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SUBJECT:	MES Strategic Planning RFI	DATE:	1/6/2022

COMMENTS Please find attached Certifi's response to Request for Information CRFI BMS 2200000001 Medicaid Enterprise System.

WV Purchasing Division
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Request for Information

CRFI BMS2200000001
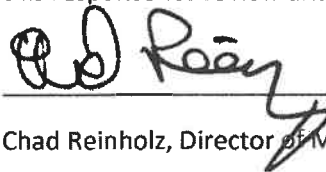
Medicaid Enterprise System (MES)

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By signing below, I certify that I have reviewed this Request for Information in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this response for review and consideration on behalf of my organization.

Chad Reinholz, Director of Marketing

1/6/2022

Date

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Executive Summary

OVERVIEW

The COVID-19 pandemic has reshaped the world. For some states, that means falling state revenue and difficult funding choices. As a result, lowering the cost of administering a Medicaid program through a Section 1115 premium billing waiver may become a priority.

But, because of the low dollar amount typical of Medicaid premiums, collecting those premiums can be difficult and costly. In fact, some states that implemented Medicaid premium billing experienced delinquent payment rates as high as 80%. Even worse, when Virginia implemented CHIP premiums, for every $1 in premium collected, they were spending $1.39 on billing administration.

Certifi's automated premium billing and payment platform – which is R3 certified under the requirements of the Medicaid Enterprise Certification Toolkit - streamlines the premium billing process, improving payment rates and reducing billing administration costs. Our automated delinquency management process and unique retail cash payment network simplify delinquency notification processes while making it easier for beneficiaries to pay their premiums. The results: One Medicaid client's delinquency rate is just 17% and administrative costs are less than 10% of collected premiums.

THE CERTIFI PLATFORM (WILLIAM™)

Certifi is a software and services company that has created an end-to-end automated premium billing and payment platform that is purpose-built for the modern Medicaid market; we call it William™. William™ is a cloud-native consolidated billing platform that performs all the functions of membership accounting, payment and delinquency management, and remittance for digital benefits-based billing. William™ can be deployed in a variety of settings, including traditional group-based consolidated billing, health insurance exchange group and individual billing, individual billing to support populations such as retirees, and in states whose Medicaid waiver or Medicaid buy-in includes premium billing for specific populations.

Core functions of the solution include Consolidated Billing, an Online Payment Portal, Online Commission Management, and Enrollment Data Filtering, all integrated and automated within William™. The solution is uniquely positioned to operate within Medicaid premium billing..

William™ can easily integrate with upstream enrollment or downstream systems, like state Department of Revenue systems, to automate delinquency collections through income tax filings. By design it uses true accounting principles to enforce balanced transactions at every interaction, thereby avoiding costly reconciliation backlogs and negative service impacts.

Certifi clients have the option to control all service delivery with the William™ SaaS implementation model, elect a co-sourced model in which Certifi and the client share service delivery, or elect a fully outsourced model where the Certifi team manages all aspects of billing, payment and accounting.

WHAT'S SO SPECIAL ABOUT WILLIAM™

The key to minimizing reconciliation is maintaining forced-balance transactions that pair receivables and payables in single transaction sets that are always balanced and always stay together throughout the life of a transaction.

Whether performing individual or group billing, William™ generates person-level transactions for each policy for every month of coverage. These transactions identify the source(s) of payment, such as employer premium, individual premium, APTC subsidy, or other payment mechanism, as well as the receivable side of the transaction, identifying all recipients of funds collected, such as premiums payable to a carrier, fixed or variable administrative fees paid to a program administrator, and fixed or variable commissions paid to agents or general agencies. At the time an invoice is generated, the client can understand all the future liabilities that are related to the receivables on every invoice.

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Specific attributes:

- When retroactive transactions occur, offsetting adjustments are created in William™, eliminating the need for manual intervention.
- Partial payments can be dynamically applied to group or individual invoices based on client or group specific rules without manual intervention by client or Certifi personnel.
- Subsequent payments are automatically applied to the oldest outstanding transactions, even if they are partially paid, without manual intervention by the client or Certifi personnel.

The result of the accounting-style, forced-balance transaction structure, automated retroactive transaction processing, and dynamic payment application is a streamlined billing process that eliminates most reconciliation issues that cause increased effort and expense, and drive beneficiary dissatisfaction with the billing process.

WHAT CERTIFI DELIVERS

William™ Benefits Everyone

- Manage Increased and Increasing Financial Complexities
- Deliver Consumer Expected Features/Functions
- Increase Efficiency
- Reduce Administrative Costs

Features

- True Enterprise Class Accounting System with GAAP Compliant Reporting
- Scale & Proven Security
- Integration Models are Flexible and Fast to Implement
- Forced Transaction Balance = Better Data, Lower Reconciliation, Lower Billing Call Volume
- Custom Branding of Invoices, Web Portals and Outbound Communications

Capabilities

- Group & Individual Billing & Payment Management, Including Individual Billing to Support Unique Populations
- Automated Custom Rate Calculations
- Automated Delinquency
- Automated Fulfillment Files
- Level II Administrator Call Center Support Included
- Available Integrated Credit Card Payment and Processing within Portal
- Available Integrated Consumer Cash Payment Through Retailers
- Technical Support

Additional Value for Government

- Proven in State Health Insurance Exchanges
- Proven for State Medicaid Expansion
- Proven in Multiple State Cooperatives
- True Accounting Architecture Means Clear Audit Trails

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Questions

Number	Question	Answer
4.2.1	**Please describe any elements BMS should consider incorporating into its vision, planning, and implementation for a modernized, modular MES.**	CMS envisions that modular solutions and architectures for state Medicaid enterprise systems will promote the reuse of technical solutions among states, minimize customization and configuration needs, and increase competition in the Medicaid Enterprise marketplace. Modularity will also improve efficiency and effectiveness of system upgrades, reduce costs, while improving system interoperability. Certifi's William™ premium billing and payment solution embodies these goals. Instead of leveraging less sophisticated billing solutions included in an enrollment or other platform, Certifi's platform is purpose-built to manage billing in a modular environment. As a result, we believe it's best for BMS to truly take a modular approach when planning and implementing a modern MES. Certifi's William™ premium billing and payment platform meets those requirements, delivering a best-in-class premium billing solution that's easy to integrate with other MES systems.
4.2.2	**In the projects you have been on, what was the optimal configuration of MES modules specific to functionality, integration of other solutions, and management of data?**	We offer both full-service and Software-as-a-Service (SaaS) models for our billing and payment software module or any distribution of duties in between. In our full-service model we perform all the activities related to billing. Generally, most of our clients have started with a full-service model. Over time, as they become more familiar with our software and the billing process, they may take on more responsibility and eventually transition to a SaaS model. The benefit of our full-service model is states with limited resources can rely on our team of premium billing experts to bill and slowly build their knowledge and experience before transitioning to a SaaS model. We have extensive experience integrating with a wide variety of systems. One of the strengths of the system is the ability to integrate data from virtually any upstream system. This integration

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			can be standards-based (834 or 820), proprietary (custom format), and it can be file-based or transactional (Web services/API). Our current Medicaid premium billing integration is standards-based.
4.2.3		**Describe Medicaid Enterprise solutions your organization provides or is developing that BMS should consider during its roadmap planning. BMS is interested in learning about the following: 1. The Medicaid Enterprise business processes or discrete functionalities targeted by the Medicaid Enterprise solution. 2. How the Medicaid Enterprise solution is packaged (i.e., commercial-off-the shelf (COTS) or proprietary; modular or tightly integrated; cloud or local). 3. How the Medicaid Enterprise solution is priced (please include methodology only, e.g., Per Member per Month, fixed price per year, data usage— please do not provide actual purchase prices). 4. In how many states is your Medicaid Enterprise solution currently deployed, or expected to be deployed, and how long has it been in use. 5. Configurations and customizations typically requested to adapt the product for use in a State Medicaid Program. 6. Technical architecture and processing capacity/scalability. 7. User-facing and self-service capabilities. 8. Interface support, flexibility, and extensibility to other stakeholders and State agencies.**	Certifi offers a modular Medicaid premium billing and payment solution to states whose Section 1115 waiver implements member billing for the expansion population or a Medicaid buy-in program. Our solution, William™, recently earned R3 certification under the requirements of the Medicaid Enterprise Certification Toolkit (MECT), the only premium billing solution to achieve such certification.

One of the issues states with premium billing waivers face is the cost of billing outweighs the small premium amounts collected in a typical Medicaid environment. Our solution uniquely solves that issue by automating the billing process and leveraging unique payment methods, like a cash pay network, to improve premium payment rates. As a result, states using our solution achieve the lowest premium loss rate across premium billing waiver states.

William™ is a highly configurable, modular COTS solution. Our cloud-native software uses just-in-time computing through Amazon Web Services (AWS) utilizing lambdas, auto-scale groups, and other components of AWS architecture to deliver web applications, back-end services, and APIs. The solution is hosted simultaneously in multiple separate AWS availability zones, providing redundancy in case an outage occurs in one zone. The result is a scalable, redundant, highly available cloud platform.

William™ is highly adaptable to the Medicaid environment and is currently in use in the State of Montana, where it has been deployed since 2018. The results: While some other states have found administrative costs to be greater than premiums collected, the total cost of ongoing billing in Montana is less than 10% of collected premiums. |

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			Services performed by the system include receiving enrollment data, calculating premium billing transactions, sending premium invoices to specified group and individual populations, receiving payments (lockbox check payments, inbound ACH payments, credit card payments, and retail cash payments), applying payments to group and individual accounts, generating remittance reporting, and generating delinquency notifications for groups and individuals. Certifi offers both a full-service and Software-as-a-Service (SaaS) model. In both service models, we provide ongoing system administration, hosting, system operations, and configuration management services. In the full-service model, Certifi will perform ongoing data management, creation and delivery of invoices and carrier premium remittances, generation and distribution of reports, and management of payments (suspense payments, refunds, reversals, etc.). In the SaaS model, the state will perform these services. We use a per member, per month pricing model. Finally, our solution integrates with other Medicaid systems and solutions through a variety of mechanisms, including SSO, Web Services/API integration, and flat file data exchange. We can also integrate with other state departments and systems. For example, our integration with Montana's Department of Revenue automates delinquency collections through income tax filings.
4.2.4	**What do you see as the benefits and risks of including business process outsourcing (BPO) services together with technical services?**		We offer both full-service and Software-as-a-Service (SaaS) models for our billing and payment software module or any distribution of duties in between. In our full-service model we perform all the activities related to billing. Generally, most of our clients have started with a full-service model. Over time, as they become more familiar with our software and the billing process, they may take on more responsibility and eventually transition to a SaaS model. The benefit of our full-service model is states with limited resources can rely on our team of premium billing experts

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			to bill and slowly build their knowledge and experience before transitioning to a SaaS model.
4.2.5		Describe your experience, if any, with CMS Outcomes-Based Certification or Streamlined Modular Certification.	We don't have experience with CMS Outcome-based certification, though we do have experience with R3 certification under the Medicaid Enterprise Certification Toolkit (MECT). Our solution, William™, recently became the only premium billing solution to achieve such certification.
4.2.6		What approaches to supporting consistency in business process functions and data architecture across multiple systems and vendors have you encountered?	As a premium billing modular solution, we find that keeping the constellation of treasury functions tightly coupled in a single system and using the same source of data as truth when transacting leads to improved billing accuracy. Integrations with other platforms are also key to Medicaid billing. We can inherit data from other systems, like rate information or enrollment data, and leverage SSO to inherit access information from other systems.
4.2.7		Please provide your recommended strategy for ongoing compliance with the CMS Interoperability and Patient Access final rule (CMS-9115-F). The rule can be found at the following location: https://www.cms.gov/files/document/cms-9115-f.pdf.	Because we don't interact with patient data like claims and encounter information nor with providers, we're not a target of this final rule.

However, we do have extensive experience integrating with a wide variety of systems. One of the strengths of the system is the ability to integrate data from virtually any upstream system. This integration can be standards-based (834 or 820), proprietary (custom format), and it can be file-based or transactional (Web services/API). |
| 4.2.8 | | Provide your strategy for compliance with the Health Insurance Portability and Accountability Act (HIPAA) and Federal Risk and Authorization Management Program (FedRAMP) Requirements. Information about HIPAA compliance can be found at the following location: https://www.hhs.gov/hipaa/for-professionals/privacy/index.html. Information about FedRAMP can be found on www.fedramp.gov. | Certifi is a covered entity, storing minimal PHI about subscribers and dependents, their enrollment in coverage, and the cost of coverage. We comply with the requirements of the privacy and security HIPAA/HITECH rules with our policies, procedures, and training requirements, as well as with the responsibility matrix between Certifi and our cloud hosting provider Amazon Web Services. This compliance is evaluated yearly, and as rule guidance evolves.

Certifi's SaaS offering can be offered in the Amazon Web Services FedRAMP-compliant environment and architecture if required, with or without GovCloud. SOC2 auditing of security and authorization controls and activities occurs annually and is cross walked to NIST |

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		publications. FedRAMP assessments resulting in FedRAMP Ready or other CSP designations have not been completed. Certifi does not currently have instances of our application operating under FedRAMP.
4.2.9	Provide your strategy for assisting states in achieving compliance with CMS, and federal rules, regulations, and guidance related to modularity, leverage, reuse, and outcomes achievement.	As part of our implementation in Montana, we earned R3 certification under the requirements of the Medicaid Enterprise Certification Toolkit (MECT), the only premium billing solution to achieve such certification. We were able to demonstrate the system's accuracy, technical controls, process controls, and data protection capabilities to the satisfaction of CMS. This allowed the State of Montana to receive enhanced funding from the federal government for the operation of their Medicaid expansion program.
4.2.10	What approaches do you suggest for Disaster Recovery processes in a modular MES that accounts for integration and communication across multiple partners?	As a Software-as-a-Service, cloud-based solution, our disaster recovery planning begins with multiple availability zones. A portion of the Disaster Recovery plan is executed at every production release with the removal of one availability zone during software upgrade and the subsequent deployment of the new software to the second availability zone.

Beyond exercising the disaster recovery plan at each release, the full continuity plan is exercised annually.

Finally, we have been operating its solution in the cloud since its inception, so there are virtually no physical resources that are required at state locations to ensure system availability. |
| 4.2.11 | What organizational change and communications management processes have you seen employed for a modernized, multi-vendor MES implementation? How would you help support the evolution of the Medicaid Enterprise as a whole? | We have a rigorous, defined implementation process that involves defining best practices and decision points to create an implementation strategy, creating requirements documentation and client approval, configuring the system, determining, and communicating a testing strategy, end-user training, and end-to-end testing.

Our post-implementation change management |

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		process leverages a statement of work process. Like our solution implementation, that process follows a kickoff, discovery, configuration, train, test, go live workflow. We understand that the key to successful change management is effective communication, which is why we focus on understanding the scope of the change, understanding the client impact, and then developing a clear communication plan specific to the project.
4.2.12	How does a multi-vendor environment change how you manage your own Design, Development, and Implementation (DDI) work? How should dependencies be identified, negotiated, and implemented in a multi-vendor environment?	A multi-vendor environment has little to no bearing on our own DDI. Because we're a modular billing solution, we're always engaging in a multi-vendor environment. We integrate with upstream enrollment systems and downstream systems like Department of Revenue tax collection systems. Part of our implementation process involves identifying dependencies, determining an integration strategy, and then developing requirements documentation.
4.2.13	Describe your experience, if any, with collaboration tool(s) such as or equal to Jira®, Confluence, and IBM® Rational Team Concert (RTC) or other tools to track items, which include, but are not limited to, project milestones, deliverables, and/or implementation testing. Do you recommend any specific approaches or tool(s) for collaboration in a multi-vendor environment? Does your company prefer using its own collaboration tool(s) to support an implementation, or do you prefer using collaboration tool(s) provided by a state and/or a systems integrator (SI)?	We leverage Jira and Confluence internally to track project milestones, deliverables, development, implementation, etc. We prefer to use our own collaboration tools to support an implementation but can work with whatever the state and/or systems integrator chooses.
4.2.14	What roles and responsibilities have you seen for a system integrator (SI) in a modular systems environment? Was this role fulfilled by a separate vendor, incorporated with other services, or performed by the state Medicaid agency itself? What are the key success factors and risks to success related to using a SI?	Because we generally lead the implementation of our modular billing solution, whether we're working with a System Integrator or directly with the state Medicaid agency is of little consequence as long as we have access to individuals who understand the billing and payment requirements.
4.2.15	Describe your depth, breadth, and frequency recommendations for performing periodic vulnerability scans of production and development environments?	We perform in-house application vulnerability scans using third party tools. External vulnerability management testing is performed by a third party - in the form of web application

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		scans, web application penetration tests, and infrastructure penetration tests - on a semi-annual basis. Items requiring remediation are immediately logged and added as development tickets according to their severity.
4.2.16	What processes, techniques, and solutions does your organization consider critical for delivering optimal data sharing throughout the MES?	One key to optimal data sharing is identifying vendors with the experience integrating data with other systems and platforms. As a modular solution, we have deep experience integrating with disparate systems. One of the strengths of the system is the ability to integrate data from virtually any upstream or downstream system. In addition to integrations with enrollment and eligibility platforms, we've built integrations with a state's Department of Revenue to streamline collections activity. We can also export data in a number of formats for sharing with other systems or data platforms.
4.2.17	What standards and practices would you recommend with regards to key data governance, master data management, data stewardship, and data-sharing concerns? What approaches do you recommend for engaging business data owners separately from technical data system managers?	Virtually all our clients require a data feed to data warehouse systems. These interfaces are built during client implementation. Standard formats can be used, or we can accommodate a custom format. The system also provides a full set of APIs relevant to premium billing services.
4.2.18	Describe your company's current roles and responsibilities as a fiscal agent, if applicable, in a modular systems environment. Describe how you coordinate with other vendors to incorporate their services in a modular systems environment. What are the key success factors and risks for separating Fiscal Intermediary functions from technical functions?	Not Applicable.
4.2.19	Describe the division of responsibilities on successful projects, in relation to a multivendor environment, between vendor and subcontractor Project or Portfolio Management Offices (PMO), and an Enterprise PMO provided by either BMS or a separate vendor?	We have extensive experience implementing solutions in a multi-vendor environment for government entities. In our experience, flexibility is the key to success. Each implementation is unique, with different software configurations, interactions with different vendors, and different organizational structures. As a result, we work with our clients to define roles and responsibilities during the implementation process.

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		Equally important is having a strong project manager. Typically, we lead the implementation of our solution, but have experience working with enterprise project managers in the context of broader system change. Successful projects have these common elements: 1. A clear project plan that includes the scope of work, responsibilities, deliverables, and a dependency matrix. 2. Defined vendor management practices 3. Collaboration standards 4. Clear vendor management standards like performance monitoring and regular vendor meetings
4.2.20	**Describe your recommended approach to addressing the complex relationships between a variety of vendors working on separate parts (or modules) of the overall Medicaid Enterprise System. To what degree do you recommend BMS require these approaches in any RFP(s) it issues?**	In our experience, states manage their enterprise Medicaid system centrally using an in-house project team with a Project Manager assigned to each function/vendor. We typically interface with the state and their IV&V vendor, so our exposure to multiple vendors is limited. States that provided their MMIS roadmap to include all functions and showed each vendor how they fit into the broader solution typically experienced fewer issues.
4.2.21	**What factors (technologies, development methodologies, frameworks, etc.) would you recommend BMS require in an RFP in order to accelerate the DDI of MES modules?**	Vendors who practice Agile development are better able to respond to changing requirements during complex projects like these. Integration with an enterprise service bus can help, so look for vendors who have API integration capabilities.
4.2.22	**Describe ways you feel BMS should structure an RFP to encourage competition and innovation from Medicaid Enterprise solution bidders.**	To encourage competition, ensure the RFP is broadly available to as many potential vendors as possible. We play a relatively small niche in a Medicaid Enterprise Solution, and often are unaware Medicaid RFPs exist because states fail to broadcast their RFPs to a wide audience.
4.2.23	**What recommendations do you have for establishing procurement and implementation timelines that help deliver value sooner, reduce risk, maximize Federal Financial Participation (FFP), and achieve Outcomes-Based Certification or Streamlined Modular Certification,?**	In our experience, a staged, modular approach can help deliver value sooner, reduce risk and maximize FFP. By identifying which systems to replace and creating an implementation timeline that staggers the implementation of modular solutions can help deliver value sooner. Our solution, William™, recently earned R3 certification under the requirements of the

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		Medicaid Enterprise Certification Toolkit (MECT), the only premium billing solution to achieve such certification. Selecting solutions that have already gone through the rigorous certification process can help maximize Federal Financial Participation.
4.2.24	**Describe the major trends in your Medicaid Enterprise solution category that you believe BMS should be aware of, including any product or approach changes that you believe will come to market within the next 12 – 24 months. How do your Medicaid Enterprise solution roadmaps stay current with such trends? If possible, please be specific regarding how these trends affect Medicaid, WVCHIP, or healthcare IT in West Virginia.**	The use of emerging technology to streamline business processes will continue to advance. For example, we recently completed a project to leverage machine learning to perform payment matching on checks without account information which resulted in a 4X improvement in the time it takes to process unidentified payments. Additional applications of machine learning include examining inbound data for errors before the data hits downstream systems and other quality control reviews to confirm data accuracy.
4.2.25	**Identify any innovations in your Medicaid Enterprise solution for addressing Medicaid Business Priorities (cost savings, performance efficiencies, improved care outcomes, etc.).**	For states to be successful collecting Medicaid premiums, they need to automate the billing process while minimizing delinquent payments. What makes Certifi unique is our accounting-style design couples transaction sets – receivables and payables – so that adjustments automatically happen on both sides of the transaction, improving billing accuracy and limiting time-consuming manual reconciliation. Plus, we've developed a retail cash payment network that's the key to improving beneficiary payment rates. Because some Medicaid beneficiaries are unbanked or underbanked, the ability to pay cash at a local retail store improves payment rates. The result: Better payment rates and lower billing administrative costs translate to cost savings for states that have implemented Medicaid premium billing.
4.2.26.	**Identify any innovations in your Medicaid Enterprise solution for addressing technical risk management**	We leverage automated testing using tools like Katalon and Browserstack to automate the testing of each release, ensuring that any customer-facing websites continue to meet Section 508 accessibility requirements. We also maintain a formal set of policies and procedures

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			governing information technology security. A formal System Security Plan has been developed and is in use in support of the system's Medicaid premium billing capabilities.
			Additionally, Certifi operates an information protection program that features extensive policy documentation governing all areas of information protection, such as access control, encryption, acceptable use, and physical access. These policies govern employee behavior and are enforced by automated tools and technologies to secure computing resources and provide only required access to identified individuals. Continuous assessment of security risks is achieved through annual production of a NIST 800-53 risk assessment, which is an artifact required by existing clients. Additionally, the company obtains annual SOC 1 and SOC 2 Type II audits from independent auditing organizations.
4.2.27	**Describe 1 to 3 use cases where innovations in your Medicaid Enterprise solution would apply and the value your Medicaid Enterprise solution would add when applied to them.**		Our innovations apply to states with premium waivers for their Medicaid expansion population or Medicaid buy-in programs. Our unique accounting-based design improves accuracy and automates the billing process. As a result, we lower the cost of Medicaid premium billing.
			Our retail payment network enables Medicaid beneficiaries to pay cash for their premiums, improving payment rates. Our delinquency management process and implementations with other state systems, like the Department of Revenue, minimizes delinquent payments.
			Our solution itself is cloud-based leveraging the latest Amazon Web Services technology. William™ is scalable, configurable, and easier to integrate with other Medicaid systems and solutions.
			Finally, because our premium billing solution is highly configurable, it's easier to setup and deploy. Plus, you can quickly make product changes; for example, modifying a delinquency notice or payment portal messaging is a configuration change, not new development.

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4.2.28	In the states where you have implemented, what have been some of the higher value outcomes? What performance metrics were you able to provide to substantiate this success?	Simply put, we lower the cost of Medicaid premium billing and improve payment rates, enabling states to collect more revenue from beneficiaries. For Montana, only 17% of total invoices fall into the state's definition of delinquent. Other states find delinquency rates as high as 80%. Plus, we've automated the collection process by integrating with the state's Department of Revenue for collection through income tax filings. Additionally, the total cost of billing is less than 10% of collected premiums. By comparison, a Georgetown University Health Policy Institute study found that when Virginia implemented CHIP premiums, for every $1 in premium collected, they were spending $1.39.
4.2.29	Discuss any experiences you have had integrating your Medicaid Enterprise solution with legacy system management and lessons you have learned for implementing new Medicaid Enterprise solutions. Do you recommend any specific approach for modifying, interfacing with, and managing the legacy system while implementing a new Medicaid Enterprise solution?	We have implemented our solutions with legacy systems in several ways. Some clients request we run our solution in parallel with the legacy solution before transitioning to our solution. Other clients want us to take starting balances while transitioning to our solution. For most clients, we perform a complete cutover to our system on a specific date. Each plan has its advantages and disadvantages, though we typically prefer a hard conversion because it eliminates managing the legacy system. Plus, we have testing environments that enable clients to test our system before transitioning, so any potential issues can be discovered and solved prior to the go-live date.
4.2.30	What staffing levels, including experience and skillset, are typically required to implement your Medicaid Enterprise solution? What are the suggested state Medicaid agency staffing levels to support DDI and ongoing operations? How do these staffing requirements compare to other offerings in your Medicaid Enterprise solution?	Certifi is accustomed to working in a consultative capacity throughout a new client implementation. Often, because this is a significant upgrade to highly configurable and automated processes, the client needs support in articulating requirements pertaining to their own systems, processes and unique needs of their client populations. Once a client is in production, the cadence of client interactions is typically once per week with their Certifi client team.

Generally, Certifi receives product information, rules, etc., on EDI files that configure the system for specific groups. EDI file feeds are part of the implementation plan. During the requirements portion of an implementation all EDI file feeds are determined, and timelines are established. If |

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		additional EDI file feeds are needed after implementation, then those additional file feeds would follow a change management process. During implementation, we typically work with the team that manages the day-to-day billing activities and with a technology team to stand up integrations with other systems and data. Ongoing, we offer a full-service model – where we manage the day-to-day billing processes – as well as a Software-as-a-Service model where day-to-day activities are performed by the client.
4.2.31	**Describe the System Development Lifecycle (SDLC) approach that you use for implementing your Medicaid Enterprise solution. Can your SDLC approach be incorporated into an environment that uses a traditional "waterfall" SDLC approach? What about "agile" methodologies to support the implementation of your Medicaid Enterprise solution? If so, how can this be accomplished?**	Our SDLC follows a standard, automated approach using a series of environments from development up through production and includes features like mandatory code review. Software builds are automated and include thousands of automated tests and a regression suite that is executed before deployment to any environment. Software development is performed using an Agile methodology with two-week sprints that result in two-week or four-week releases to higher environments. All development is managed using commercial Agile SDLC tools such as Jira. Deployment to production environments is controlled by a designated group of individuals and it includes post-deployment testing (both automated and manual).
4.2.32	**What is the typical duration of a project to implement your Medicaid Enterprise solution? How does this timeline break down across the planning and DDI phases** .	Certifi implementations focus on collecting the data we need to integrate data from other systems and configure the system. We review and analyze a client's current processes, structure and enrollment data, outbound communications, payment portal messaging and branding, and integration points. After collecting and documenting the information required to configure and integrate our solution, we configure the system – from determining payment options and methods to configuring the payment portal. Next, we determine training requirements and documentation, then execute end-to-end testing before training end users. New clients are implemented in 60-90 days dependent on complexity. Approximately 10% of that time is spent in planning and design, about 60% is configuration and development and about

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		30% is testing, training, and deploying the solution.
4.2.33	**What do you see as the key cost drivers for implementing your Medicaid Enterprise solution? What recommendations do you have for managing MES costs and demonstrating outcomes that mitigate any unnecessary costs of a Medicaid Enterprise solution?**	States use our solution to bill and collect Medicaid premiums. In our experience, the cost of billing is less than 10% of collected premiums. As a result, leveraging Certifi to implement premium billing helps states maximize premium revenue.
4.2.34	**Using your Medicaid Enterprise solution as an example, what guidelines do you recommend for "phasing in" your modules and/or services? How do these guidelines maximize efficiency and/or minimize risk? What constraints would they place on DDI partners and BMS?**	We have implemented our solutions in several ways based on client needs. Some clients request we run our solution in parallel with the legacy solution for a period of time. For others, we'll take starting balances and transition to our solution. Sometimes, we perform a cutover to our system on a specific date. We typically prefer a hard conversion on a specific date because it eliminates managing a legacy system, maximizing efficiency. Plus, we have testing environments that enable clients to test our system before going live, so any potential issues can be discovered and solved prior to the go-live date. We have extensive experience working with multiple vendors while implementing our solutions, and our standard implementation process includes a detailed integration strategy with an integration roadmap.
4.2.35	**What do you believe would be the optimum duration and the minimum duration for DDI of your Medicaid Enterprise solution?**	Certifi implementations focus on collecting the data we need to integrate data from other systems and configure the system. We review and analyze a client's current processes, structure and enrollment data, outbound communications, payment portal messaging and branding, and integration points. After collecting and documenting the information required to configure and integrate our solution, we configure the system – from determining payment options and methods to configuring the payment portal. Next, we determine training requirements and documentation, then execute end-to-end testing before training end users.

New clients are implemented in 90-120 days dependent on complexity. Approximately 10% of that time is spent in planning and design, about 60% is configuration and development and about |

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		30% is testing, training, and deploying the solution.
4.2.36	List and describe the documentation developed by your company and/or the state Medicaid agency that is essential to DDI and operations of your Medicaid Enterprise solution.	Extensive support materials are available to customers in the form of detailed specifications for data interfaces, implementation guides for services such as SSO, and training manuals for administrative use of the system.
4.2.37	Detail how your Medicaid Enterprise solution could support BMS in improving data analytics and reporting capabilities, data sharing initiatives, and overall confidence in health data.	Though we don't impact confidence in health data, we can improve analytics and reporting capabilities. That starts with our Perfect Balance design. Our solution's accounting-style design couples debits and credits at the individual level. That design helps automate any retroactive changes while improving reporting capabilities. In addition to standard reports like aging reports, invoice and payment detail reports, delinquency reports, remittance reports and more, we can develop custom reports based on client needs. Examples we've built for clients include: - Census data and trends including active members grouped in various ways. - Premium data and trends including dollars billed, the number of invoices generated, and more. - Payment data and trends, including transaction volumes, paid premiums, withheld payments, suspense payments and more. - Delinquency data and trends to include letters delivered, premiums billed, and more. - Import transaction data including transactions processed, file errors, identification of common errors, and more. Our system design coupled with our unique focus on financials results in unique reporting not available in other premium billing solutions.
4.2.38	Describe or illustrate your data visualization capabilities.	The system features a robust set of integrated reports, as well as the ability to extract all detail regarding invoices, payments, delinquency events, etc. in an extract file that can be loaded into external reporting systems. In addition, custom reports can be built during the implementation process if necessary.

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4.2.39	How does your Medicaid Enterprise solution improve the coordination of care, detect and prevent fraud, waste, and abuse to support Medicaid program integrity, and improve stakeholder access to state Medicaid Enterprise data?	As a premium billing solution, we don't improve the coordination of care, but our solution does improve premium loss rates and access to premium billing financial data.
4.2.40	Describe how your Medicaid Enterprise solution increases access and shared use of data with both the State and other vendors, improves healthcare quality management, and increases automation capabilities.	Though we don't improve healthcare quality, we do increase automation with respect to billing. One of the issues faced by state Medicaid premium billing is that the premium itself is usually a small amount. Less automated solutions lead to more cost. Our solution lowers the cost of Medicaid premium billing while improving payment rates. Plus, we automate key billing functions to streamline the billing process. For example, we recently released new machine learning functionality that helps us process 4 times as many unknown check payments in a given period of time.
4.2.41	If applicable, how does your Medicaid Enterprise solution improve access to endusers, such as a user's data or access to additional services?	We provide data in several ways to end users, including interactive web sessions, standard and custom reports, API integration for exchange of information like invoices and payments, and large-scale data interfaces to allow customers to import data into internal data reporting/warehousing solutions.
4.2.42	How can your Medicaid Enterprise solution help address gaps in health outcomes? Please provide outcomes from other engagements, if applicable	We offer a premium billing solution, so it doesn't address gaps in health outcomes.
4.2.43	Describe your experience with payment milestones during the DDI of your Medicaid Enterprise solution. In other DDI projects, were payments tied to deliverables, acceptance criteria, and/or other DDI milestones?	Our premium billing solution typically incurs a one-time implementation fee and ongoing per person, per month fees. Typically, a portion of the implementation is delivered upon signing while the remainder can be due upon go-live.
4.2.44	Do you have a short demonstration of your approach and/or Medicaid Enterprise solution that you would like to present to BMS? If so, please describe the method of presentation for the demonstration and suggestions for who should attend. If BMS wishes to take part in a demonstration,	We would be happy to provide a short demo of our product in-person or via online meeting if desired.

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	they will reach out to the Respondent for further information.	

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO. RMBJ2200000001

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)

[✓] Addendum No. 1   [ ] Addendum No. 6

[✓] Addendum No. 2   [ ] Addendum No. 7

[✓] Addendum No. 3   [ ] Addendum No. 8

[ ] Addendum No. 4   [ ] Addendum No. 9

[ ] Addendum No. 5   [ ] Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

_____Certifi_____
Company

_____
Authorized Signature

_____1-6-2_____
Date

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

Revised 6/8/2012