will arm our outreach and education staff with sufficient inventory to provide enrollment materials in the communities in which we operate, along with smartphones, and tablets to perform real-time enrollment during outreach and education events and presentations. We agree that this requirement also involves the purchase of capital equipment needed to carry out our responsibilities under this contract.

4.1.41 HARDWARE, SOFTWARE, AND COMMUNICATIONS COMPONENTS COMPATIBILITY

4.1.41 All hardware, software and communications components must be compatible with the most current West Virginia Office of Technology (WVOT) currently supported versions of Microsoft Revised 12/12/2017 Office Suite <https://technology.wv.gov/Pages/default.aspx> as well as, current technologies for data interchange.

Cognosante has reviewed the Microsoft standards published by WVOT and confirmed that our communication components are compatible with West Virginia standards as defined in the WVOT policy. Cognosante has implemented the Microsoft Office 365 platform, which is

fully compatible with the Windows 7 and Microsoft Office 2010 version currently deployed across State workstations.

4.1.42 SECURITY POLICIES AND PROCEDURES

4.1.42 The Vendor must comply with all current and future security policies and procedures of the Department and the WVOT, which can be found at the following links: [.h!m\\$://tecbnQ!Q.gx. wv.gov/securi_ty/Pages/policies-issued-by-the-cto.aspx](https://www.wv.gov/security/Pages/policies-issued-by-the-cto.aspx); <http://www.wvdhhr.org/mis/policies.asp>; <http://www.state.wv.us/admin/purchase/privacy/>

Cognosante adheres to tight guidelines, governance, and policies that cover all aspects of information systems security policy. We will abide by the rules set forth in the West Virginia security policies and procedures of the WVOT and bring proven controls to the West Virginia EB Services Project that adapt to the unique requirements of our solution. These include policies and guidelines linked to our EnGage360 platform, oversight by our corporate security officer, and a BC Plan that incorporate the needs of the State and our own proven methods for information assurance. Our business continuity policies consider alternate processing sites, physical security, contingency procedures for any short- and long-term interruptions of services, availability of critical business and data practices, and data backup and replication. Cognosante will work with BMS to proactively implement future security policies and procedures following our established change control process.

4.1.43 OUTREACH ACTIVITIES 45 CALENDAR DAYS PRIOR TO CHANGE

4.1.43 The Vendor must agree to continue outreach activities in each county and initiate intensive outreach activities at least forty-five (45) calendar days prior to any change of choice or process in that county.

When preparing for a change in choice or process for one or more counties, Cognosante agrees not only to continue outreach activities in each county, but also to intensify our outreach activities at least 45 calendar days prior to the change. As shown in Exhibit 26, we begin outreach planning 130 days prior to any change of choice or process to effectively reach members and deliver the information they need.

Exhibit 26: Planning for Changes in Process or Choice for a County

We plan for and execute outreach activities when changes in choice or process occur.

No.	ACTIVITY	WHEN
1	Schedule presentations and education events in each county.	130 days prior to the change of choice or process in the affected county(ies)
2	Schedule communicate and education sessions with local stakeholders.	120 days prior to the change of choice or process in the affected county(ies)
3	Send BMS education and presentation materials for review and approval, including suggested notices that stakeholders can post on their websites and social media pages.	110 days prior to the change of choice or process in the affected county(ies)
4	Conduct in-person presentations and appear as scheduled at locations in counties where potential and existing enrollees can be reached based on the outreach/education assignments outlined in Exhibit TBD shown previously in Section 4.1.9, Enrollment Process Outreach Plan.	From 45 days prior to the change of choice or process in the affected county(ies) to the date of the change of choice or process
5	Process new enrollments and reenrollments, and report enrollment statistics to BMS.	From 45 days prior to the change of choice or process in the affected county(ies) to the date of the change of choice or process

Our outreach strategy centers on potential and existing enrollees. Therefore, as explained earlier in our response, we recruit and hire outreach and education specialists that live in different parts of the State, whether in the Northern Panhandle, Mountaineer Country, Eastern Panhandle, Potomac Highlands, Mountain Lakes, Mid-Ohio Valley, Metro Valley, Hatfield-McCoy Mountains, and New Greenbrier Valley. Rarely in the office, our outreach and education specialists travel to each of the 55 counties in a coordinated and organized way to enroll or reenroll qualified individuals into the MHT program. Using this strategy, we have our personnel working where they are needed most.

4.1.44 BENEFICIARY SUPPORT SYSTEM

4.1.44 The Vendor must implement and oversee the beneficiary support system as required under 42 CFR § 438.71 (<https://www.ecfr.gov/cgi-bin/textidx?SID=54456flc514a85798272299161c6ell5&mc=true&node==pt42.4.438&rgn=div5#se42.4.438.171>). The Vendor must perform all minimum functions of the beneficiary support system defined and as modified in the RFQ. In the event there are changes to any applicable law, rule, or regulation, the Vendor must work with BMS to make the necessary modification to meet all changes and requirements.

The Beneficiary Support System, as defined under 42 CFR § 438.71, ensures that all enrollees have access to choice counseling and information, timely enrollment processing, and a ‘grace period’ within which to make changes, should the member be auto-assigned by the State. Further described in 42 CFR § 438.71 is:

- ▶ The default enrollment process, which should preserve an enrollee’s existing relationship with their provider where possible
- ▶ Sends the enrollee a confirmation of their managed care enrollment within five calendar days
- ▶ Explains the enrollees right to disenroll within 90 days of the effective date of enrollment

We implement and oversee these responsibilities through our effective outreach and education team, our EnGage360 enrollment broker solution which is easily configurable to perform most changes in applicable law, or regulation as directed by BMS. Cognosante commits to working with BMS as these changes may occur, to modify systems, scripts, enrollment forms, and any materials to perform timely and accurate choice counseling for members throughout the State.

4.1.45 DEVELOPING THE ALGORITHM

4.1.45 The Vendor must agree to work with BMS to develop the algorithm that will be used to assign members to an MCO.

Cognosante has developed our solution with change in mind. Our auto-assignment algorithm is based on user configurable business rules that can be easily changed based on changes to State policy, leaving the team to focus on communications and policy decisions without being constrained by technology limitations.

Cognosante has configurable auto-assignment rules that include the following criteria for administrative configuration:

- ▶ Existing provider-potential enrollee relationships based upon claims data
- ▶ Relative location of potential enrollee and provider office
- ▶ Assignment of other case members (household)

- ▶ Head of household
- ▶ Auto assign to other family members/mother's plan
- ▶ Default plan in case of other households
- ▶ Performance-based factor (plan quality)
- ▶ Panel capacity limits
- ▶ Plan enrollment capacity
- ▶ Eligibility of enrollee for auto-assignment
- ▶ Participation of provider in an available health plan
- ▶ Load balancing/even distribution to plans

Cognosante will establish a release strategy with BMS to manage the requirements gathering and validation process, configure our solution, complete user acceptance testing, and communicate and rollout updated data reassignment rules for members.

4.1.46 PLAN FOR MCO CONTRACT TERMINATION

4.1.46 Within fifteen (15) calendar days of award of this contract, the Vendor must submit a plan in the event of an MCO contract termination and explain the plan to enrollees and potential enrollees in written documentation in accordance with 42 CFR § 438.10 (<https://www.ecfr.gov/cgi-bin/textidx?SID=54456flc514a85798272299161c6el15&mc=true&node=pt42.4.438&rgn=div5#se42.4.438.110>). BMS reserves the right to modify any aspect of such plan as it deems necessary.

Cognosante commits that within 15 calendar days of the award of the contract, we will submit our plan in support of an event such as an MCO contract termination. Should an MCO contract be terminated or ended, we update our materials, telephone and outreach scripts, and notify the DHHR local offices and other community-based organizations and enrollees, as described in Section 4.1.43, Outreach Activities 45 Calendar Days Prior to Change. The enrollment materials, as approved by BMS, will inform current MCO members of the new options available in their service area, instruct the member on how to make changes either online through the web portal, via telephone to our toll-free number, or by completing a new enrollment form and returning to us for processing. We will work with BMS on the modification of any aspect of our detailed plan provided, as BMS deems necessary.

4.1.47 AGREEING WITH ENROLLMENT BROKER REQUIREMENTS UNDER 42 CFR §438.100

4.1.47 The Vendor must agree to all applicable requirements of an enrollment broker under 42 CFR 438.100 (<https://www.ecfr.gov/cgibin/retrieveECFR?gp=&SID=a099885d325cee4c78f1534e82eeaeac&mc=true&n=pt42.4.438&r=PART&ty=HTML#se42.4.438.1100>) and 42 CFR438.10 ([p.tt.ps://www.ecfr.gov/cgi-bin/textidx?SID=54456flc514a85798272299161c6el15&mc=true&node=pt42.4.438&rgn=div5#se42.4.438.110](https://www.ecfr.gov/cgi-bin/textidx?SID=54456flc514a85798272299161c6el15&mc=true&node=pt42.4.438&rgn=div5#se42.4.438.110)).

Cognosante understands the enrollment broker requirements, as defined under 42 CFR § 438.100, and commits to meeting all applicable requirements under this section in the performance of our enrollment broker responsibilities under this contract. We have performed similar responsibilities for state and federal agencies for the past 15 years, and these requirements have informed our operating models across the country for the clients we serve. We adhere to strict government regulations and will continue to do so for the West Virginia enrollment broker operations.

4.1.48 SAFEGUARDS ADDRESSING THE DEFAULT ENROLLMENT PROCESS

4.1.48 The Vendor must agree to put safeguards in place at least equal to Federal safeguards per Section 1932(d)(3) of the Social Security Act (<https://www.ssa.gov/OP Home/ssact/title 19/1932.htm>) addressing the default enrollment process under the managed care programs.

We agree to perform all necessary safeguards under the Social Security Act, which addresses the default enrollment process under the managed care programs. These safeguards include, but are not limited to:

- ▶ Allowing enrollees to make changes to their enrollment for cause, or without cause, during the 90-day period following notice of enrollment and, at a minimum, at least 12 months thereafter.
- ▶ Providing notice to each enrollee, at least 60 days prior to the annual enrollment selection period.
- ▶ Preserving any existing provider-member relationship or those with providers who have traditionally served these beneficiaries, and if not possible, equitably distributing enrollees amongst MCOs in a manner that is consistent with the capacity of each MCO at the time of auto-enrollment (auto-assignment).

Our EnGage360 enrollment broker solution has been configured with the necessary safeguards in place, uses appropriate system rules and logic that alert and restrict unauthorized changes, and includes periodic audits and reviews to confirm that all required safeguards are being followed.

4.1.49 STATE OF WEST VIRGINIA LAWS

4.1.49 The Vendor must agree that the contract must be governed by the laws of the State of West Virginia. The Vendor further agrees to comply with the Civil Rights Act of 1964 (<https://www.eeoc.gov/statutes/title-vii-civilrights-act-1964>), Title IX of the Education Amendments of 1972 (<https://www.justice.gov/crt/title-ix-education-amendments-1972>) (regarding education programs and activities), The Age Discrimination Act of 1975 (<https://www.dol.gov/agencies/oasam/regulatory/statutes/agediscrimination-act>), The Rehabilitation Act of 1973 (<https://www.eeoc.gov/statutes/rehabilitation-act-1973>), The Americans with Disabilities Act (<https://www.ada.gov/regs2010/tit1ell 2010/titleII 2010 regulations.htm> and <https://www.ada.gov/regs2010/titleIII 2010/titleIII 2010 regulations.htm>), and all other applicable laws (Federal, State or Local Government) regulations.

Cognosante, LLC agrees the contract will be governed by laws of the State of West Virginia and will comply with all applicable Federal, State, and Local Government laws and regulations, including the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, The Age Discrimination Act of 1975, The Rehabilitation Act of 1973, and The Americans with Disabilities Act.

4.1.50 SERVICE LEVEL AGREEMENTS

4.1.50 The Vendor must agree to be bound by the Service Level Agreements as outlined within Attachment A.

Cognosante has reviewed and agrees to the Service Level Agreements (SLAs) provided in RFQ Attachment A. Our basis for management of SLAs focuses on the early planning for, and definition of SLAs to clearly understand what is being measured. SLAs should have sufficient clarity so the State and Cognosante both understand what is being measured, the accountability for adherence to the measurements defined, and specific data or reports that are used to measure compliance.

4.1.51 MONTHLY REVIEW OF SLAS

4.1.51 Upon contract award, the Vendor must agree to meet with BMS monthly to discuss any Service Level Agreements that may be applied to the Vendor. The meeting will be scheduled at a time agreed upon by both BMS and the Vendor.

Upon contract award, Cognosante will meet with BMS monthly at a mutually agreed time to discuss Cognosante's performance relative to the current month's Service Level Agreements and any potential penalties. We will include our performance against SLAs in our monthly reporting to facilitate the discussion and promote transparency regarding our performance.

4.1.52 SLA PENALTIES ASSESSED

4.1.52 The amount of any penalties will be deducted from the Vendor's monthly invoices for services submitted any time after the Vendor's receipt of the notice of penalties.

Cognosante has reviewed and acknowledges this requirement. As part of our planning and delivery documents, Cognosante will establish procedures and reporting that minimize delivery risk and allow issues to be identified and corrected prior to SLA non-compliance and associated penalties. We will work with the State to be proactive in managing service delivery and are committed to an environment of transparency and collaboration to address issues openly to facilitate the continuous improvement in the quality of our work. Cognosante will utilize monitoring capabilities of our EnGage360 solution to proactively manage adherence to project SLAs.

4.1.53 REGULAR AND AD HOC QUERIES FOR ENROLLMENT VALIDATION

4.1.53 The Vendor must implement and maintain a process to validate that enrollments are appropriate. The Vendor must perform regular and ad hoc queries using all available eligibility and enrollment data to identify inappropriate MCO enrollments such as, but not limited to, overlapping MCO enrollment, incorrect MCO enrollment from the enrollee's choice, and incorrect newborn MCO enrollment. The Vendor must notify BMS of any findings in writing within three (3) business days or through standing reports. The Vendor must correct enrollment within thirty (30) calendar days and system logics and/or processes within sixty (60) calendar days of identification. BMS reserves the right to request regular and/or ad hoc queries.

Cognosante will implement and maintain a process to validate that enrollments are appropriate. Cognosante has proposed an MCO Datahub Website to actively monitor data exchange and complete periodic enrollment audits for accuracy of data and correct disposition. We will extend access to our MCO partners to promote ongoing data management and transparency. Features of our MCO Datahub Website include:

- ▶ Account driven access
- ▶ Tracking of incoming and outgoing plan enrollment and data
- ▶ Monitoring of file exceptions and processing
- ▶ Data to use in reporting of trends and change over time

Utilizing the MCO Datahub Website, Cognosante will perform regular and ad hoc queries using all available eligibility and enrollment data to identify inappropriate MCO enrollments such as, but not limited to, overlapping MCO enrollment, incorrect MCO enrollment from the enrollee's choice, and incorrect newborn MCO enrollment. Cognosante will follow our established policies and procedures for data privacy and security relative to PHI or PII. We will notify BMS of any findings in writing within three business days and include this information in our standing reports. Cognosante will correct enrollment within

30 calendar days and system logics and/or processes within 60 calendar days of identification. Cognosante will support BMS requests for regular and/or ad hoc queries through an established process.

4.1.54 TURNOVER AND CLOSEOUT MANAGEMENT PLAN

4.1.54 The Vendor shall provide to BMS, within thirty (30) calendar days of request, a Turnover and Closeout Management Plan detailing the approach to transitioning systems and operational responsibilities to a successor. BMS shall give final approval the plan.

Cognosante recognizes the need for flexibility during turnover and will structure our Turnover and Closeout Management Plan for outgoing transition activities and associated timeline accordingly. As changes occur, we will make the appropriate adjustments to the plan and provide all necessary support to BMS. We will submit the Turnover and Closeout Management Plan to BMS for review and approval within 30 calendar days of the request and will detail our approach to transitioning systems and operational responsibilities to a successor. We commit to making every effort to provide a smooth transition of the services needed to support the member population.

At minimum, the Turnover and Closeout Management Plan will address the following:

- ▶ Identification and release of State-owned documents
- ▶ Transfer of all records and other necessary data to another review entity or appropriate custodian
- ▶ Maintenance and transition of telephone services
- ▶ Description of disposal of computer equipment and communication to the State when this is complete
- ▶ Designated Cognosante staff who will be available daily to assist BMS during the transition process
- ▶ Proposed timeline delineating the transfer process to include:
 - Parallel processing
 - Staff retentions
 - Readiness gates

Our Turnover and Closeout Management Plan is structured into two phases—Turnover and Conclusion—as detailed in the following paragraphs.

Turnover. To ensure a smooth transition, we will begin planning for implementation upon contract notification. This is called the preparation phase which is triggered by the upcoming contract termination date. During this phase, we will request input from BMS and from the new contractor. The goal of this phase is to lay the groundwork for an effective and seamless transition from Cognosante to the new contractor or State staff while minimizing risk to BMS and minimizing impact to members and other stakeholders.

Conclusion. We will also establish a conclusion phase. The duration of this phase will be flexible to accommodate the needs of BMS. During the conclusion phase, we will conclude the final migration of program documentation and records to the new contractor. Additionally, we will establish an archive of critical case information. We recognize that additional support may be desired by BMS and this will be reviewed and agreed upon during the conclusion phase.

Continuing Services Until Transition Completion

Successful turnover and closeout management planning consists of comprehensive preparation, clear and timely communication, risk and issue management, and ongoing coordination and cooperation with key stakeholders, to assure there will not be any negative impacts on service delivery to the member population.

Cognosante will work with members of the succeeding contractor team to track and manage progress against the approved timeline as well as track and manage any action items needed to address course correction or review and adjustment to resources or approach. Cognosante maintains a decision log to track accountability and deliver until a successful handoff is complete.

Cognosante will provide a Project Closeout Report to the State after the turnover of operations, as defined in the Turnover and Closeout Management Plan, with content, media, format, and in a timeline approved by the State. The Project Closeout Report will document the completion and results of each step of the Turnover and Closeout Management Plan. The turnover will be considered complete when outgoing transition activities are complete, and this document is approved by the State.

4.1.55 PRICING TIERS

4.1.55 The Vendor must agree to price individual tiers for each separate contract year with no more than a 5% variance between the individual tiers.

Cognosante agrees to price individual tiers for each separate contract year with no more than a five percent variance between the individual tiers.

4.1.56 SUBCONTRACTOR AND REMOTE STAFF MANAGEMENT

4.1.56 The Vendor must agree to provide a plan describing how quality and timeliness of the work done off-site and/or through subcontractor(s) within fifteen (15) calendar days of contract award.

Upon contract award, Cognosante agrees to provide BMS with our plan for managing and monitoring the quality and timeliness of our work, done either off-site, or through our subcontractors, within 15 calendar days.

As the pandemic of 2020 has taught us, the flexibility of remote work as afforded by our clients, requires a different approach to monitoring not only our staff, but also our approach to working with the members we serve. Our approach to remote workforce management is a significant strength we bring to West Virginia. In response to COVID-19 Cognosante transitioned over 100 existing call center staff to remote status over two days with no impact to customer service, or SLAs. This successfully implemented Work@Home model allows our staff to continue securely and effectively to provide quality customer service remotely, if needed.

Cognosante has a Work@Home service delivery model that is flexible and adaptable to the changing external environment. Our team uses a Work@Home checklist to evaluate a staff member's suitability to work from home in terms of their capabilities, skills, environment, and security considerations. Other factors focus on their level of experience, their home working environment (potential distractions, Internet availability and speed); and safety and security considerations (both of their home location and the ability to protect the integrity of client data).

We will formally review this model with BMS to determine if and when it should be implemented for any members of our team, other than the outreach and education specialists who will work remotely in various parts of the State to support their community-based activities, and only proceed upon approval by BMS.

Cognosante manages our subcontracting partners through ongoing communication between the subcontractor and delivery team. For this project, subcontractor management is the responsibility of the call center manager who oversees all print and mailing activities. This is operationalized through clear teaming agreements and subcontracts that have established specific tasks responsibility and service level agreements.

4.1.57 STAFFING TO MEET CONTRACTUAL COMPLIANCE

4.1.57 The Vendor must agree to employ adequate staff and utilize appropriate resources to achieve contractual compliance throughout the life of the contract, including all optional renewal periods.

4.1.57.1 The Vendor's resource allocation must be adequate to achieve outcomes in all functional areas with the organization. Adequacy will be evaluated based on outcomes and compliance with contractual and BMS policy requirements, including the requirement for providing culturally competent services to all enrollees and potential enrollees, including those with limited English proficiency, diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity.

4.1.57.2 If the Vendor does not achieve the desired outcomes or maintain compliance with contractual obligations, additional monitoring and regulatory action will be employed by BMS, including but not limited to requiring the Vendor to hire additional staff and application of liquidated damages as provided in Attachment A of this RFQ.

4.1.57.3 The Vendor must agree to remove or reassign any employee or subcontractor employee deemed unacceptable by BMS within ten (10) calendar days of written request from BMS.

4.1.57.4 The Vendor's key staff must not be removed or reassigned without the prior approval of BMS. BMS will not withhold the approval unreasonably, upon the submission a proposed suitable candidate.

Cognosante is committed to meeting the contractual requirements for the West Virginia EB Services Project. To that end, we agree to employ adequate staff and use appropriate resources to achieve contractual compliance throughout the life of the contract, including all optional renewal periods.

A driving philosophy of our company is inclusiveness and we constantly strive to be inclusive in our hiring practices. Cognosante is committed to hiring, retaining, and developing highly qualified professional staff to support operational delivery, ensuring SLAs are met or exceeded. We have found an in-house staffing plan provides superior results when compared to subcontracting and a reliance on staffing agencies. We will also work with BMS and the incumbent where appropriate, to determine the best approach to identifying any incumbent staff that may work well within our team structure.

We will continually review our staffing model to ensure resource allocation is adequate to achieve outcomes in all functional areas for the West Virginia EB Services Project. We understand that adequacy will be evaluated based on outcomes and compliance with contractual and BMS policy requirements, including the requirement for providing culturally competent services to all existing enrollees and potential enrollees, including those with limited English proficiency, diverse cultural and ethnic backgrounds, and disabilities, regardless of gender, sexual orientation, or gender identity.

To achieve our goal of meeting and exceeding the State's contractual requirements and providing valuable information and assistance to enrollees and potential enrollees we

invest in the training and development of our employees. Not only do we onboard each employee and provide them with the tools they need to successfully perform their responsibilities, but we also focus on State specific information with a strong emphasis on critical customer service skills including cultural sensitivity, telephone etiquette, building trust, treating others with dignity and respect, and handling sensitive and confidential information.

We understand that if we do not achieve the desired outcomes or maintain compliance with contractual obligations, additional monitoring and regulatory action will be employed by BMS, including but not limited to requiring the hiring of additional staff and application of the penalties as outlined in RFQ Attachment A, Service Level Agreement. We addressed the requirements for SLA compliance previously in Sections 4.1.50, Service Level Agreements through 4.1.52, SLA Penalties Assessed.

Cognosante agrees to remove or reassign any employee or subcontractor employee deemed unacceptable by BMS within 10 calendar days of written request from BMS. We also commit to not remove or reassign key staff without the prior approval of BMS, understanding that BMS will not withhold the approval unreasonably, upon the submission of a proposed suitable candidate. We are committed to meeting BMS' requirements for any changes in key staff as noted in the next RFQ response section.

4.1.58 CHANGES IN KEY STAFF

4.1.58 The Vendor must agree to notify BMS in writing within seven (7) calendar days of the resignation or termination of any key staff positions. Staff assignments must be fully covered at all times, and the name of the interim contact person must be included in the notification. The vacancy must be filled within thirty (30) calendar days with a person of equivalent experience, knowledge, and talent. The name and resume of the replacement key staff must be submitted to BMS for approval within seven (7) calendar days of selection. The Vendor must submit to BMS a revised organizational chart complete with key staff time allocation within five (5) days of BMS approval.

Staff changes can have a significant impact on the West Virginia EB Services Project. We agree that staff assignments must always be fully covered and commit to reporting key staff changes to BMS within seven calendar days of resignation or termination, as well as naming an interim contact person in the notification.

If a key personnel resource vacates due to resignation or termination, Cognosante will submit the name of a qualified substitute and resume including proof of equivalent experience, knowledge, and talent for BMS consideration within seven calendar days of the selection. Once the candidate is fully vetted and approved by BMS, we will offer the candidate the position and complete the hiring process. Once the candidate has accepted the position, we will notify BMS and provide a revised organizational chart, complete with key staff time allocation, within five days of BMS approval of such candidate.

We acknowledge vacancies for key staff must be filled within 30 calendar days.

4.1.59 KEY STAFF INFORMATION

4.1.59 If any of the organizational or key staff information changes between the response to the RFQ and the contract award, the Vendor must submit updated personnel information to BMS no later than the contract execution date. The same is applicable for any subcontractor information.

Cognosante commits to provide any key staff information changes that happen between the time we submit our RFQ response and the contract award to BMS no later than the contract

execution date. We understand this requirement also applies to any changes in subcontractor information.

4.1.60 REPRESENTATION OF STAFF IN BMS MEETINGS AND/OR EVENTS

4.1.60 The Vendor must provide the appropriate staff representation for attendance and participation in meetings and/or events scheduled by BMS. All meetings must be considered mandatory unless otherwise indicated.

Effective meetings are key for moving programs forward and facilitating the input, guidance, and cooperation of multiple areas within an organization. As a dedicated partner to BMS and West Virginia citizens through the West Virginia EB Services Project, we are committed to providing high-value insights and administrative support that contribute to BMS' ongoing success. Our project director, Erica Byrd, with support from Enrollment Broker Program Manager, Kari Dingman, and other key staff, will work with BMS to explore how we can best support designated meetings and events.

Cognosante is committed to effective and meaningful participation in both regularly scheduled and ad hoc meetings with the State, as well as events scheduled by BMS. We are committed to not only be present at BMS meetings and/or events, but to willingly participate and collaborate with BMS to set objectives, provide key information, establish agendas, provide materials, and record key decisions and important follow-up actions. Because our key staff are onsite in Charleston, we will provide the appropriate representation and be available and accessible at BMS' convenience.

We acknowledge that all meetings are considered mandatory unless otherwise indicated.

4.1.61 STAFFING CONTINGENCY PLAN

4.1.61 The Vendor must agree to provide, within fifteen (15) calendar days of contract award, a detailed staffing contingency plan for handling sudden and unexpected increases in enrollment, MCO transfers, and call volumes with a description on how the plan will be implemented and coordinated with BMS.

As stated in Section 4.1.30, Staffing Contingency Plan, Cognosante will provide a Staffing Contingency Plan within 15 calendar days of project award for handling sudden and unexpected increases in enrollment, MCO transfers, and call volumes. This plan will include a description of how the plan will be implemented and coordinated with BMS.

4.1.62 CALL CENTER LOCATION

4.1.62 The Vendor must agree to create and operate a call center within the Continental United States. Such responsibilities of the call center include, but are not limited to, completing the enrollment of members into the MCO of their choice; answering enrollment questions regarding the MHT program; settle complaints when possible; provide information on covered services; and complete research as requested by BMS.

As stated in 4.1.36, we have chosen the Mason building, located at 1206 Quarrier Street, as our first option for the West Virginia EB Call Center and project office. In addition, we have a contingent location identified in the event the Mason building is unavailable at the time of implementation. In either situation, Cognosante is firmly committed to having our main project office in Charleston to allow a close collaboration with our BMS partners and facilitate real-time communications. In the event of disaster, or other outage that necessitates a temporary shift in the location of our performance of enrollment functions, we will relocate our operations to a location within the Continental United States as required and approved by BMS.

Our call center operating model, specific for our West Virginia operations, confirms we have the necessary staff, equipment, information, and systems necessary to perform all of the enrollment and inquiry functions. We perform these services during business hours Monday – Friday from 8:00 a.m. to 6:00 p.m. EST via the toll-free lines, web chat, and email as appropriate. We understand the responsibilities of the call center include, but are not limited to, completing the enrollment of members into the MCO of their choice; answering enrollment questions regarding the MHT program; settling complaints when possible; providing information on covered services; and completing research as requested by BMS.

4.1.63 CALL CENTER CAPACITY

4.1.63 The Vendor must agree to have a call center with the capacity to ensure that ninety-five (95) percent of the received calls do not exceed the following wait times:

4.1.63.1 Five (5) minutes for the first three (3) months of operations

4.1.63.2 Two (2) minutes after the first three (3) months of operations

Cognosante will provide a call center with the capacity to ensure that ninety-five (95) percent of the received calls do not exceed the following wait times:

- ▶ Five (5) minutes for the first three (3) months of operations
- ▶ Two (2) minutes after the first three (3) months of operations

Cognosante developed our staffing plan for the call center and based on the historical call volume, average handle time data provided by the State, as well as our own experience in staffing, scheduling, and managing our call center portfolio. Additionally, staffing requirements are developed to meet required SLAs and to ensure the appropriate coverage during the required hours of operations, as outlined in the RFQ.

We developed staffing requirements to meet or exceed required SLAs and to ensure the appropriate coverage during hours of operation (Monday - Friday from 8:00 a.m. to 6:00 p.m. EST). Primary data elements employed from our model include calls per hour, talk time, wrap-up time, and service levels.

Exhibit 27 provides examples of early warning thresholds and corresponding actions. If any of these early warning thresholds are reached the call center manager is immediately notified to help design action plans to mitigate performance risks.

Exhibit 27: Wait Time Mitigation

Cognosante will establish wait time triggers to maintain service levels.

SERVICE LEVEL	EARLY WARNING THRESHOLDS AND RELATED ACTIONS
The Vendor shall ensure that ninety-five (95.00%) percent of calls do not exceed the allotted wait time on a monthly basis: <ul style="list-style-type: none"> ▶ Five (5) minutes for the first three (3) months of operations ▶ Two (2) minutes after the first three (3) months of operations 	Early Warning Threshold: We utilize training and procedures to prepare our call center representatives to resolve calls within the allotted call time. Our EnGage360 solution tracks call times and our call center manager will use data tracking and monitoring to adjust approach and procedures to meet service levels and meet the needs of members.

4.1.64 CALL CENTER ABANDONMENT RATES

4.1.64 The Vendor shall ensure that call center abandonment rates do not exceed five (5) percent on a monthly basis.

Cognosante will ensure that call center abandonment rates do not exceed five (5) percent on a monthly basis.

Our solution delivers an improved customer experience across all communication channels. It includes a set of robust tools for skills-based routing, powerful real-time and historical analytics, and easy-to-use intuitive management and reporting. These features drive reductions in abandonment rates.

One of these features is Callback Assist. During periods of peak traffic Callback Assist provides members with the option of waiting in the queue or hanging up and receiving a call back when they reach the front of the queue—this reduces abandonment rate by as much as 40 percent according to industry studies. This tool improves operations, representative efficiency, and overall customer service quality, resulting in consistently high-customer satisfaction scores for service delivery.

Exhibit 28 provides our approach to warning thresholds and corresponding actions related to abandonment rates. Cognosante will maintain this service level and track our performance in the EnGage360 Call Center solution and report in our monthly reporting to BMS.

Exhibit 28: Abandonment Rate Mitigation

Cognosante will establish abandonment triggers to maintain service levels.

SERVICE LEVEL	EARLY WARNING THRESHOLDS AND RELATED ACTIONS
The lost call (abandonment) rate shall not exceed five (5) percent	Early Warning Threshold: The call center manager monitors our EnGage360 Call Center solution. If the call abandonment rate exceeds 4.5 percent, Cognosante immediately deploys our service level action plan to activate additional resources until call abandonment falls below 5 percent. We alert management through on-screen messaging if the call abandonment rate exceeds 4.5 percent for any 30-minute increment. If this occurs, Cognosante immediately deploys our service level action plan to activate additional resources such as cross-trained representatives and supervisory staff to log onto the phones until the abandonment rates again falls below 4.5 percent.

4.1.65 OVERFLOW CALL CENTER STAFF

4.1.65 The Vendor must agree to provide overflow call center staff with no change in call handling quality or service levels, as described in § 4.1.66, in the event call handling capacity is exceeded at the primary call center. Such events may include, but are not limited to:

4.1.65.1 An MCO withdrawal/termination,

4.1.65.2 A significant adverse change in an MCO network (e.g., loss of a large clinical or hospital system), or

4.1.65.3 The transition of a new population into managed care

Cognosante will provide overflow call center staff with no change in call handling quality or service levels, as described in RFQ Section 4.1.66, in the event call handling capacity is exceeded at the primary call center. Cognosante will work with BMS each quarter to identify events in the next 30-90 days that would result in increases to call volumes and we will plan staffing accordingly. As defined by these RFQ requirements, events to be considered include MCO withdrawal/termination, significant adverse change in an MCO network, or transition of a new population into managed care.

A Proven Recruiting Method

Cognosante has dedicated recruiters who support our project team and understand how to recruit and hire quality talent with specialized skill sets including healthcare, technology, and customer service skills.

Our Cognosante On Call program allows the recruiters to identify and screen potential candidates well in advance of need. This makes certain that Cognosante will staff programs quickly including during times of call volume surges and to account for natural attrition. Our dedicated recruiting team never stops recruiting, even when the program is fully staffed.

We are skilled at quickly recruiting and supplementing resources to ensure sufficient staff are provided to support our clients and contractual obligations. We have successfully:

- ▶ Handled more than 4 million calls, maintained an average provider customer satisfaction rating of 4.9 out of 5.0, and processed more than 95,000 paper, web, and electronic file interchange (EFI) applications and change requests, exceeding the Scope of Work-required SLA over the past 15 years supporting the National Provider Identifier contract.
- ▶ Implemented surge support for a Small Business Administration (SBA) outbound call center in less than two weeks including hiring, training, and deploying equipment to 100 remote agents. Currently, more than 300 Cognosante agents initiate 55,000 outbound calls a day for the SBA.
- ▶ Transitioned over 500 existing contact center staff to remote status over two days at the start of the COVID-19 pandemic with no impact to SLAs or customer service.
- ▶ Answer an average of 104,000 calls per month for the U.S. Citizenship and Immigration Services Customer Engagement Center, providing information to any individual or group seeking immigration benefits and services information.

In cases of an unexpected surge we call for an “all hands-on deck” approach that is deployed and maintained until the surge has passed. We manage our teams to confirm enough resources are available to meet all contingencies with minimal notice. Our Staffing Contingency Plan accommodates planned and unplanned surges without impacting service levels. We can leverage cross-trained project staff, including our leadership team, to provide backup support for unexpected surge situations. Factors for other service levels that drive workload (e.g., average handle time [AHT], first call resolution [FCR] rates, etc.), are based on skill, automation, and productivity parameters. For these additional parameters, we use actual data from our existing relevant call center programs to project how well our processes, procedures, and training will facilitate efficient call handling.

This Staffing Contingency Plan will include a description of how we will use a tiered approach to ramping up additional staffing, including expanding call center representatives within our facility, leveraging cross-trained staffing and expanding to offsite staff located in the continental U.S. when large volume increases require a quick ramp up and response.

We will work with the State to identify and prepare for expected call center changes with a target of a three to six-month prospective planning period.

4.1.66 OVERFLOW CALL CENTER STAFF ENGAGEMENT

4.1.66 The Vendor must agree to use the overflow call center staff when the primary call center is not able to answer calls within four (4) rings and to prevent enrollee hold times of beyond two (2) minutes.

Cognosante will use our proposed overflow call center staff when the primary call center is not able to answer calls within four (4) rings and to prevent enrollee hold times of beyond two (2) minutes.

Our Contingency Staffing Plan will include a description of how we will use a tiered approach to ramping up additional staffing, including expanding call center representatives within our facility, leveraging cross-trained staffing capacity available with our outreach and education staff or within the delivery team, and expanding our team when planned large volume increases require a quick ramp up and response.

Cognosante will provide the scale, resources, and flexibility to address unanticipated contact volume fluctuations associated with the West Virginia EB Services Project with an easy, quickly implementable, and realistic approach to meet any short- or long-term surge needs and address fluctuating call arrival patterns. We use our Work Force Management processes and tools to forecast call volumes and schedule staff appropriately to meet incoming call arrival patterns. The processes, tools, and experience that we bring to West Virginia will help our management staff mitigate call volume fluctuations and maintain a steady level of performance.

4.1.67 EXPERIENCE IN ANALYSIS, COLLECTIONS, REPORTING, AND STORAGE OF DATA

4.1.67 The Vendor must have a minimum of three (3) years' experience in analysis, collections, reporting, and storage of data.

Cognosante is proud of the IT support and services we have provided to customers for more than 30 years, continually improving as our customer needs evolve. Cognosante has served in a variety of IT project roles for 48 states, as well as for federal agencies such as CMS, the Department of Health and Human Services (HHS), and Veterans Affairs. These engagements have given us a breath of experience, including with analysis, collection, reporting, and storage of data. One current Cognosante project is illustrative of these capabilities and is also relevant to the enrollment broker scope of services defined in this RFQ.

In 2016, Consumer Information and Insurance Oversight (CCIIO), within the Centers for Medicare & Medicaid (CMS), awarded Cognosante a five-year contract for identifying the root causes of errors and discrepancies and for resolving discrepancies related to data processed through the Federally Facilitated Marketplace (FFM). The Enrollment Resolution and Reconciliation and Form 1095-A Data Reconciliation and Reporting (ERR/1095-A) program works closely with CCIIO to address consumer disputes and issuer disputes through a combination of automated data analysis, manual casework, and outreach to both issuers and consumers.

In this engagement Cognosante provides a broad range of Internet-based business solutions and support including designing, developing, testing, implementing, and maintaining the web-based CCIIO Error Reconciliation and Resolution (CERRS) case management system and the Health Insurance Casework System (HICS) and the associated hardware, software, network, and security components. We provide the services necessary

to reconcile discrepancies in enrollment information shared between the Marketplace, issuers, and CMS in support of accurate enrollment in Exchanges as established by the Affordable Care Act (ACA). CERRS collects and stores case data and utilizes Cognosante-developed analytics to create reporting that identifies complex cases and suggestions solutions to address them.

Originally the disputes were processed by case using data entry and we have moved to a large portion being resolved via rules and using automation. Using data entry, this information is matched with FFM data and then exchanged with the appropriate parties so accurate information is reflected in all systems (FFM, issuer, and consumer).

Business processes are also a component of this engagement, and each year we ramp up our staffing to meet the demands of the ERR/1095-A program. This has required us to identify, hire, and train up nearly 400 people in a two-month period. We continue to reconcile discrepancies in enrollment information shared between the marketplaces, issuers, consumers, and CMS in support of accurate enrollment as established by the ACA. We also operate and maintain the HICS.

To date, our ERR/1095-A team has processed:

- ▶ More than 250,000 applications annually
- ▶ More than 3 million enrollment disputes and 52 million payment disputes
- ▶ More than 99 percent of all disputes that are now being processed via automated rules

4.2 OPTIONAL CONTRACT SERVICES AND DELIVERABLES

4.2 Optional Contract Services and Deliverables: Contract Services for which BMS reserves the right to implement during the life of this contract award.

Our responses to the RFQ optional contract services and deliverables are included in the following sections:

- ▶ 4.2.1 Day-One Enrollment Process
- ▶ 4.2.2 Optional Lock-In Enrollment Process

We understand that BMS reserves the right to implement these services during the life of this contract.

4.2.1 DAY-ONE ENROLLMENT PROCESS

4.2.1 The Vendor shall, at the Bureau's request, implement a day-one enrollment process, whereby the member is auto-assigned on their first day of eligibility, with a choice enrollment period following the assignment for potential enrollees in accordance with 42 CFR § 438.54 as part of its response to this RFQ. (<https://www.ecfr.gov/cgi-bin/text-idx?SID=54456flc514a8579827229916lc6el15&mc=true&node=1>t42.4.438&rgn=div5#se42.4.438154>).

4.2.1.1 The Vendor must agree to an implementation period of three (3) months upon written notification from BMS.

At the request and approval of BMS, Cognosante will implement a day-one enrollment process for member enrollment in accordance with 42 CFR § 438.54. Cognosante will implement this change within three months upon written notification from BMS.

Cognosante will work with BMS to implement programs rules that allows members to be auto assigned on their first day of eligibility, with a choice enrollment period following this assignment for potential enrollees. This change will be implemented through user

configurable business rules that can be easily changed based on changes to State policy, leaving the team to focus on communication and policy decisions without being constrained by technology limitations.

Our EnGage360 enrollment broker solution will allow for rapid configuration of this process and we will work with the State to update communication and outreach materials prior to roll out.

4.2.2 LOCK-IN ENROLLMENT PROCESS

4.2.2 The Vendor, shall at the Bureau's request, implement a lock-in process of member enrollment as is described in 42 CFR 438.56(c)(<https://www.ecfr.gov/cgi-bin/textidx?SID=1642a3a5565lac5236ed97e65a579d25&mc=true&node=1>t42.4.438&rgn=div5#se42.4.438 156>).

4.2.2.1 The Vendor must agree to an implementation period of three (3) months upon written notification from BMS.

At the request and approval by BMS, Cognosante will implement a lock-in process for member enrollment in accordance with 42 CFR § 438.56 (c). Cognosante will implement this change within three months upon written notification from BMS.

As described in proposal Section 4.2.1, Outreach and Educational Material Approval, Production, and Distribution, Cognosante has developed our EnGage360 enrollment broker solution to support rules driven configuration. The requirements described in 42 CFR § 438.56 have been considered in our solution design and allow us to set program rules based on state policy for limiting disenrollment. If the State chooses to limit disenrollment, our configurable rules will allow for members to request disenrollment for reasons including:

- ▶ Disenrollment request for cause
- ▶ Without cause for the first 90 days
- ▶ Upon automatic disenrollment
- ▶ Resulting from intermediate sanctions specified in § 438.702(a)(4).

Cognosante will work with BMS to approve and configure these rules, as well as the working with other stakeholders to communicate these policies to MHT members across the State.

APPENDIX A - RFQ REQUIRED FORMS

Cognosante completed and includes the following forms required by the RFQ:

1. Designated Contact and Certification/Signature Form
2. Addenda Acknowledgement Form
3. Addendum Number 1
4. Addendum Number 2
5. HIPAA Business Associate Addendum
6. Disclosure of Interested Parties to Contracts
7. Purchasing Affidavit

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.

Michael Quinlan

(Name, Title)
Michael Quinlan, Sr. Contract Administrator GWAC Compliance

(Printed Name and Title)
3110 Fairview Park Drive, 8th Floor, Falls Church, VA 22042-4552

(Address)
(o) 703.206.6128 / (f) 703.842.8129

(Phone Number) / (Fax Number)
Michael.Quinlan@cognosante.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.

Cognosante, LLC

(Company)
Signed by:
Sandra Seaton Pina Chief Contracts Officer

311ABDC7A34D437...
(Authorized Signature) (Representative Name, Title)

Sandra Seaton Pina, Vice President of Contracts

(Printed Name and Title of Authorized Representative)

November 10, 2020

(Date)

(o) 703.206.6015 | (f) 703.842.8129

(Phone Number) (Fax Number)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ BMS2100000001

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

Cognosante, LLC

DocuSigned by:

Sandra Seaton Pina

311ABDC7A34DA37...
Authorized Signature

November 10, 2020

Date

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

SOLICITATION NUMBER: CRFQ BMS2100000001

Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as **CRFQ BMS2100000001** (“Solicitation”) to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation:

1. To extend the bid opening date to November 10, 2020 at 1:30 PM ET

Answers to vendor questions will be addressed in a forthcoming addendum

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ BMS2100000001

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 type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input 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.

Cognosante, LLC

Company

DocuSigned by:
Sandra Seaton Pina
311ABDC7A34D437...

Authorized Signature

November 10, 2020

Date

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

SOLICITATION NUMBER: CRFQ BMS210000001
Addendum Number: 2

The purpose of this addendum is to modify the solicitation identified as (“Solicitation”) to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation:

1. To provide answers to vendor questions

No other changes

Bid opening remains 11/10/2020 at 1:30 PM ET

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT A

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS2100000001

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

Cognosante, LLC

Company

DocuSigned by:
Sandra Seaton Pina

311ABDC7A34D437...

Authorized Signature

November 10, 2020

Date

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

WV STATE GOVERNMENT

HIPAA BUSINESS ASSOCIATE ADDENDUM

This Health Insurance Portability and Accountability Act of 1996 (hereafter, HIPAA) Business Associate Addendum ("Addendum") is made a part of the Agreement ("Agreement") by and between the State of West Virginia ("Agency"), and Business Associate ("Associate"), and is effective as of the date of execution of the Addendum.

The Associate performs certain services on behalf of or for the Agency pursuant to the underlying Agreement that requires the exchange of information including protected health information protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5) (the "HITECH Act"), any associated regulations and the federal regulations published at 45 CFR parts 160 and 164 (sometimes collectively referred to as "HIPAA"). The Agency is a "Covered Entity" as that term is defined in HIPAA, and the parties to the underlying Agreement are entering into this Addendum to establish the responsibilities of both parties regarding HIPAA-covered information and to bring the underlying Agreement into compliance with HIPAA.

Whereas it is desirable, in order to further the continued efficient operations of Agency to disclose to its Associate certain information which may contain confidential individually identifiable health information (hereafter, Protected Health Information or PHI); and

Whereas, it is the desire of both parties that the confidentiality of the PHI disclosed hereunder be maintained and treated in accordance with all applicable laws relating to confidentiality, including the Privacy and Security Rules, the HITECH Act and its associated regulations, and the parties do agree to at all times treat the PHI and interpret this Addendum consistent with that desire.

NOW THEREFORE: the parties agree that in consideration of the mutual promises herein, in the Agreement, and of the exchange of PHI hereunder that:

1. **Definitions.** Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
 - a. **Agency Procurement Officer** shall mean the appropriate Agency individual listed at: <http://www.state.wv.us/admin/purchase/vrc/agencyli.html>.
 - b. **Agent** shall mean those person(s) who are agent(s) of the Business Associate, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c).
 - c. **Breach** shall mean the acquisition, access, use or disclosure of protected health information which compromises the security or privacy of such information, except as excluded in the definition of Breach in 45 CFR § 164.402.
 - d. **Business Associate** shall have the meaning given to such term in 45 CFR § 160.103.
 - e. **HITECH Act** shall mean the Health Information Technology for Economic and Clinical Health Act. Public Law No. 111-05. 111th Congress (2009).

- f. **Privacy Rule** means the Standards for Privacy of Individually Identifiable Health Information found at 45 CFR Parts 160 and 164.
- g. **Protected Health Information or PHI** shall have the meaning given to such term in 45 CFR § 160.103, limited to the information created or received by Associate from or on behalf of Agency.
- h. **Security Incident** means any known successful or unsuccessful attempt by an authorized or unauthorized individual to inappropriately use, disclose, modify, access, or destroy any information or interference with system operations in an information system.
- i. **Security Rule** means the Security Standards for the Protection of Electronic Protected Health Information found at 45 CFR Parts 160 and 164.
- j. **Subcontractor** means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.

2. Permitted Uses and Disclosures.

- a. **PHI Described.** This means PHI created, received, maintained or transmitted on behalf of the Agency by the Associate. This PHI is governed by this Addendum and is limited to the minimum necessary, to complete the tasks or to provide the services associated with the terms of the original Agreement, and is described in Appendix A.
- b. **Purposes.** Except as otherwise limited in this Addendum, Associate may use or disclose the PHI on behalf of, or to provide services to, Agency for the purposes necessary to complete the tasks, or provide the services, associated with, and required by the terms of the original Agreement, or as required by law, if such use or disclosure of the PHI would not violate the Privacy or Security Rules or applicable state law if done by Agency or Associate, or violate the minimum necessary and related Privacy and Security policies and procedures of the Agency. The Associate is directly liable under HIPAA for impermissible uses and disclosures of the PHI it handles on behalf of Agency.
- c. **Further Uses and Disclosures.** Except as otherwise limited in this Addendum, the Associate may disclose PHI to third parties for the purpose of its own proper management and administration, or as required by law, provided that (i) the disclosure is required by law, or (ii) the Associate has obtained from the third party reasonable assurances that the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party by the Associate; and, (iii) an agreement to notify the Associate and Agency of any instances of which it (the third party) is aware in which the confidentiality of the information has been breached. To the extent practical, the information should be in a limited data set or the minimum necessary information pursuant to 45 CFR § 164.502, or take other measures as necessary to satisfy the Agency's obligations under 45 CFR § 164.502.

3. Obligations of Associate.

- a. **Stated Purposes Only.** The PHI may not be used by the Associate for any purpose other than as stated in this Addendum or as required or permitted by law.
- b. **Limited Disclosure.** The PHI is confidential and will not be disclosed by the Associate other than as stated in this Addendum or as required or permitted by law. Associate is prohibited from directly or indirectly receiving any remuneration in exchange for an individual's PHI unless Agency gives written approval and the individual provides a valid authorization. Associate will refrain from marketing activities that would violate HIPAA, including specifically Section 13406 of the HITECH Act. Associate will report to Agency any use or disclosure of the PHI, including any Security Incident not provided for by this Agreement of which it becomes aware.
- c. **Safeguards.** The Associate will use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the PHI, except as provided for in this Addendum. This shall include, but not be limited to:
 - i. Limitation of the groups of its workforce and agents, to whom the PHI is disclosed to those reasonably required to accomplish the purposes stated in this Addendum, and the use and disclosure of the minimum PHI necessary or a Limited Data Set;
 - ii. Appropriate notification and training of its workforce and agents in order to protect the PHI from unauthorized use and disclosure;
 - iii. Maintenance of a comprehensive, reasonable and appropriate written PHI privacy and security program that includes administrative, technical and physical safeguards appropriate to the size, nature, scope and complexity of the Associate's operations, in compliance with the Security Rule;
 - iv. In accordance with 45 CFR §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information.
- d. **Compliance With Law.** The Associate will not use or disclose the PHI in a manner in violation of existing law and specifically not in violation of laws relating to confidentiality of PHI, including but not limited to, the Privacy and Security Rules.
- e. **Mitigation.** Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Associate of a use or disclosure of the PHI by Associate in violation of the requirements of this Addendum, and report its mitigation activity back to the Agency.

f. Support of Individual Rights.

- i. Access to PHI.** Associate shall make the PHI maintained by Associate or its agents or subcontractors in Designated Record Sets available to Agency for inspection and copying, and in electronic format, if requested, within ten (10) days of a request by Agency to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.524 and consistent with Section 13405 of the HITECH Act.
- ii. Amendment of PHI.** Within ten (10) days of receipt of a request from Agency for an amendment of the PHI or a record about an individual contained in a Designated Record Set, Associate or its agents or subcontractors shall make such PHI available to Agency for amendment and incorporate any such amendment to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.526.
- iii. Accounting Rights.** Within ten (10) days of notice of a request for an accounting of disclosures of the PHI, Associate and its agents or subcontractors shall make available to Agency the documentation required to provide an accounting of disclosures to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR §164.528 and consistent with Section 13405 of the HITECH Act. Associate agrees to document disclosures of the PHI and information related to such disclosures as would be required for Agency to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. This should include a process that allows for an accounting to be collected and maintained by Associate and its agents or subcontractors for at least six (6) years from the date of disclosure, or longer if required by state law. At a minimum, such documentation shall include:

 - the date of disclosure;
 - the name of the entity or person who received the PHI, and if known, the address of the entity or person;
 - a brief description of the PHI disclosed; and
 - a brief statement of purposes of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure.
- iv. Request for Restriction.** Under the direction of the Agency, abide by any individual's request to restrict the disclosure of PHI, consistent with the requirements of Section 13405 of the HITECH Act and 45 CFR § 164.522, when the Agency determines to do so (except as required by law) and if the disclosure is to a health plan for payment or health care operations and it pertains to a health care item or service for which the health care provider was paid in full "out-of-pocket."
- v. Immediate Discontinuance of Use or Disclosure.** The Associate will immediately discontinue use or disclosure of Agency PHI pertaining to any individual when so requested by Agency. This includes, but is not limited to, cases in which an individual has withdrawn or modified an authorization to use or disclose PHI.

- g. Retention of PHI.** Notwithstanding section 4.a. of this Addendum, Associate and its subcontractors or agents shall retain all PHI pursuant to state and federal law and shall continue to maintain the PHI required under Section 3.f. of this Addendum for a period of six (6) years after termination of the Agreement, or longer if required under state law.
- h. Agent's, Subcontractor's Compliance.** The Associate shall notify the Agency of all subcontracts and agreements relating to the Agreement, where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum. Such notification shall occur within 30 (thirty) calendar days of the execution of the subcontract and shall be delivered to the Agency Procurement Officer. The Associate will ensure that any of its subcontractors, to whom it provides any of the PHI it receives hereunder, or to whom it provides any PHI which the Associate creates or receives on behalf of the Agency, agree to the restrictions and conditions which apply to the Associate hereunder. The Agency may request copies of downstream subcontracts and agreements to determine whether all restrictions, terms and conditions have been flowed down. Failure to ensure that downstream contracts, subcontracts and agreements contain the required restrictions, terms and conditions may result in termination of the Agreement.
- j. Federal and Agency Access.** The Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI, as well as the PHI, received from, or created or received by the Associate on behalf of the Agency available to the U.S. Secretary of Health and Human Services consistent with 45 CFR § 164.504. The Associate shall also make these records available to Agency, or Agency's contractor, for periodic audit of Associate's compliance with the Privacy and Security Rules. Upon Agency's request, the Associate shall provide proof of compliance with HIPAA and HITECH data privacy/protection guidelines, certification of a secure network and other assurance relative to compliance with the Privacy and Security Rules. This section shall also apply to Associate's subcontractors, if any.
- k. Security.** The Associate shall take all steps necessary to ensure the continuous security of all PHI and data systems containing PHI. In addition, compliance with 74 FR 19006 Guidance Specifying the Technologies and Methodologies That Render PHI Unusable, Unreadable, or Indecipherable to Unauthorized Individuals for Purposes of the Breach Notification Requirements under Section 13402 of Title XIII is required, to the extent practicable. If Associate chooses not to adopt such methodologies as defined in 74 FR 19006 to secure the PHI governed by this Addendum, it must submit such written rationale, including its Security Risk Analysis, to the Agency Procurement Officer for review prior to the execution of the Addendum. This review may take up to ten (10) days.
- l. Notification of Breach.** During the term of this Addendum, the Associate shall notify the Agency and, unless otherwise directed by the Agency in writing, the WV Office of Technology immediately by e-mail or web form upon the discovery of any Breach of unsecured PHI; or within 24 hours by e-mail or web form of any suspected Security Incident, intrusion or unauthorized use or disclosure of PHI in violation of this Agreement and this Addendum, or potential loss of confidential data affecting this Agreement. Notification shall be provided to the Agency Procurement Officer at www.state.wv.us/admin/purchase/vrc/agencyli.htm and,

unless otherwise directed by the Agency in writing, the Office of Technology at incident@wv.gov or <https://apps.wv.gov/ot/ir/Default.aspx>.

The Associate shall immediately investigate such Security Incident, Breach, or unauthorized use or disclosure of PHI or confidential data. Within 72 hours of the discovery, the Associate shall notify the Agency Procurement Officer, and, unless otherwise directed by the Agency in writing, the Office of Technology of: (a) Date of discovery; (b) What data elements were involved and the extent of the data involved in the Breach; (c) A description of the unauthorized persons known or reasonably believed to have improperly used or disclosed PHI or confidential data; (d) A description of where the PHI or confidential data is believed to have been improperly transmitted, sent, or utilized; (e) A description of the probable causes of the improper use or disclosure; and (f) Whether any federal or state laws requiring individual notifications of Breaches are triggered.

Agency will coordinate with Associate to determine additional specific actions that will be required of the Associate for mitigation of the Breach, which may include notification to the individual or other authorities.

All associated costs shall be borne by the Associate. This may include, but not be limited to costs associated with notifying affected individuals.

If the Associate enters into a subcontract relating to the Agreement where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum, all such subcontracts or downstream agreements shall contain the same incident notification requirements as contained herein, with reporting directly to the Agency Procurement Officer. Failure to include such requirement in any subcontract or agreement may result in the Agency's termination of the Agreement.

- m. **Assistance in Litigation or Administrative Proceedings.** The Associate shall make itself and any subcontractors, workforce or agents assisting Associate in the performance of its obligations under this Agreement, available to the Agency at no cost to the Agency to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against the Agency, its officers or employees based upon claimed violations of HIPAA, the HIPAA regulations or other laws relating to security and privacy, which involves inaction or actions by the Associate, except where Associate or its subcontractor, workforce or agent is a named as an adverse party.

4. Addendum Administration.

- a. **Term.** This Addendum shall terminate on termination of the underlying Agreement or on the date the Agency terminates for cause as authorized in paragraph (c) of this Section, whichever is sooner.
- b. **Duties at Termination.** Upon any termination of the underlying Agreement, the Associate shall return or destroy, at the Agency's option, all PHI received from, or created or received by the Associate on behalf of the Agency that the Associate still maintains in any form and retain no copies of such PHI or, if such return or destruction is not feasible, the Associate shall extend the protections of this Addendum to the PHI and limit further uses and disclosures to the purposes that make the return or destruction of the PHI infeasible. This shall also apply to all agents and subcontractors of Associate. The duty of the Associate and its agents

and subcontractors to assist the Agency with any HIPAA required accounting of disclosures survives the termination of the underlying Agreement.

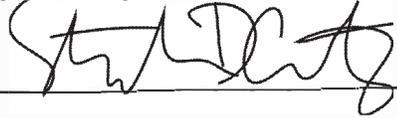
- c. **Termination for Cause.** Associate authorizes termination of this Agreement by Agency, if Agency determines Associate has violated a material term of the Agreement. Agency may, at its sole discretion, allow Associate a reasonable period of time to cure the material breach before termination.
- d. **Judicial or Administrative Proceedings.** The Agency may terminate this Agreement if the Associate is found guilty of a criminal violation of HIPAA. The Agency may terminate this Agreement if a finding or stipulation that the Associate has violated any standard or requirement of HIPAA/HITECH, or other security or privacy laws is made in any administrative or civil proceeding in which the Associate is a party or has been joined. Associate shall be subject to prosecution by the Department of Justice for violations of HIPAA/HITECH and shall be responsible for any and all costs associated with prosecution.
- e. **Survival.** The respective rights and obligations of Associate under this Addendum shall survive the termination of the underlying Agreement.

5. General Provisions/Ownership of PHI.

- a. **Retention of Ownership.** Ownership of the PHI resides with the Agency and is to be returned on demand or destroyed at the Agency's option, at any time, and subject to the restrictions found within section 4.b. above.
- b. **Secondary PHI.** Any data or PHI generated from the PHI disclosed hereunder which would permit identification of an individual must be held confidential and is also the property of Agency.
- c. **Electronic Transmission.** Except as permitted by law or this Addendum, the PHI or any data generated from the PHI which would permit identification of an individual must not be transmitted to another party by electronic or other means for additional uses or disclosures not authorized by this Addendum or to another contractor, or allied agency, or affiliate without prior written approval of Agency.
- d. **No Sales.** Reports or data containing the PHI may not be sold without Agency's or the affected individual's written consent.
- e. **No Third-Party Beneficiaries.** Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than Agency, Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.
- f. **Interpretation.** The provisions of this Addendum shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provisions in this Addendum. The interpretation of this Addendum shall be made under the laws of the state of West Virginia.
- g. **Amendment.** The parties agree that to the extent necessary to comply with applicable law they will agree to further amend this Addendum.
- h. **Additional Terms and Conditions.** Additional discretionary terms may be included in the release order or change order process.

AGREED:

Name of Agency: Cognosante, LLC

Signature: 

Title: Chief Security and Privacy Officer

Date: 9 October 2020

Name of Associate: _____

Signature: _____

Title: _____

Date: _____

Form - WVBA-012004
Amended 06.26.2013

APPROVED AS TO FORM THIS 26th
DAY OF Jan 20 13
Patrick Morrissey
Attorney General
BY 

Appendix A

(To be completed by the Agency's Procurement Officer prior to the execution of the Addendum, and shall be made a part of the Addendum. PHI not identified prior to execution of the Addendum may only be added by amending Appendix A and the Addendum, via Change Order.)

Name of Associate: _____

Name of Agency: _____

Describe the PHI (do not include any actual PHI). If not applicable, please indicate the same.

West Virginia Ethics Commission
Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Cognosante, LLC

Address: 3110 Fairview Park Dr., Suite 800, Falls Church, VA 22042-4552

Name of Authorized Agent: Bureau for Medical Services Address: 350 CAPITOL ST. RM 251, CHARLESTON WV 25301-3709

Contract Number: TBD Contract Description: Managed Care Enrollment Broker Services

Governmental agency awarding contract: Department of Administration, Purchasing Division

Check here if this is a Supplemental Disclosure

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):

1. Subcontractors or other entities performing work or service under the Contract

Check here if none, otherwise list entity/individual names below.
Champion

Champion Industries, Inc.

2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)

Check here if none, otherwise list entity/individual names below.
Y Michele Kang, Chief Executive Officer

3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)

Check here if none, otherwise list entity/individual names below.

Signature:  Date Signed: November 10, 2020

Notary Verification

State of Virginia, County of Fairfax:

I, Sandra Scaton Pina, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 10th day of November, 2020

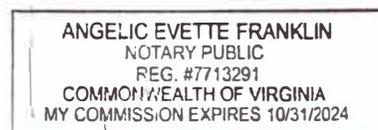

Notary Public's Signature

To be completed by State Agency:

Date Received by state agency: _____

Date submitted to Ethics Commission: _____

Governmental agency submitting Disclosure: _____



STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Cognosante, LLC

Authorized Signature: *[Signature]* Date: November 10, 2020

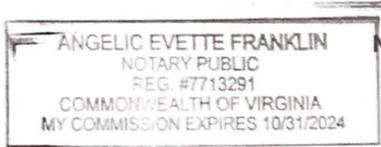
State of Virginia

County of Fairfax, to-wit:

Taken, subscribed, and sworn to before me this 10th day of November, 2020

My Commission expires October 31, 2024

AFFIX SEAL HERE



NOTARY PUBLIC

[Signature]
Purchasing Affidavit (Revised 01/19/2018)

APPENDIX B - DRAFT IMPLEMENTATION PLAN

Cognosante developed our Implementation Plan in accordance with the requirements defined within the RFQ. We have structured this plan based on our experience implementing projects of similar size and scope. We applied the following assumptions to the development of this Implementation Plan and will update these assumptions following any revised project schedule or final contract clarifications.

1. Implementation Phase extends from 12/1/2020 through 2/28/2021.
2. The start date for the Implementation Phase will be revised based on the actual contract award and contract start dates.
3. Because several deliverables are due within a 15-day period after contract award, Cognosante has allowed for a 10-day review cycle to provide sufficient time for the State to review the deliverables.
4. State staff resources will be available at project start to support Phase 1, Phase 2, Phase 4, and Phase 5 in order to complete implementation on time.
5. Phase 6: Operational Readiness will include 2 weeks for parallel processing prior to submitting the Operational Readiness Checklist.

WV Dept. of Health and Human Resources (DHHR), Bureau for Medical Services (BMS)
 Managed Care Enrollment Brokerage Services

ID	Task Name	Duration	Start	Finish
1	West Virginia Enrollment Broker Implementation Work Plan	1035 days	Tue 12/1/20	Wed 11/27/24
2	Project Initiation Stage	1035 days	Tue 12/1/20	Wed 11/27/24
3	Phase 1: Implementation Plan Start	44 days	Tue 12/1/20	Wed 2/3/21
4	Contract Execution	1 day	Tue 12/1/20	Tue 12/1/20
5	Assign Project Director	1 day	Tue 12/1/20	Tue 12/1/20
6	Assign Call Center Manager	1 day	Tue 12/1/20	Tue 12/1/20
7	Assign Outreach Manager	1 day	Tue 12/1/20	Tue 12/1/20
8	Deliverable 1: Provide single lead point of contact (4.1.37) - Upon Award	1 day	Tue 12/1/20	Tue 12/1/20
10	Internal Kick-off	1 day	Wed 12/2/20	Wed 12/2/20
11	Work Plan Finalization	3 days	Wed 12/2/20	Fri 12/4/20
12	Launch Implementation Team	1 day	Wed 12/2/20	Wed 12/2/20
13	Complete Project Management Plan	4 days	Wed 12/2/20	Mon 12/7/20
14	Complete Project Communication Plan	2 days	Tue 12/8/20	Wed 12/9/20
15	Complete Risk Management Plan	2 days	Thu 12/10/20	Fri 12/11/20
16	Complete Change Management Plan	2 days	Mon 12/14/20	Tue 12/15/20
17	Conduct Kick-off meeting with BMS	1 day	Wed 12/2/20	Wed 12/2/20
18	Establish weekly status meetings with BMS	1 day	Tue 12/1/20	Tue 12/1/20
19	Develop Project Status Report	3 days	Wed 12/2/20	Fri 12/4/20
20	Execute Champion Subcontract	5 days	Thu 12/31/20	Thu 1/7/21
21	Deliverable 2: Approach for receiving enrollment forms via mail, telephone, and internet (4.1.13) - Upon Award	22 days	Wed 12/2/20	Mon 1/4/21
22	Develop approach for receiving enrollment forms via mail, telephone, and internet	7 days	Wed 12/2/20	Thu 12/10/20
23	Deliverable 2: Internal QA/QC	1 day	Fri 12/11/20	Fri 12/11/20
24	Deliverable 2: Submit Approach for receiving enrollment forms via mail, telephone, and internet	1 day	Mon 12/14/20	Mon 12/14/20
25	Deliverable 2: BMS Review	10 days	Tue 12/15/20	Tue 12/29/20
26	Deliverable 2: Complete Updates based on BMS Comr	2 days	Wed 12/30/20	Thu 12/31/20
27	Deliverable 2: Approach for receiving enrollment forms via mail, telephone, and internet (4.1.13)	1 day	Mon 1/4/21	Mon 1/4/21
28	Project Planning Stage	44 days	Tue 12/1/20	Wed 2/3/21
29	Deliverable 3: Process for mailing the enrollment form and materials (4.1.8)	23 days	Tue 12/1/20	Mon 1/4/21
30	Develop preliminary process for mailing the enrollment for and materials	5 days	Tue 12/1/20	Mon 12/7/20
31	Internal review of process for mailing the enrollment for and materials	1 day	Tue 12/8/20	Tue 12/8/20
32	Update process for mailing the enrollment for and materials	1 day	Wed 12/9/20	Wed 12/9/20
33	Finalize process for mailing the enrollment for and materials	1 day	Thu 12/10/20	Thu 12/10/20

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ID	Task Name	Duration	Start	Finish
34	Deliverable 3: Internal QA/QC	1 day	Fri 12/11/20	Fri 12/11/20
35	Deliverable 3: Submit Process for mailing the enrollment form and materials (4.1.8)	1 day	Mon 12/14/20	Mon 12/14/20
36	Deliverable 3: BMS Review	10 days	Tue 12/15/20	Tue 12/29/20
37	Deliverable 3: Complete Updates based on BMS Comments	2 days	Wed 12/30/20	Thu 12/31/20
38	Deliverable 3: Process for mailing the enrollment form and materials (4.1.8) Approved	1 day	Mon 1/4/21	Mon 1/4/21
39	Deliverable 4: Plan for returned mail (4.1.14)	23 days	Wed 12/2/20	Tue 1/5/21
40	Develop preliminary process for returned mail	4 days	Wed 12/2/20	Mon 12/7/20
41	Internal review of process for returned mail	1 day	Tue 12/8/20	Tue 12/8/20
42	Update process for returned mail	1 day	Wed 12/9/20	Wed 12/9/20
43	Finalize process for returned mail	1 day	Thu 12/10/20	Thu 12/10/20
44	Deliverable 4: Internal QA/QC	1 day	Fri 12/11/20	Fri 12/11/20
45	Deliverable 4: Submit Plan for returned mail (4.1.14)	1 day	Mon 12/14/20	Mon 12/14/20
46	Deliverable 4: BMS Review	10 days	Tue 12/15/20	Tue 12/29/20
47	Deliverable 4: Complete Updates based on BMS Comments	2 days	Wed 12/30/20	Thu 12/31/20
48	Deliverable 4: Plan for returned mail (4.1.14) Approved	2 days	Mon 1/4/21	Tue 1/5/21
49	Deliverable 5: Outreach and educational strategy (4.1.15)	23 days	Wed 12/2/20	Tue 1/5/21
50	Develop Outreach and Educational Strategy	7 days	Wed 12/2/20	Thu 12/10/20
51	Deliverable 5: Internal QA/QC	1 day	Fri 12/11/20	Fri 12/11/20
52	Deliverable 5: Submit outreach and educational strategy and materials (4.1.15 and 4.1.2)	1 day	Mon 12/14/20	Mon 12/14/20
53	Deliverable 5: BMS Review	10 days	Tue 12/15/20	Tue 12/29/20
54	Deliverable 5: Complete Updates based on BMS Comments	2 days	Wed 12/30/20	Thu 12/31/20
55	Deliverable 5: Outreach and educational strategy and materials (4.1.15 and 4.1.2) Approved	2 days	Mon 1/4/21	Tue 1/5/21
56	Outreach and educational materials (4.1.2)	30 days	Wed 12/16/20	Fri 1/29/21
57	Review Existing Outreach and Education Materials	4 days	Wed 12/16/20	Mon 12/21/20
58	Review Cognosante submitted sample educational materials and modify accordingly	4 days	Tue 12/22/20	Mon 12/28/20
59	BMS provides feedback on Cognosante submitted sample educational materials	3 days	Tue 12/29/20	Thu 12/31/20
60	Review feedback with BMS	2 days	Mon 1/4/21	Tue 1/5/21
61	Develop Final Design for education and outreach materials	3 days	Wed 1/6/21	Fri 1/8/21
62	Internal Review of Draft Materials	2 days	Mon 1/11/21	Tue 1/12/21
63	Update outreach and educational materials based on Internal Review	1 day	Wed 1/13/21	Wed 1/13/21
64	Submit final Outreach and Education Materials to BMS for review	1 day	Thu 1/14/21	Thu 1/14/21

ID	Task Name	Duration	Start	Finish
65	BMS review of Outreach and Education Materials	10 days	Fri 1/15/21	Fri 1/29/21
66	Plan to notify members of expectation to select MCO plan (4.1.9)	23 days	Wed 12/2/20	Tue 1/5/21
67	Develop materials to notify member of the expectation to select an MCO	5 days	Wed 12/2/20	Tue 12/8/20
68	Internal QA/QC Review	2 days	Wed 12/9/20	Thu 12/10/20
69	Make modifications from QA/QC review	1 day	Fri 12/11/20	Fri 12/11/20
70	Submit Member Expectations Notification Plan to BMS	1 day	Mon 12/14/20	Mon 12/14/20
71	BMS Review	10 days	Tue 12/15/20	Tue 12/29/20
72	Complete updates based on BMS comments	2 days	Wed 12/30/20	Thu 12/31/20
73	Approval of Plan to notify members of expectation to select MCO	2 days	Mon 1/4/21	Tue 1/5/21
74	Deliverable 6: Quality Assurance Plan (4.1.23)	23 days	Wed 12/2/20	Tue 1/5/21
75	Create QAP Plan Draft	5 days	Wed 12/2/20	Tue 12/8/20
76	Internal QAP Plan Review	1 day	Wed 12/9/20	Wed 12/9/20
77	Deliverable 6 internal QA/QC	1 day	Thu 12/10/20	Thu 12/10/20
78	Update QAP Plan	1 day	Fri 12/11/20	Fri 12/11/20
79	Deliverable 6: Submit Quality Assurance Plan (4.1.23)	1 day	Mon 12/14/20	Mon 12/14/20
80	Deliverable 6: BMS Review	10 days	Tue 12/15/20	Tue 12/29/20
81	Deliverable 6: Complete updates based on BMS comments	2 days	Wed 12/30/20	Thu 12/31/20
82	Deliverable 6: Quality Assurance Plan (4.1.23) Approval	2 days	Mon 1/4/21	Tue 1/5/21
83	Deliverable 7: Approach for implementing and performing the systems development tasks (4.1.25)	24 days	Tue 12/1/20	Tue 1/5/21
84	Update implementation Plan and system development tasks	7 days	Tue 12/1/20	Wed 12/9/20
85	Deliverable 7: Internal QA/QC	2 days	Thu 12/10/20	Fri 12/11/20
86	Deliverable 7: Submit approach for implementing and performing the systems development tasks	1 day	Mon 12/14/20	Mon 12/14/20
87	Deliverable 7: BMS Review	10 days	Tue 12/15/20	Tue 12/29/20
88	Deliverable 7: Complete updates based on BMS comments	2 days	Wed 12/30/20	Thu 12/31/20
89	Deliverable 7: Approach for implementing and performing the systems development tasks (4.1.25)	2 days	Mon 1/4/21	Tue 1/5/21
90	Deliverable 8: Sample Report to BMS (4.1.27)	23 days	Wed 12/2/20	Tue 1/5/21
91	Define reporting requirements from RFP and Proposal	4 days	Wed 12/2/20	Mon 12/7/20
92	Define Meeting Agenda and Minutes Template and Process	1 day	Tue 12/8/20	Tue 12/8/20
93	Develop Project Activity Report	2 days	Wed 12/9/20	Thu 12/10/20
94	Deliverable 8: Internal QA/QC	1 day	Fri 12/11/20	Fri 12/11/20
95	Deliverable 8: Submit Sample Report to BMS (4.1.27)	1 day	Mon 12/14/20	Mon 12/14/20
96	Deliverable 8: BMS Review	10 days	Tue 12/15/20	Tue 12/29/20
97	Deliverable 8: Complete updates based on BMS comments	2 days	Wed 12/30/20	Thu 12/31/20

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ID	Task Name	Duration	Start	Finish
98	Deliverable 8: Sample Report to BMS (4.1.27) Appro	2 days	Mon 1/4/21	Tue 1/5/21
99	Deliverable 9: Functional Organizational Chart (4.1.28)	22 days	Wed 12/2/20	Mon 1/4/21
100	Update proposal Functional Organizational Chart	3 days	Wed 12/2/20	Fri 12/4/20
101	Internal review of updated Functional Organizational Chart	1 day	Mon 12/7/20	Mon 12/7/20
102	Update Functional Organizational Chart	1 day	Tue 12/8/20	Tue 12/8/20
103	Finalize Functional Organizational Chart	1 day	Wed 12/9/20	Wed 12/9/20
104	Deliverable 9: Internal QA/QC	1 day	Thu 12/10/20	Thu 12/10/20
105	Deliverable 9: Submit Functional Organizational Chart (4.1.28)	1 day	Fri 12/11/20	Fri 12/11/20
106	Deliverable 9: BMS Review	10 days	Mon 12/14/20	Mon 12/28/20
107	Deliverable 9: Complete updates based on BMS cor	2 days	Tue 12/29/20	Wed 12/30/20
108	Deliverable 9: Functional Organizational Chart (4.1.28) Approved	2 days	Thu 12/31/20	Mon 1/4/21
109	Deliverable 10: Staffing Contingency Plan (4.1.30 and	23 days	Wed 12/2/20	Tue 1/5/21
110	Update Staffing Contingency Plan	4 days	Wed 12/2/20	Mon 12/7/20
111	Internal review of Staffing Contingency Plan	1 day	Tue 12/8/20	Tue 12/8/20
112	Update Staffing Contingency Plan	1 day	Wed 12/9/20	Wed 12/9/20
113	Finalize Staffing Contingency Plan	1 day	Thu 12/10/20	Thu 12/10/20
114	Deliverable 10: Internal QA/QC	1 day	Fri 12/11/20	Fri 12/11/20
115	Deliverable 10: Submit Staffing Contingency Plan (4.1.30 and 4.1.61)	1 day	Mon 12/14/20	Mon 12/14/20
116	Deliverable 10: BMS Review	10 days	Tue 12/15/20	Tue 12/29/20
117	Deliverable 10: Complete updates based on BMS comments	2 days	Wed 12/30/20	Thu 12/31/20
118	Deliverable 10: Staffing Contingency Plan (4.1.30 and 4.1.61) Approved	2 days	Mon 1/4/21	Tue 1/5/21
119	Deliverable 11: Business Continuity Plan (4.1.35)	23 days	Wed 12/2/20	Tue 1/5/21
120	Update Business Continuity Plan	4 days	Wed 12/2/20	Mon 12/7/20
121	Internal review of Business Continuity Plan	1 day	Tue 12/8/20	Tue 12/8/20
122	Update Business Continuity Plan	1 day	Wed 12/9/20	Wed 12/9/20
123	Finalize Business Continuity Plan	1 day	Thu 12/10/20	Thu 12/10/20
124	Deliverable 11: Internal QA/QC	1 day	Fri 12/11/20	Fri 12/11/20
125	Deliverable 11: Submit Business Continuity Plan (4.1	1 day	Mon 12/14/20	Mon 12/14/20
126	Deliverable 11: BMS Review	10 days	Tue 12/15/20	Tue 12/29/20
127	Deliverable 11: Complete updates based on BMS comments	2 days	Wed 12/30/20	Thu 12/31/20
128	Deliverable 11: Business Continuity Plan (4.1.35) Ap	2 days	Mon 1/4/21	Tue 1/5/21
129	Deliverable 12: Draft Implementation Plan (4.1.38)	23 days	Wed 12/2/20	Tue 1/5/21
130	Review Implementation Plan	2 days	Wed 12/2/20	Thu 12/3/20
131	Update Implementation Plan	5 days	Fri 12/4/20	Thu 12/10/20

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ID	Task Name	Duration	Start	Finish
132	Deliverable 12: Internal QA/QC	1 day	Fri 12/11/20	Fri 12/11/20
133	Deliverable 12: Submit Draft Implementation Plan (4.1.37)	1 day	Mon 12/14/20	Mon 12/14/20
134	Deliverable 12: BMS Review	10 days	Tue 12/15/20	Tue 12/29/20
135	Deliverable 12: Complete updates based on BMS comments	2 days	Wed 12/30/20	Thu 12/31/20
136	Deliverable 12: Draft Implementation Plan (4.1.38) Approved	2 days	Mon 1/4/21	Tue 1/5/21
137	Deliverable 13: Plan for MCO contract termination (4.1.45)	23 days	Wed 12/2/20	Tue 1/5/21
138	Update MCO Contract Termination Plan	4 days	Wed 12/2/20	Mon 12/7/20
139	Internal review of MCO Contract Termination Plan	1 day	Tue 12/8/20	Tue 12/8/20
140	Update MCO Contract Termination Plan	1 day	Wed 12/9/20	Wed 12/9/20
141	Finalize MCO Contract Termination Plan	1 day	Thu 12/10/20	Thu 12/10/20
142	Deliverable 13: Internal QA/QC	1 day	Fri 12/11/20	Fri 12/11/20
143	Deliverable 13: Submit Plan for MCO contract termination (4.1.46)	1 day	Mon 12/14/20	Mon 12/14/20
144	Deliverable 13: BMS Review	10 days	Tue 12/15/20	Tue 12/29/20
145	Deliverable 13: Complete updates based on BMS comments	2 days	Wed 12/30/20	Thu 12/31/20
146	Deliverable 13: Plan for MCO contract termination (4.1.46) Approved	2 days	Mon 1/4/21	Tue 1/5/21
147	Deliverable 14: Off-site and subcontractor management plan (4.1.56)	23 days	Wed 12/2/20	Tue 1/5/21
148	Update Offsite and Subcontractor Management Plan	4 days	Wed 12/2/20	Mon 12/7/20
149	Internal Offsite and Subcontractor Management Plan	1 day	Tue 12/8/20	Tue 12/8/20
150	Update Offsite and Subcontractor Management Plan	1 day	Wed 12/9/20	Wed 12/9/20
151	Finalize Offsite and Subcontractor Management Plan	1 day	Thu 12/10/20	Thu 12/10/20
152	Deliverable 14: Internal QA/QC	1 day	Fri 12/11/20	Fri 12/11/20
153	Deliverable 14: Submit off-site and subcontractor management plan (4.1.56)	1 day	Mon 12/14/20	Mon 12/14/20
154	Deliverable 14: BMS Review	10 days	Tue 12/15/20	Tue 12/29/20
155	Deliverable 14: Complete updates based on BMS comments	2 days	Wed 12/30/20	Thu 12/31/20
156	Deliverable 14: Off-site and subcontractor management plan (4.1.56) Approved	2 days	Mon 1/4/21	Tue 1/5/21
157	Deliverable 15: Sample enrollment form and phone scripts (4.1.7) - 30d	41 days	Thu 12/3/20	Tue 2/2/21
158	Request existing phone scripts	2 days	Thu 12/3/20	Fri 12/4/20
159	Receive existing phone scripts	3 days	Mon 12/7/20	Wed 12/9/20
160	Update phone scripts	5 days	Thu 12/10/20	Wed 12/16/20
161	Internal review of phone scripts	2 days	Thu 12/17/20	Fri 12/18/20
162	Revision of phone scripts	1 day	Mon 12/21/20	Mon 12/21/20
163	Submit Draft Telephony Requirements to BMS For R3	3 days	Tue 12/22/20	Thu 12/24/20

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ID	Task Name	Duration	Start	Finish
164	Deliverable 15: Internal QA/QC	1 day	Mon 12/28/20	Mon 12/28/20
165	Deliverable 15: Submit sample enrollment form and phone scripts (4.1.7) - 30d	1 day	Tue 12/29/20	Tue 12/29/20
166	Deliverable 15: BMS Review	10 days	Wed 12/30/20	Wed 1/13/21
167	Deliverable 15: Complete updates based on BMS comments	2 days	Thu 1/14/21	Fri 1/15/21
168	Deliverable 15: Sample enrollment form and phone scripts (4.1.7) Approved - 30d	1 day	Tue 1/19/21	Tue 1/19/21
169	Incorporate phone scripts into training	10 days	Wed 1/20/21	Tue 2/2/21
170	Complete Phase 1 Exit Criteria Checklist	5 days	Tue 12/1/20	Mon 12/7/20
171	Phase 1 Gate: Implementation Plan Complete	1 day	Wed 2/3/21	Wed 2/3/21
172	Project Execution and Control Stage	1011 days	Wed 1/6/21	Wed 11/27/24
173	Weekly Status Reports (3.1.1.6.1)	1011 days	Wed 1/6/21	Wed 11/27/24
378	Complete monthly and ad hoc queries to validate that enrollments are appropriate (4.1.53)	957 days	Mon 3/15/21	Fri 11/15/24
424	Monthly snapshot of key activities (4.1.26)	957 days	Mon 3/15/21	Fri 11/15/24
470	Report of updates on the SDOH program (4.1.34)	957 days	Mon 3/15/21	Fri 11/15/24
516	Phase 2: Facility Acquisition Start	44 days	Tue 12/1/20	Wed 2/3/21
517	Complete Phase 2 Entrance Criteria Checklist	1 day	Wed 12/2/20	Wed 12/2/20
518	Finalize Facility Space Needs	1 day	Wed 12/2/20	Wed 12/2/20
519	Complete Build out Plan	3 days	Thu 12/3/20	Mon 12/7/20
520	Negotiate build-out requirements	3 days	Tue 12/8/20	Thu 12/10/20
521	Sign Lease Agreement	4 days	Fri 12/11/20	Wed 12/16/20
522	Obtain cost estimates from contractors to perform work	10 days	Tue 12/1/20	Mon 12/14/20
523	Complete Build-out	30 days	Tue 12/15/20	Thu 1/28/21
524	Utility Installation	10 days	Tue 12/15/20	Tue 12/29/20
525	Security Installation	10 days	Thu 1/14/21	Thu 1/28/21
526	Networking Installation	10 days	Thu 1/14/21	Thu 1/28/21
527	Furniture Installation	10 days	Wed 12/30/20	Wed 1/13/21
528	Telephony Installation	8 days	Wed 12/30/20	Mon 1/11/21
529	Workstation Installation	4 days	Thu 1/14/21	Wed 1/20/21
530	Complete Facility Walkthrough	1 day	Thu 1/21/21	Thu 1/21/21
531	Certificate of Occupancy received	1 day	Fri 1/29/21	Fri 1/29/21
532	Occupy Facility	1 day	Mon 2/1/21	Mon 2/1/21
533	Stock Office Supplies and Materials	2 days	Mon 2/1/21	Tue 2/2/21
534	Complete Phase 2 Exit Criteria Checklist	1 day	Wed 2/3/21	Wed 2/3/21
535	Phase 2 Gate: Facility Acquisition Complete	1 day	Wed 2/3/21	Wed 2/3/21
536	Phase 3: Staff Recruiting Start	29 days	Wed 12/16/20	Thu 1/28/21
537	Complete Phase 3 Entrance Criteria Checklist	1 day	Wed 12/16/20	Wed 12/16/20
538	Review Open Positions	3 days	Thu 12/17/20	Mon 12/21/20

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ID	Task Name	Duration	Start	Finish
539	Meet with Staffing BMS to plan recruitment activities	1 day	Tue 12/22/20	Tue 12/22/20
540	Post Requisitions	4 days	Wed 12/23/20	Tue 12/29/20
541	Hold Interviews	10 days	Wed 12/30/20	Wed 1/13/21
542	Identify Incumbent Rebadging Candidates	2 days	Thu 1/14/21	Fri 1/15/21
543	Select Candidates	1 day	Tue 1/19/21	Tue 1/19/21
544	Conduct background checks	3 days	Wed 1/20/21	Fri 1/22/21
545	Check references	3 days	Wed 1/20/21	Fri 1/22/21
546	Extend verbal offers to candidates and issue offer letters	2 days	Mon 1/25/21	Tue 1/26/21
547	Complete Phase 3 Exit Criteria Checklist	1 day	Wed 1/27/21	Wed 1/27/21
548	Phase 3 Gate: Staff Recruiting Complete	1 day	Thu 1/28/21	Thu 1/28/21
549	Phase 4: System Access Start	42 days	Tue 12/1/20	Mon 2/1/21
550	Complete Phase 4 Entrance Criteria Checklist	1 day	Fri 12/4/20	Fri 12/4/20
551	Engage360 Enrollment Broker	39 days	Fri 12/4/20	Mon 2/1/21
552	Create Engage360 Enrollment Broker Environment	2 days	Fri 12/4/20	Mon 12/7/20
553	Prepare Draft Requirement Specifications	10 days	Tue 12/8/20	Mon 12/21/20
554	Obtain Operations Team sign off	2 days	Tue 12/22/20	Wed 12/23/20
555	Revise Requirements Specification	2 days	Thu 12/24/20	Mon 12/28/20
556	Submit for BMS Sign-Off	1 day	Tue 12/29/20	Tue 12/29/20
557	BMS Review and Sign-Off	6 days	Wed 12/30/20	Thu 1/7/21
558	Configure Interface Module	15 days	Tue 12/22/20	Wed 1/13/21
559	Configure Enrollment Determination Module	15 days	Tue 12/22/20	Wed 1/13/21
560	Configure Lock-In rules Module	15 days	Tue 12/22/20	Wed 1/13/21
561	Configure Auto-Assignment Module	15 days	Tue 12/22/20	Wed 1/13/21
562	Configure Disenrollment Module	15 days	Tue 12/22/20	Wed 1/13/21
563	Configure Plan Provider Module	15 days	Tue 12/22/20	Wed 1/13/21
564	Configure Material Distribution Module	15 days	Tue 12/22/20	Wed 1/13/21
565	Configure Reporting Module	15 days	Tue 12/22/20	Wed 1/13/21
566	Complete System Testing	11 days	Thu 1/14/21	Fri 1/29/21
567	Deploy Engage360 Enrollment Broker	1 day	Mon 2/1/21	Mon 2/1/21
568	Engage360 Data Integration	39 days	Fri 12/4/20	Mon 2/1/21
569	Confirm File Interfaces	2 days	Fri 12/4/20	Mon 12/7/20
570	Obtain Specimen files	5 days	Tue 12/8/20	Mon 12/14/20
571	Configure File Format for the Provider File	20 days	Tue 12/8/20	Wed 1/6/21
572	Configure File Format for the Enrollment Broker Recipient Eligibility File	20 days	Tue 12/8/20	Wed 1/6/21
573	Configure Current 834 Companion Guides for the Health Plan, if applicable	20 days	Tue 12/8/20	Wed 1/6/21
574	Configure Eligibility Business Rules	20 days	Tue 12/8/20	Wed 1/6/21
575	Configure File Load Processing	20 days	Tue 12/8/20	Wed 1/6/21
576	Configure File Exception Rules	20 days	Tue 12/8/20	Wed 1/6/21

WV Dept. of Health and Human Resources (DHHR), Bureau for Medical Services (BMS)
 Managed Care Enrollment Brokerage Services

ID	Task Name	Duration	Start	Finish
577	Configure Auto Assignment Business Rules	20 days	Tue 12/8/20	Wed 1/6/21
578	Provide Data Dictionary Documentation	10 days	Thu 1/7/21	Thu 1/21/21
579	Provide Data Models Documentation	10 days	Thu 1/7/21	Thu 1/21/21
580	Provide Companion Guides Documentation	10 days	Thu 1/7/21	Thu 1/21/21
581	Complete System Integration Testing	16 days	Thu 1/7/21	Fri 1/29/21
582	Deploy Engage360 Data Integration	1 day	Mon 2/1/21	Mon 2/1/21
583	Engage360 Call Center	29 days	Fri 12/18/20	Mon 2/1/21
584	Develop Telephony Call Flow	3 days	Fri 12/18/20	Tue 12/22/20
585	Complete Telephony Requirements Document	6 days	Wed 12/23/20	Thu 12/31/20
586	Internal Review of Telephony Requirements	2 days	Mon 1/4/21	Tue 1/5/21
587	Revision of Telephony Requirements	3 days	Wed 1/6/21	Fri 1/8/21
588	Configure phone system & phones on Site	9 days	Mon 1/11/21	Fri 1/22/21
589	Telephony System Ready for Operational Readiness	5 days	Mon 1/25/21	Fri 1/29/21
590	Deploy Engage360 Call Center	1 day	Mon 2/1/21	Mon 2/1/21
591	Engage360 Knowledge Base	31 days	Wed 12/16/20	Mon 2/1/21
592	Define Engage360 Knowledge Base content outline	6 days	Wed 12/16/20	Wed 12/23/20
593	Configure Engage360 Knowledge Base for West Virginia	2 days	Thu 12/24/20	Mon 12/28/20
594	Create Engage360 Knowledge Base glossaries of Terms	2 days	Tue 12/29/20	Wed 12/30/20
595	Create Engage360 Knowledge Base FAQs	2 days	Thu 12/31/20	Mon 1/4/21
596	Draft required Engage360 Knowledge Base process documentation	5 days	Tue 1/5/21	Mon 1/11/21
597	Conduct internal review of draft documents	2 days	Tue 1/12/21	Wed 1/13/21
598	Revise and Finalize Engage360 Knowledge Base content	5 days	Thu 1/14/21	Thu 1/21/21
599	Install Engage360 Knowledge Base	1 day	Fri 1/22/21	Fri 1/22/21
600	System testing for EnGage360 Knowledge Base	5 days	Mon 1/25/21	Fri 1/29/21
601	Deploy Engage360 Knowledge Base	1 day	Mon 2/1/21	Mon 2/1/21
602	Enrollment Assistance Website	36 days	Wed 12/9/20	Mon 2/1/21
603	Draft Enrollment Assistance Website Requirements	4 days	Wed 12/9/20	Mon 12/14/20
604	Internal Review of Enrollment Assistance Website Requirements	2 days	Tue 12/15/20	Wed 12/16/20
605	Update Enrollment Assistance Website Requirements	2 days	Thu 12/17/20	Fri 12/18/20
606	Review Enrollment Assistance Website Requirements with BMS	1 day	Mon 12/21/20	Mon 12/21/20
607	Update Enrollment Assistance Website Requirements from BMS Review	2 days	Tue 12/22/20	Wed 12/23/20
608	Develop Provider Search function	6 days	Thu 12/24/20	Mon 1/4/21
609	BMS Sign-Off on Enrollment Assistance Website Requirements	5 days	Tue 1/5/21	Mon 1/11/21
610	Enrollment Assistance Website development	21 days	Tue 12/15/20	Thu 1/14/21
611	System testing for Enrollment Assistance Website	10 days	Fri 1/15/21	Fri 1/29/21
612	Deploy Enrollment Assistance Website	1 day	Mon 2/1/21	Mon 2/1/21

WV Dept. of Health and Human Resources (DHHR), Bureau for Medical Services (BMS)
Managed Care Enrollment Brokerage Services

ID	Task Name	Duration	Start	Finish
613	MCO Datahub Website	36 days	Tue 12/1/20	Fri 1/22/21
614	Draft MCO Datahub Website Requirements	3 days	Wed 12/2/20	Fri 12/4/20
615	Internal Review of MCO Datahub Website Requirements	1 day	Mon 12/7/20	Mon 12/7/20
616	Update MCO Datahub Website Requirements	1 day	Tue 12/8/20	Tue 12/8/20
617	Review MCO Datahub Website Requirements with BMS	1 day	Wed 12/9/20	Wed 12/9/20
618	Update MCO Datahub Website Requirements from BMS Review	1 day	Thu 12/10/20	Thu 12/10/20
619	BMS Sign-Off on MCO Datahub Website Requirements	3 days	Fri 12/11/20	Tue 12/15/20
620	Create website outline	2 days	Wed 12/16/20	Thu 12/17/20
621	Develop wireframes	4 days	Wed 12/16/20	Mon 12/21/20
622	BMS Review of wireframes	1 day	Tue 12/22/20	Tue 12/22/20
623	BMS Sign-Off on wireframes	1 day	Wed 12/23/20	Wed 12/23/20
624	Develop graphic design	10 days	Tue 12/8/20	Mon 12/21/20
625	Develop plain language content	10 days	Tue 12/8/20	Mon 12/21/20
626	BMS Review of Language Content	2 days	Tue 12/22/20	Wed 12/23/20
627	BMS Sign-Off on Language Content	1 day	Thu 12/24/20	Thu 12/24/20
628	Develop Website Screens	10 days	Tue 12/22/20	Wed 1/6/21
629	Complete System Testing	5 days	Thu 1/7/21	Wed 1/13/21
630	Complete System Integration Testing	5 days	Thu 1/14/21	Thu 1/21/21
631	Deploy MCO Datahub Website	1 day	Fri 1/22/21	Fri 1/22/21
632	Complete Phase 4 Exit Criteria Checklist	1 day	Tue 12/1/20	Tue 12/1/20
633	Phase 4 Gate: System Access Complete	1 day	Tue 12/1/20	Tue 12/1/20
634	Phase 5: Training and Verification Start	56 days	Tue 12/1/20	Mon 2/22/21
635	Complete Phase 5 Entrance Criteria Checklist	1 day	Tue 12/1/20	Tue 12/1/20
636	Develop Operational Procedures	39 days	Fri 12/4/20	Mon 2/1/21
637	Request existing policies and procedures	2 days	Fri 12/4/20	Mon 12/7/20
638	Receive existing policies and procedures	4 days	Tue 12/8/20	Fri 12/11/20
639	Develop operating policies and procedures and work instructions	15 days	Mon 12/14/20	Tue 1/5/21
640	Conduct internal review of all policies and procedures	4 days	Wed 1/6/21	Mon 1/11/21
641	Make suggested modifications based on review and input	2 days	Tue 1/12/21	Wed 1/13/21
642	Finalize all policies and procedures, and submit to BMS for review and approval	1 day	Thu 1/14/21	Thu 1/14/21
643	BMS Review of Policies and Procedures	5 days	Fri 1/15/21	Fri 1/22/21
644	Update policies and procedures per BMS feedback	1 day	Mon 1/25/21	Mon 1/25/21
645	BMS Approval of Finalized Policies and Procedures	4 days	Tue 1/26/21	Fri 1/29/21
646	Upload to Engage360 Knowledge Management System	1 day	Mon 2/1/21	Mon 2/1/21
647	Develop Outreach and Education Materials	22 days	Tue 12/15/20	Fri 1/15/21
648	Determine list of required Outreach and Education Materials	1 day	Tue 12/15/20	Tue 12/15/20

WV Dept. of Health and Human Resources (DHHR), Bureau for Medical Services (BMS)
 Managed Care Enrollment Brokerage Services

ID	Task Name	Duration	Start	Finish
649	Develop Outreach and Education Materials	12 days	Wed 12/16/20	Mon 1/4/21
650	Submit to internal QA review	1 day	Tue 1/5/21	Tue 1/5/21
651	Make revisions based on QA review	1 day	Wed 1/6/21	Wed 1/6/21
652	BMS Review of Outreach and Education Materials	4 days	Thu 1/7/21	Tue 1/12/21
653	Update outreach and Education materials per BMS fee	2 days	Wed 1/13/21	Thu 1/14/21
654	BMS Approval of Finalized Outreach and Education Materials	1 day	Fri 1/15/21	Fri 1/15/21
655	Develop Training Plan	43 days	Thu 12/17/20	Fri 2/19/21
656	Analyze training requirements	1 day	Thu 12/17/20	Thu 12/17/20
657	Identify materials to be developed	1 day	Fri 12/18/20	Fri 12/18/20
658	Finalize required training modules list	1 day	Mon 12/21/20	Mon 12/21/20
659	Develop Training Plan outline	1 day	Tue 12/22/20	Tue 12/22/20
660	Develop outline for training modules	1 day	Wed 12/23/20	Wed 12/23/20
661	Develop Training Schedule	2 days	Thu 12/24/20	Mon 12/28/20
662	Internal review of training schedule	1 day	Tue 12/29/20	Tue 12/29/20
663	Update of training schedule based on review	1 day	Wed 12/30/20	Wed 12/30/20
664	Develop Call Center and Outreach Specialist Training Modules	17 days	Thu 12/31/20	Tue 1/26/21
665	Internal review of training modules	3 days	Wed 1/27/21	Fri 1/29/21
666	Update Training Modules based on review	2 days	Mon 2/1/21	Tue 2/2/21
667	Training Preparation	3 days	Wed 2/3/21	Fri 2/5/21
668	Deliver Training for staff	9 days	Mon 2/8/21	Fri 2/19/21
669	Complete Phase 5 Exit Criteria Checklist	1 day	Mon 2/22/21	Mon 2/22/21
670	Phase 5 Gate: Training and Verification Complete	1 day	Mon 2/22/21	Mon 2/22/21
671	Phase 6: Operational Readiness Start	20 days	Fri 1/29/21	Fri 2/26/21
672	Complete Phase 6 Entrance Criteria Checklist	1 day	Fri 1/29/21	Fri 1/29/21
673	Finalize Readiness Review Schedule and Tasks with BMS and all Stakeholders	1 day	Fri 1/29/21	Fri 1/29/21
674	Printing Readiness	6 days	Mon 2/1/21	Mon 2/8/21
675	Submit Approved Materials to Printing Vendor for print	1 day	Mon 2/1/21	Mon 2/1/21
676	Submit sample printing request to the Printing Vendor	1 day	Tue 2/2/21	Tue 2/2/21
677	Print vendor completes print sample	1 day	Wed 2/3/21	Wed 2/3/21
678	Cognosante reviews print sample	1 day	Thu 2/4/21	Thu 2/4/21
679	Develop Operational Readiness Review Packet for BMS	1 day	Fri 2/5/21	Fri 2/5/21
680	Submit Operational Readiness review packet for BMS approval	1 day	Mon 2/8/21	Mon 2/8/21
681	Conduct Readiness Review Weekly Meetings	19 days	Mon 2/1/21	Fri 2/26/21
682	Week 1 Review Meeting	5 days	Mon 2/1/21	Fri 2/5/21
683	Week 2 Review Meeting	5 days	Mon 2/8/21	Fri 2/12/21
684	Week 3 Review Meeting	4 days	Tue 2/16/21	Fri 2/19/21

WV Dept. of Health and Human Resources (DHHR), Bureau for Medical Services (BMS)
 Managed Care Enrollment Brokerage Services

ID	Task Name	Duration	Start	Finish
685	Week 4 Review Meeting	5 days	Mon 2/22/21	Fri 2/26/21
686	Complete Parallel Enrollment Broker File Processing	5 days	Tue 2/2/21	Mon 2/8/21
687	Distribute assigned enrollment and education materials	2 days	Tue 2/9/21	Wed 2/10/21
688	Complete weekly parallel call center processing	5 days	Mon 2/1/21	Fri 2/5/21
689	Complete weekly outreach and education activities	5 days	Mon 2/1/21	Fri 2/5/21
690	Complete Phase 6 Exit Criteria Checklist	1 day	Fri 2/26/21	Fri 2/26/21
691	Phase 6 Gate: Operational Readiness Complete	1 day	Fri 2/26/21	Fri 2/26/21
692	Go-Live	16 days	Sun 2/28/21	Mon 3/22/21
693	Final data files transferred from outgoing system	1 day	Sun 2/28/21	Sun 2/28/21
694	System Go-Live	0 days	Mon 3/1/21	Mon 3/1/21
695	First day of full operations	1 day	Mon 3/1/21	Mon 3/1/21
696	Post "Go Live" Meeting with BMS and all stakeholders	1 day	Fri 3/5/21	Fri 3/5/21
697	Work with Operations Team for gradual hand-off of project activities	15 days	Mon 3/1/21	Fri 3/19/21
698	Implementation Team Phased Out	1 day	Mon 3/22/21	Mon 3/22/21
699	Migrate to Enrollment Broker Operations	16 days	Mon 3/1/21	Mon 3/22/21
700	Project Closeout Stage	20 days	Mon 9/2/24	Fri 9/27/24
701	Deliverable 16: Turnover and Closeout Management Plan (4.1.54)	20 days	Mon 9/2/24	Fri 9/27/24
702	Receive request from BMS for Turnover and Closeout Management Plan	1 day	Mon 9/2/24	Mon 9/2/24
703	Update Turnover and Closeout Management Plan	4 days	Tue 9/3/24	Fri 9/6/24
704	Internal QA review of Turnover and Closeout Management Plan	2 days	Mon 9/9/24	Tue 9/10/24
705	Update Turnover and Closeout Management Plan	2 days	Wed 9/11/24	Thu 9/12/24
706	Finalize Turnover and Closeout Management Plan	2 days	Fri 9/13/24	Mon 9/16/24
707	Deliverable 16: Internal QA/QC	2 days	Tue 9/17/24	Wed 9/18/24
708	Deliverable 16: Submit Turnover and Closeout Management Plan (4.1.54)	1 day	Thu 9/19/24	Thu 9/19/24
709	Deliverable 16: BMS Review	4 days	Fri 9/20/24	Wed 9/25/24
710	Deliverable 16: Complete updates based on BMS comments	1 day	Thu 9/26/24	Thu 9/26/24
711	Deliverable 16: Turnover and Closeout Management Plan (4.1.54) Approved	1 day	Fri 9/27/24	Fri 9/27/24



cognosante[®]
INNOVATE WITH PURPOSE

RESPONSE TO:

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN
RESOURCES (DHHR), BUREAU FOR MEDICAL SERVICES (BMS)**

MANAGED CARE ENROLLMENT BROKERAGE SERVICES

SOLICITATION NUMBER: CRFQ 0511 BMS2100000001

COST PROPOSAL

NOVEMBER 10, 2020

SUBMITTED TO:

Department of Administration
Purchasing Division
2019 Washington St. East
Charleston, WV 25305-0130
Attn: Buyer - Crystal Husted

PREPARED BY:

Cognosante, LLC
3110 Fairview Park Drive, Suite 800
Falls Church, Virginia 22042-4552
T: 703.206.6000 | F: 855-206-0734
www.cognosante.com

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1. COST PROPOSAL NARRATIVE

1.1 INTRODUCTION

Cognosante, LLC, is pleased to provide this Cost Proposal in response to the Request for Quotation (RFQ) for the West Virginia Managed Care Enrollment Broker Services. This quote will remain open and valid for at least 180-days from the date set as the deadline for receipt of our proposal. Our completed cost sheets are provided in Section 1.5, Cost Sheets.

1.2 CONTRACT INFORMATION

Cognosante assumes a contract start date of December 1, 2020. The start date for the three-month Implementation Phase will be revised based on the actual contract award and contract execution dates. We assume a total base contract period of 12 months with 3 optional 12-month extensions.

Cognosante's quote is predicated upon all the terms and conditions of this solicitation. Work will be performed at our proposed vendor site in Charleston, West Virginia. Cognosante is utilizing an 1,880 man-year to allow for 10 holidays and 15 days of paid leave therefore a full-time equivalent (FTE) is 157 hours/month.

1.3 BASIS OF ESTIMATE

Cognosante developed this Basis of Estimate (BOE) based on data compiled from a number of sources, including industry benchmarks, experience performing and delivering State and Federal Government programs that leverage similar workstreams, and personnel requirements for projects of similar size and scope. Cognosante considers cost realism and the ability to operate in the most effective and efficient manner to be of paramount importance in the development of our costs.

We developed a BOE staffing plan, and subsequently our pricing, using historical call volume and average handle time data provided by the Bureau of Medical Services (BMS), as well as our own experience in staffing, scheduling, and managing our call center programs portfolio. Our methodology to ensure realism for our proposed cost estimates is based on methodologies and tools including Erlang C and the formulas and models inherent in our enrollment broker call center workforce management process. Additionally, staffing requirements were developed to meet required Service Level Agreements and to ensure the appropriate coverage during hours of operations, as outlined by the State in the RFQ.

1.4 ESCALATION

Cognosante's forward pricing indirect rates are forecasted to decline between years 2020 and 2023 due to organizational efficiencies, which is offset by an average merit increase for all employees of 2.6%-3.0% per year. Cognosante's standard practice is to price each contract year independently considering these factors which typically allows us to pass through savings to our customers year over year. As such, we have passed through these savings to the Ad Hoc Hourly IT and Non-IT rates in years 2-4. Cognosante has agreed to waive the IT and Non-IT hourly rate for the Base Year.

1.5 COST SHEETS

Cognosante has included completed Cost Sheets from Solicitation No. CRFQ 0511 BMS2100000001.



Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
 Centralized Request for Quote
 Service - Misc

Proc Folder: 761466			Reason for Modification: ADDENDUM 2 TO PROVIDE ANSWERS TO VENDOR QUESTIONS AND CORRECT COMMODITY LINE DESCRIPTIONS
Doc Description: MANAGED CARE ENROLLMENT BROKERAGE SERVICES			
Proc Type: Central Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2020-10-29	2020-11-10 13:30	CRFQ 0511 BMS2100000001	3

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: 000000221475
Vendor Name : Cognosante, LLC
Address : 3110 Fairview Park Drive, Suite 800
Street :
City : Falls Church
State : VA **Country :** U.S.A. **Zip :** 22042
Principal Contact : Sandra Seaton Pina, Chief Contracts Officer
Vendor Contact Phone: (703) 206-6015 **Extension:**

FOR INFORMATION CONTACT THE BUYER

Crystal G Hustead
 (304) 558-2402
 crystal.g.hustead@wv.gov

Vendor Signature X  **FEIN#** 68-0121468 **DATE** November 10, 2020

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

ADDITIONAL INFORMATION

THE WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES, BUREAU FOR MEDICAL SERVICES "BMS" (HEREINAFTER REFERRED TO AS THE "BUREAU" OR "BMS") IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT TO PROVIDE ENROLLMENT BROKERAGE SERVICES FOR ELIGIBLE PARTICIPANTS IN THE MEDICAID MANAGED CARE PROGRAM PER THE ATTACHED DOCUMENTS.

QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Implementation-BMS	1		\$ 489,860.34	\$ 489,860.34

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Implementation Costs-BMS: Staffing, Computer (including software), Facilities, Consulting Services, and Other Costs

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Base Year One-200,000-300,000 members	300,000		\$ 0	\$ 0

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Base Year One-PMPM rate X 300,000 members X 9 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Base Year One-300,000-400,000 members	400,000		\$0.39	\$1,404,000.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Base Year One-PMPM rate X 400,000 members X 9 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Base Year One-400,001-500,000 members	500,000		\$ 0.411	\$1,848,600.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Base Year One-PMPM rate X 500,000 members X 9 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Base Year One->/=500,001 members	500,001		\$ 0.390	\$1,755,003.51

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Base Year One-PMPM rate X 500,001 members X 9 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Optional Renewal Year One-200,000-300,000 members	300,000		\$ 0	\$ 0

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year One-PMPM rate X 300,000 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	Optional Renewal Year One-300,000-400,000 members	400,000		\$0.390	\$1,872,000.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year One-PMPM rate X 400,000 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
8	Optional Renewal Year One-400,001-500,000 members	500,000		\$0.411	\$2,464,800.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year One-PMPM rate X 500,000 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
9	Optional Renewal Year One->/=500,001 members	500,001		\$0.390	\$2,340,004.68

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year One-PMPM rate X 500,001 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
10	Optional Renewal Year Two-200,000-300,000 members	300,000		\$ 0	\$ 0

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Two-PMPM rate X 300,000 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
11	Optional Renewal Year Two-300,000-400,000 members	400,000		\$0.370	\$1,776,000.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:
Optional Renewal Year Two-PMPM rate X 400,000 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
12	Optional Renewal Year Two-400,001-500,000 members	500,000		\$0.391	\$2,344,800.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:
Optional Renewal Year Two-PMPM rate X 500,000 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
13	Optional Renewal Year Two->/=500,001 members	500,001		\$0.370	\$2,220,004.44

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Two-PMPM rate X 500,001 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
14	Optional Renewal Year Three-200,000-300,000 members	300,000		\$ 0	\$ 0

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Three-PMPM rate X 300,000 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
15	Optional Renewal Year Three-300,000-400,000 members	400,000		\$0.350	\$1,680,000.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:
Optional Renewal Year Three-PMPM rate X 400,000 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
16	Optional Renewal Year Three-400,001-500,000 members	500,000		\$0.371	\$2,224,800.00

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:
Optional Renewal Year Three-PMPM rate X 500,000 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
17	Optional Renewal Year Three->/=500,001 members	500,001		\$0.350	\$2,100,004.20

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Three-PMPM rate X 500,001 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
18	Base Year One-Ad Hoc Hourly Rate Information Technology	5,000		\$ 0	\$ 0

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Base Year One Ad Hoc Hourly Rate Information Technology
Estimated 5000 hours X hourly rate

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
19	Opt. Renewal Yr 1-Ad Hoc Hourly Rate Information Technology	5,000		\$66.21	\$331,072.27

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year One Ad Hoc Hourly Rate Information Technology
Estimated 5000 hours X hourly rate

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
20	Opt. Renewal Yr 2-Ad Hoc Hourly Rate Information Technology	5,000		\$65.30	\$326,518.98

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Two Ad Hoc Hourly Rate Information Technology
Estimated 5000 hours X hourly rate

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
21	Opt. Renewal Yr 3-Ad Hoc Hourly Rate Information Technology	5,000		\$66.77	\$333,862.68

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Three Ad Hoc Hourly Rate Information Technology
Estimated 5000 hours X hourly rate

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
22	Base Year One-Ad Hoc Hourly Rate Non- Information Technology	5,000		\$ 0	\$ 0

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Base Year One Ad Hoc Hourly Rate Non- Information Technology
Estimated 5000 hours X hourly rate

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
23	Opt.Renew.Yr1 -Ad Hoc Hrly Rate Non- Information Technology	5,000		\$29.38	\$146,916.30

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year One Ad Hoc Hourly Rate Non- Information Technology
Estimated 5000 hours X hourly rate

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
24	Opt.Renew.Yr2 -Ad Hoc Hrly Rate Non- Information Technology	5,000		\$28.98	\$144,895.74

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Two Ad Hoc Hourly Rate Non- Information Technology
Estimated 5000 hours X hourly rate

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
25	Opt.Renew.Yr3 -Ad Hoc Hrly Rate Non- Information Technology	5,000		\$29.63	\$148,154.59

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Three Ad Hoc Hourly Rate Non- Information Technology
Estimated 5000 hours X hourly rate

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
26	Implementation-WVCHIP	1		\$ 0	\$ 0

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Implementation Costs-WVCHIP: Staffing, Computer (including software), Facilities, Consulting Services, and Other Costs

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
27	WVCHIP: Base Year One-</=15,000 members	15,000		\$ 0	\$ 0

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Base Year One-PMPM rate X 15,000 members X 9 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
28	WVCHIP: Base Year One-15,001-20,000 members	20,000		\$ 0	\$ 0

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Base Year One-PMPM rate X 20,000 members X 9 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
29	WVCHIP: Base Year One-20,001-25,000 members	25,000		\$0.339	\$76,271.56

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Base Year One-PMPM rate X 25,000 members X 9 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
30	WVCHIP: Base Year One->/=25,001 members	25,001		\$0.339	\$76,274.61

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Base Year One-PMPM rate X 25,001 members X 9 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
31	WVCHIP: Optional Renewal Year One- =15,000 members	15,000		\$ 0	\$ 0

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:
Optional Renewal Year One-PMPM rate X 15,000 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
32	WVCHIP: Optional Renewal Year One-15,001-20,00 members	20,000		\$ 0	\$ 0

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:
Optional Renewal Year One-PMPM rate X 20,000 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
33	WVCHIP: Optional Renewal Year One-20,001-25,000 members	25,000		\$0.247	\$74,062.82

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year One-PMPM rate X 25,000 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
34	WVCHIP: Optional Renewal Year One->/ =25,001 members	25,001		\$0.247	\$74,065.78

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year One-PMPM rate X 25,001 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
35	WVCHIP: Optional Renewal Year Two-</ =15,000 members	15,000		\$ 0	\$ 0

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:
Optional Renewal Year Two-PMPM rate X 15,000 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
36	WVCHIP: Optional Renewal Year Two-15,001-20,000 members	20,000		\$ 0	\$ 0

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:
Optional Renewal Year Two-PMPM rate X 20,000 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
37	WVCHIP: Optional Renewal Year Two-20,001-25,000 members	25,000		\$0.242	\$72,551.11

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:
Optional Renewal Year Two-PMPM rate X 25,000 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
38	WVCHIP: Optional Renewal Year Two->/ =25,001 members	25,001		\$0.242	\$72,554.01

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:
Optional Renewal Year Two-PMPM rate X 25,001 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
39	WVCHIP: Optional Renewal Year Three- =15,000 members	15,000		\$ 0	\$ 0

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Three-PMPM rate X 15,000 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
40	WVCHIP: Optional Renewal Year Three-15,001-20,000 members	20,000		\$ 0	\$ 0

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Three-PMPM rate X 20,000 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
41	WVCHIP: Optional Renewal Year Three-20,001-25,000 members	25,000		\$0.244	\$73,129.58

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Three-PMPM rate X 25,000 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
42	WVCHIP: Optional Renewal Year Three->/ =25,001 members	25,001		\$0.244	\$73,132.50

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Three-PMPM rate X 25,001 members X 12 Months

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
43	WVCHIP: Base YR 1-Ad Hoc Hourly Rate Information Technology	5,000		\$ 0	\$ 0

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Base Year One Ad Hoc Hourly Rate Information Technology
Estimated 5000 hours X hourly rate

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
44	WVCHIP: Opt. Renew. Yr 1-Ad Hoc Hourly Rate Information Tech	5,000		\$66.21	\$331,072.27

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year One Ad Hoc Hourly Rate Information Technology
Estimated 5000 hours X hourly rate

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
45	WVCHIP: Opt. Renew. Yr 2-Ad Hoc Hourly Rate Information Tech	5,000		\$65.30	\$326,518.98

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Two Ad Hoc Hourly Rate Information Technology
Estimated 5000 hours X hourly rate

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
46	WVCHIP: Opt. Renew. Yr 3-Ad Hoc Hourly Rate Information Tech	5,000		\$66.77	\$333,862.68

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Three Ad Hoc Hourly Rate Information Technology
Estimated 5000 hours X hourly rate

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
47	WVCHIP: Base Yr 1-Ad Hoc Hourly Rate Non-Information Tech.	5,000		\$ 0	\$ 0

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Base Year One Ad Hoc Hourly Rate Non- Information Technology
Estimated 5000 hours X hourly rate

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
48	WVCHIP:Opt.Renew.Yr1 -Ad Hoc Hrly Rate Non- Information Tech	5,000		\$29.38	\$146,916.30

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year One Ad Hoc Hourly Rate Non- Information Technology
Estimated 5000 hours X hourly rate

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
49	WVCHIP:Opt.Renew.Yr2 -Ad Hoc Hrly Rate Non- Information Tech	5,000		\$28.98	\$144,895.74

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Two Ad Hoc Hourly Rate Non- Information Technology
Estimated 5000 hours X hourly rate

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
50	WVCHIP:Opt.Renew.Yr3 -Ad Hoc Hrly Rate Non- Information Tech	5,000		\$29.63	\$148,154.59

Comm Code	Manufacturer	Specification	Model #
85121700			

Extended Description:

Optional Renewal Year Three Ad Hoc Hourly Rate Non- Information Technology
Estimated 5000 hours X hourly rate

SCHEDULE OF EVENTS

Line	Event	Event Date
1	VENDOR QUESTION DEADLINE	2020-10-13

	Document Phase	Document Description	Page 27
BMS210000001	Final	MANAGED CARE ENROLLMENT BROKERAGE SERVICES	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions