



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

State of West Virginia
 Centralized Request for Information
 Info Technology



Proc Folder: 964162		Reason for Modification:	
Doc Description: REQUEST FOR INFORMATION-MEDICAID ENTERPRISE SYSTEM (MES)			
Proc Type: Request for Information			
Date Issued	Solicitation Closes	Solicitation No	Version
2021-11-17	2022-01-07 13:30	CRFI 0511 BMS2200000001	1

BID RECEIVING LOCATION

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

01/10/22 11:28:38
 WV Purchasing Division

VENDOR

Vendor Customer Code: VS0000037477
Vendor Name : Gainwell Technologies LLC
Address : 355
Street : Ledgelawn Drive
City : Conway
State : AR **Country :** USA **Zip :** 72034
Principal Contact : Peter Gray
Vendor Contact Phone: 401.601.4759 **Extension:**

FOR INFORMATION CONTACT THE BUYER

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

Vendor Signature X

FEIN# 27-1510177

DATE 1/6/2022

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

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS220000001

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:

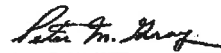
(Check the box next to each addendum received)

- | | |
|--|--|
| <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 checked="" 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.

Gainwell Technologies LLC

Company



Authorized Signature

Authorized Signature

1/6/2022

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.
Revised 6/8/2012



gainwell

Gainwell Response to State of West Virginia Medicaid Enterprise System Strategic Planning RFI

CRFI 0511 BMS2200000001

January 11, 2022





January 7, 2022

Crystal G. Hustead
Senior Buyer
West Virginia Department of Administration
Purchasing Division
2019 Washington Street East
Charleston, WV 25305
crystal.g.hustead@wv.gov

Dear Ms. Hustead,

Gainwell Technologies LLC is pleased to respond to the Bureau for Medical Services (BMS) Request for Information (RFI) BMS220000001 – Medicaid Enterprise System (MES) to provide insight for a strategy to upgrade modular functionality of the West Virginia MES.

We provide thoughts and ideas regarding what BMS might consider when creating an RFP for the modernization and modularization of your MES. Our approaches and recommendations are based on lessons learned from multiple MES projects, as well as over 50 years of experience helping states design, implement, manage, administer, operate, and enhance Medicaid solutions. We believe you will find our lessons learned to be useful as you contemplate the next steps toward modularity.

Gainwell has been a trusted partner and advisor to BMS for 19 years. We will continue to support MES modernization in West Virginia with innovations, automations, and modularity proven successful in other markets. Modularity will support timely data, effective infrastructure, cost-effective projects, timely service delivery, and system speed and agility. We will continue to work closely and cooperatively with BMS and new module vendors as they are added to West Virginia's MES.

Gainwell is available to discuss our recommendations in more detail should BMS prefer. If you have any questions or desire a more detailed discussion,

please contact Adam Moyer, Account General Manager, at 712.308.0598 or amoyer@gainwelltechnologies.com.

Sincerely,

A handwritten signature in black ink that reads "Peter Gray". The signature is written in a cursive style with a long horizontal stroke at the end.

Peter Gray
Mid-Atlantic Sector General Manager

Contents

RFI Questions.....	1
4.2 Questions	1
4.2.1 Vision, Planning, and Implementation of MES	1
4.2.2 Optimal Configuration of MES Modules	6
4.2.3 Gainwell’s MES Solutions	7
4.2.4 Including BPO Services with Technical Services	14
4.2.5 Gainwell’s Experience with CMS Certification.....	15
4.2.6 Approaches to Consistency Across Systems and Vendors.....	15
4.2.7 Compliance with CMS Interoperability and Patient Access	17
4.2.8 Compliance with HIPAA and FedRAMP Requirements.....	18
4.2.9 Assisting States in Achieving Compliance	19
4.2.10 Disaster Recovery Processes in a Modular MES.....	20
4.2.11 Organizational Change and Communications Management	23
4.2.12 DDI in a Multi-Vendor Environment.....	26
4.2.13 Gainwell’s Experience with Collaboration Tools	27
4.2.14 Systems Integrator Roles and Responsibilities	27
4.2.15 Performing Vulnerability Scans	28
4.2.16 Delivering Optimal Data Sharing.....	29
4.2.17 Data Governance, Management, and Stewardship Practices	29
4.2.18 Fiscal Agent Roles and Responsibilities	30
4.2.19 Multivendor PMO and Enterprise PMO.....	31
4.2.20 Addressing Complex Relationships Between Vendors.....	31
4.2.21 Factors that Accelerate DDI.....	32
4.2.22 Structuring an RFP to Encourage Competition and Innovation	33
4.2.23 Delivering Value, Reducing Risk, Maximizing FFP, and Achieving Outcomes	34
4.2.24 Major MES Trends.....	34
4.2.25 Innovations for Addressing Medicaid Business Priorities	38
4.2.26 Innovations for Addressing Technical Risk Management.....	46
4.2.27 Use Cases of Gainwell MES Innovations.....	47
4.2.28 Gainwell’s High-Value Outcomes.....	50
4.2.29 Integrating MES with Legacy System Management.....	50
4.2.30 Staffing Levels for MES Implementations	51
4.2.31 SDLC Approach for MES Implementations	54
4.2.32 Duration of MES Implementations	55
4.2.33 Cost Drivers and Cost Mitigation for MES Implementations.....	56
4.2.34 Guidelines for Phasing In MES Modules and Services	57
4.2.35 Optimum and Minimum Durations for MES DDIs	59
4.2.36 Essential Documentation for MES DDI and Operations	59
4.2.37 How MES Can Improve Data Analytics and Reporting.....	60
4.2.38 Gainwell’s Data Visualization Capabilities.....	61
4.2.39 Improved Coordination of Care and Program Integrity	62

- 4.2.40 Increased Access of Data, Improved Healthcare Quality Management, and Increased Automation Capabilities68
- 4.2.41 Improved Access to End Users.....69
- 4.2.42 Addressing Gaps in Health Outcomes70
- 4.2.43 Gainwell’s Experience with DDI Payment Milestones72
- 4.2.44 Demonstration of Gainwell’s Approach or MES72
- 4.2.45 Additional Information73
- 5.2.4 Gainwell’s Corporate Overview.....77

RFI Questions

4.2 Questions

The following sections provide answers to the West Virginia Department of Health and Human Resources (DHHR), Bureau for Medical Services' (BMS') questions concerning the Medicaid Enterprise System (MES) market, technology trends, and available options. We have responded to each question with our capabilities and recommendations intended to inform the State's MES strategic plan.

4.2.1 Vision, Planning, and Implementation of MES

4.2.1 Please describe any elements BMS should consider incorporating into its vision, planning, and implementation for a modernized, modular MES.

Gainwell's response to this Request for Information (RFI) regarding MES Strategic Planning is based on our 19 years working with BMS. We have a thorough understanding of the State's Medicaid goals, opportunities, and challenges. Gainwell will continue to partner with the State to promote modularity and automation. One example of our efforts is the automation of the MCO provider enrollment process. We worked together to automate license renewals and perform a revalidation. This new process cut labor costs and was able to be leveraged in other states.

Vision for the Future

West Virginia's Medicaid community will benefit from an enhanced, modular solution that is aligned with the Centers for Medicaid and Medicare Services (CMS) and Medicaid Information Technology Architecture (MITA) principles. Gainwell supports the vision for a modern, modular MES that will improve the State's ability to make upgrades within the MES for service improvements, efficiency, and cost containment. BMS will benefit from a low-risk strategy to achieve a high-performing modular solution that will support efficient delivery of high-quality healthcare. Gainwell's Medicaid Management Solutions portfolio provides the modularity, interoperability, and automation to achieve BMS' goals for West Virginia's MES.

Through modularity, BMS can implement discrete components that work together seamlessly to support the Medicaid enterprise. In building the solution for the future, BMS should consider an approach that drives State-defined program outcomes and improves the healthcare outcomes of the West Virginia Medicaid members. The roadmap should be planned to modernize existing systems by sequencing modules based on program priorities. Planning should enable BMS to leverage the value of the current platform. A modular approach supports timely, cost-effective projects which, in turn, allows for the timely delivery of services.

We recommend BMS consider the following vision points for an effective solution to:

- Maintain a dedicated, centralized product team for maintenance of their modules that adheres to evolving roadmap planning. Product roadmaps should demonstrate that they are based on evolving Medicaid functionality needs.
- Keep Claims, Encounter and Financial (CEF) processing together to allow for robust encounter processing and pricing, similar to Fee for Service (FFS) for cost neutrality analysis and availability of a full robust history of member claims data across FFS claims and encounters.

- Support cloud-based deployment and operations for healthcare interoperability and platform flexibility that combines automation, standardization, and process maturity to support all aspects of Medicaid management, claims, and payments. Cloud-based offerings provide nimbleness and easy adoption of newer technologies and deployment models.
- Align with MITA, the Outcome-Based Certification (OBC) pilot, and CMS Conditions and Standards.
- Meet National Institute of Standards and Technology (NIST) and Health Insurance Portability and Accountability Act (HIPAA) standards and be compliant with the Affordable Care Act (ACA).

Gainwell's Product team provides a comprehensive set of solutions and services for Medicaid management to support today's complex and constantly evolving Medicaid space. We are focused on the ongoing enhancement and support of a modular based solution set that will help BMS build a modular MES. Our product vision is aligned with the major principles behind CMS Strategic goals for an effective Medicaid management healthcare environment. The needs of each Medicaid program vary, so our solution is adaptable to meet each customer's specific requirements. Our solution has modular, configurable components that are modern, web-enabled, and browser-based, built on a foundation of best-in-class commercial off-the-shelf (COTS) software applications. Applications have been tailored specifically for Medicaid using service-oriented architecture (SOA) constructs.

Based on our successful performance on state Medicaid contracts, we recommend BMS focus on the following goals during requirements development:

- **Adaptability** — Solutions that are highly configurable allow for changes to be implemented quickly, with little or no custom development required. BMS can focus on its high priorities rather than system development to respond to day-to-day policy changes.
- **Efficiency & Effectiveness** — Our products' user interface design is also focused on delivering data and alerts to our users, effectively allowing them to maximize their time using the system.
- **Data-Driven Decisions** — Actionable alerts allow the State to react quickly to system events and specific member and provider health care needs. Embedded and subscribe alerts help staff to be more efficient and effective through day-to-day interactions with the system.
- **Interoperability** — Real-time connectivity using industry standards for communications, security, and formats with other State solutions allows BMS to readily share and access key information with other partner and State solutions in real time, modernizing access to data.
- **Compliance** — Routinely updated products allow for regular deployment to the State site and will keep BMS continually up to date with the latest versions needed for ongoing compliance.
- **Efficient Customer Experience** — A commercial quality customer experience for members and providers will engage them in Medicaid services and benefits. First call resolutions, enabled by centralized, accessibility data, can realize significant time and cost savings. Today's modular and COTS-focused world can lead to issues with visual disparity. Solutions offering a cohesive user interface for disparate data can help to

provide an efficient and effective user interface, marrying alerts, analytics, tools, and data.

- **Transparent** — Through our efficient design and access to data, end user solutions and reporting provide full transparency into known Medicaid data.

Planning Approach

Gainwell recommends that BMS plan system modernization according to MITA-aligned business areas. Goals should be aligned with BMS' mission, vision, goals, objectives, and current pain points. A MITA-aligned MES can provide improved data timeliness, accuracy, use, and accessibility to support BMS' vision for a more interoperable, streamlined, secure, and effective technical infrastructure.

We recommend that BMS carefully plan system integration points between modules. We encourage BMS to decide what interfaces need to be run in real time and what real-time functionality will provide value. This activity is critical to establishing the overall scope of the project and gaining consensus with senior State leadership, staff, and stakeholders. This business process analysis activity can be performed in conjunction with the QA vendor, with oversight provided by the IV&V vendor.

BMS should determine if a systems integrator (SI) should be involved and to what degree. Based on our knowledge of the State and its environment, we recommend BMS consider having the provider of the core Claims, Encounters, and Financial (CEF) module serve as the SI. The CEF provider will be in the best position to orchestrate the communication between the claims and encounters engine as the central point of information and the supporting modular solutions and state agencies.

We also recommend that, as part of the business analysis effort, BMS capture and consolidate their modernization high-level requirements in an enterprise requirements management tool. This ensures full requirements traceability, from initial requirements gathering to an implemented and certified module. We have used requirements management tools successfully on many Medicaid Management Information System (MMIS) implementations — including our work with BMS — to provide end-to-end requirements traceability. Please see section 4.2.13 for our recommendations on collaboration tools.

The results of this business analysis effort should be included in each module's RFP, including Key Performance Indicators (KPIs) for each business process. Vendors should be free to respond with alternative business process steps, where new and innovative approaches are available. KPIs are key to measuring outcomes, a core component of the CMS Advance Planning Document (APD) review and approval process and its resulting 90% federal financial participation (FFP) funding.

The subsequent module vendor(s) should clearly describe and demonstrate, as part of the procurement process, where there are gaps in their solutions, where customization or configuration is required, and where no customization or configuration is required. Vendors must demonstrate a clear understanding of specific opportunities for improvement and challenges specific to West Virginia.

Procurement pathways are also key to determining product fit prior to procurement. BMS should consider the fit of the National Association of State Procurement Officials (NASPO) Procurement approach for its modernization effort. With the NASPO procurement approach, state customers can spend significant time with the vendor to understand how the product works — its strengths, weaknesses, and limitations — and then gain consensus within the state team prior to procuring the solution. If the state customer has an Invitation to Negotiate (ITN)

procurement pathway, that approach can also be beneficial, as multiple vendors can be invited to negotiate and, through further dialog and discovery, the state can choose the most suitable solution.

Requirement Validation During the Planning Phase

Modernization activities require State staff participation. A staffing management plan should also be created at the project outset and updated as the project progresses. This plan should account for considerable State staff time being spent in requirement validation sessions. BMS should consider the 90% federal match for backfilling any positions needed to support the modernization project.

Thorough requirements validation supports communication and understanding between vendors, business areas, and State SMEs. We emphasize that State staff and module vendors be fully aligned on the scope, purpose, timing, and resource needs during the planning phase. This reduces the risk of misunderstandings and significant changes during implementation. BMS should continue building and managing to an Organizational Change Management (OCM) Plan as part of the overall staff, vendor, and stakeholder communication effort. Change management should consider configuration-based changes and integration changes differently and consider different technologies. This planning effort will provide adequate time for appropriate review, analysis, and sign-off of changes.

Evaluating Solutions for Adaptability and Flexibility

When evaluating solutions, Gainwell recommends that BMS pay special attention to solution adaptability, configurability, and flexibility. Vendors should be able to demonstrate how business rules can be easily changed. Vendors should provide a modeling environment so that State staff can configure software products and use "what-if" scenario modeling to optimize program resources.

Gainwell understands that BMS already has a COTS-based MES Core solution that does not require application development like other, custom MMIS solutions do. BMS took this step years ago when it procured its current system, which uses product releases rather than custom development to stay current with federal mandates and changes to the program. State customers therefore can continue to meet specific policies, standards, and business requirements through business rule setup rather than by developing or modifying source code. With a COTS-based MES Core solution, BMS can focus on the following:

- Planning for robust interoperability with other State systems
- Improve workflow support
- Add on real-time updates and integration
- Enable a consistent upgrade path for its modules to allow BMS to meet its vision for a more interoperable, streamlined, and effective technical infrastructure

We recommend that BMS plan for business requirement sessions with sufficient time and staff to validate all requirements. This planning and validation will support successful implementation of each module. Gainwell conducted thorough requirement validation sessions to successfully implement two prior claims modules in West Virginia. Each onboarding module vendor should conduct sessions with BMS staff. Sessions should be designed around the MITA business area with vendors providing a Business Process Model and documentation to guide the conversations.

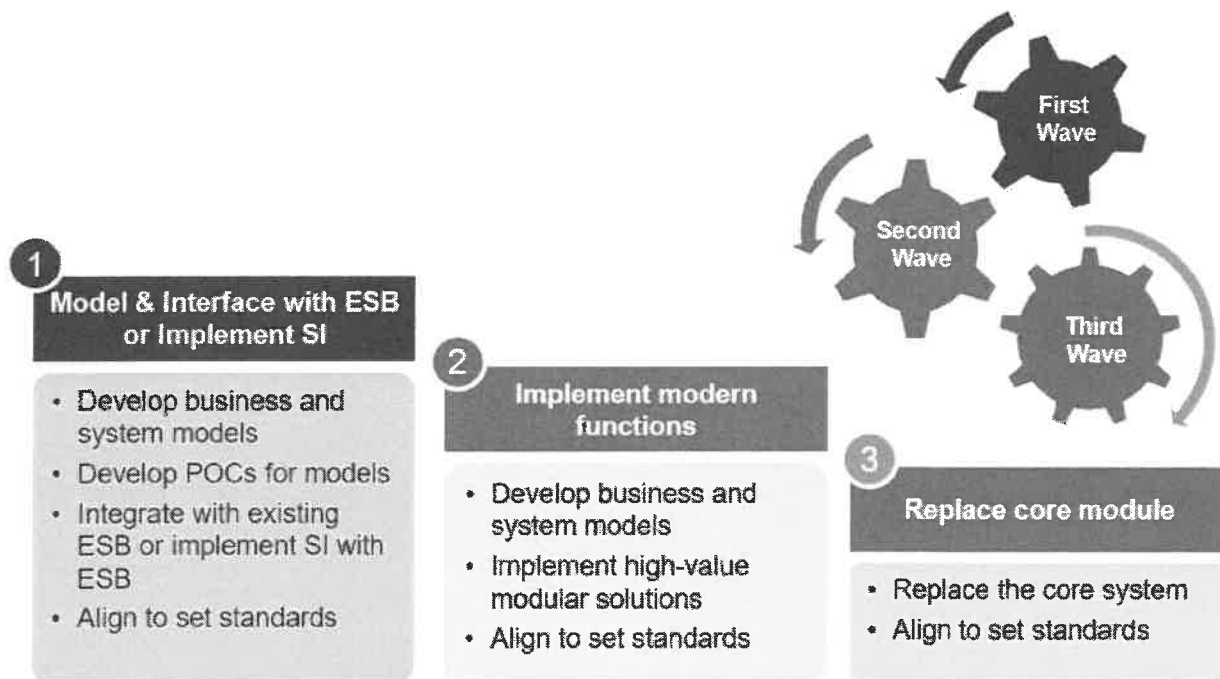
Seeking a Built-for-Purpose Solution

Vendors should offer solutions that are specifically designed for Medicaid programs and comply with CMS requirements, including OBC requirements where available. The ability to leverage COTS components across multiple states not only meets CMS' reuse requirements but also negates the need for costly application development from the ground up. For example, Gainwell's Claims, Encounter and Finance (CEF) Module comes preloaded with more than 1,900 business rules and 500 edits configured in thousands of ways specific to Medicaid and CMS requirements. High levels of configurability and rules-based design in our modules support more efficient implementation efforts and faster response to state-specific program changes after initial implementation. Business analysts and other operational staff can define, update, and maintain business rules through point-and-click changes without programmer intervention. Due to the nature of our configurable business and processing rules, most processing changes are implemented quickly with little or no custom development required when in the Operations & Maintenance phase.

Implementation Methodologies

At a high-level, Gainwell recommends a 3-phased approach to modernize and integrate modular Medicaid IT systems that can be applied to non-Medicaid systems as well, as shown in the following figure and described below. Our recommendations for implementation are based on comprehensive planning and requirements validation as previously described.

Figure 1. Gainwell's 3-Wave Approach



Wave 1 focuses on strategic planning with detailed assessment and proof of concept (POC) efforts to define the project roadmaps. Gainwell will bring in its best team of subject matter experts (SMEs) to work with BMS' personnel to define and create roadmaps as part of this overall strategic planning.

Gainwell believes there will be two areas of work in Wave 1:

- Develop and Document Standards
- Determine the Implementation Roadmap

Wave 2

Gainwell's Wave 2 approach is based on our strategic approach laid out in Wave 1 and involves the execution of the strategic plan. Key deliverables in this phase include a Master Planning Guide, Detail Design, Test Plan Document, Enterprise Test Strategy, Requirements Traceability Document, Operations Manual, and Detailed Work Plan. In Wave 2, Gainwell will continue to provide technical and consultative services to support BMS with the execution and enforcement of standards and best practices established during Wave 1.

Wave 3

Gainwell provides built accelerators to fast-track projects involving new and existing systems. For instance, in the case of integration initiatives, development of an Integration Playbook and a comprehensive Technical Governance Guide helps systems speed up their technical integration aspects, and Gainwell deploys its best and most experienced resources to such modernization initiatives. Gainwell continues to provide consultative services through Wave 3 to the customer as well as to its strategic partners.

4.2.2 Optimal Configuration of MES Modules

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?

Generally, we have seen the following modules in MES procurements across the country, both in recent NASPO-centric bids and in other Medicaid Enterprise RFPs:

- Claims, Encounter and Financial Management
- Provider Management
- Enterprise Data Warehouse (EDW)
- Care Management System
- Pharmacy Benefits Management (PBM)

If the State seeks to include a Systems Integrator (SI) within its modular enterprise, BMS should plan out its desired integration between its modular vendors and other State systems upfront to ensure maximum time for vendor and State system integration planning and execution. System connectivity between solutions and workflows that are largely manual, such as between care and case systems, should be explored for real-time integration to improve and maximize data exchange and productivity.

Specific to functionality, integration of other solutions, and management of data, our customers typically begin with the baseline solution that vendors bring with out-of-the-box functionality. This baseline is supported with interfaces, reports, services, and supporting tools to facilitate claims operations, as well as integrate with other solutions and systems integrators effectively. Vendors work with the state customer and configure as needed to meet state-specific processing.

4.2.3 Gainwell's MES Solutions

- 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.

The following sections answer BMS' questions regarding the Medicaid Enterprise solutions Gainwell provides and continues to develop for its many customers across the country.

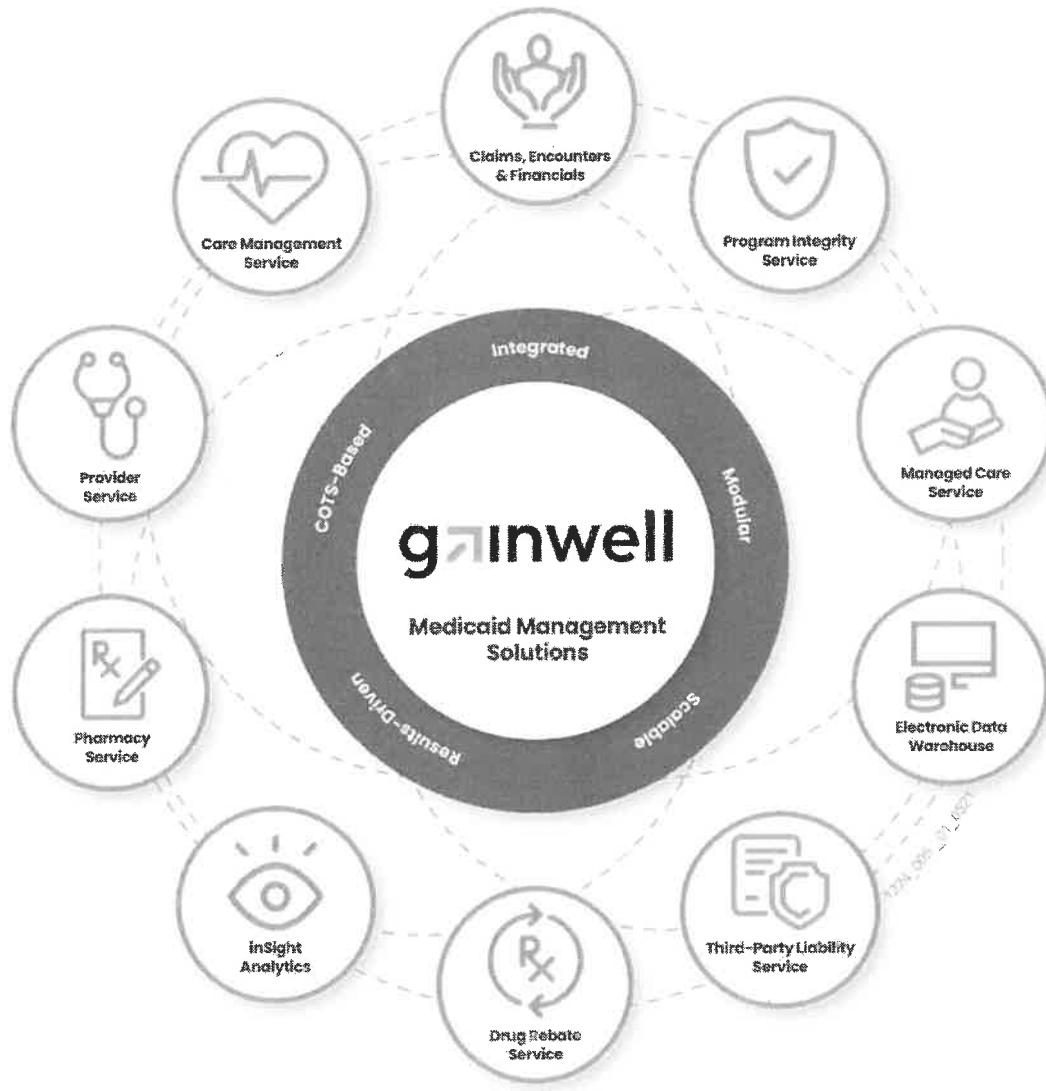
1. Targeted Medicaid Enterprise Business Processes

Gainwell has invested in a MITA-conformant modular Medicaid Enterprise business solution set, known as the Gainwell Medicaid Management Solutions. Our MES solutions offer modularity, interoperability, and extensive automation. Highlights of our solutions include:

- Built for Medicaid and state governments with managed care and commercial influencers
- COTS-based, Software-as-a-Service (SaaS) model
- Cloud-based for healthcare interoperability that combines automation, standardization, and process maturity to support all aspects of Medicaid management, claims, and payments
- Aligned with MITA and the CMS Conditions and Standards
- NIST, HIPAA, and ACA compliant

The following figure depicts the key components of Gainwell's Medicaid Management Solutions portfolio.

Figure 2. Gainwell's Medicaid Management Solutions are Modular, Interoperable, and MITA-Conformant



Our solutions cover each aspect of the Medicaid value chain to drive better outcomes.

Gainwell's solutions accelerate claims processing, support adaptive changes to policy, and control costs. The best-in-class services — available as individual modules or a complete system — are built on an intelligent, automated cloud platform that supports the entire claims payment lifecycle. Our core modules and services are as follows:

- **Claims, Encounters, and Financial Service** — Fast and accurate solution for Medicaid claims and encounters processing and financial management
- **Program Integrity Service** — Services that find patterns and abnormalities to identify potential fraud and abuse
- **Managed Care Service** — Services for managed care organization (MCO) administration and capitation support
- **Enterprise Data Warehouse (EDW) Service** — A centralized data hub to power analytics and patient access and interoperability for greater visibility to the program and

its data. More than a claims data warehouse, the EDW serves as a central storehouse for data from all modules and from other sources, such as Social Determinants of Health (SDOH) and Population Health data.

- **Third-Party Liability (TPL) Service** — Full service for cost avoidance and recovery
- **Drug Rebate Service** — Service that accelerates drug rebate recoveries and easily manages any rebate policies
- **Insight Analytics** — Content-rich dashboards to drive operational improvements and enhance outcomes
- **Pharmacy Service** — Flexible services for automated Medicaid prescription drug program administration
- **Provider Service** — Comprehensive service for seamless, automated Medicaid provider management
- **Care Management Service** — A structured approach to serve high-risk, high-cost patients

In addition to the core Gainwell Medicaid Management Solutions, Gainwell offers additional components that support the Medicaid enterprise including our Healthcare Portals, Interoperability as a Service, and Electronic Visit Verification:

- **Healthcare Portals** — Increase the range of healthcare services for members, providers, and MCO access without technology complexities that raise the costs of solution implementation and maintenance
- **EDI as a Service** — Provides a cloud-based strategic alternative for managing Medicaid electronic data interchange (EDI) and interoperability services. Our EDI Clearinghouse can support handling all traffic between MCOs and their providers and the Medicaid claims and encounter solution. Our clearinghouse can allow states to have access to MCO claims prior to receiving them back as encounters, allowing for more insight into MCO performance.
- **Mobile Digital Platform** — Provides members a mobile app for access to Medicaid program information, a secure digital ID, provider information, claims information, and more
- **Patient Access and Interoperability Service** — Ensures compliance with federal requirements to improve patients' access to their medical data (21st Century Cures Act)
- **Electronic Visit Verification** — Integrates and supports verification of in-home services to avoid fraud, waste, and abuse and enable quality care delivery

2. Modular Packaging

Our solution is packaged as modular components that are modern, web-enabled, and browser-based built on a foundation of best-in-class COTS software applications. Modules have been designed specifically for Medicaid, using SOA constructs. This design, along with end-to-end business process modeling, delivers a modular, interoperable solution that considers logical and physical architectures, technologies, and underlying cloud infrastructure.

The Gainwell Medicaid Management Solutions provide the following benefits:

- Designed to meet the needs of Medicaid programs, federal regulations and mandates, and state-specific requirements, including state-initiated reform priorities and innovations

- Handles large data sets, comprising past claims and storage requirements without delays in processing or system drag
- Offers high levels of configurability and rules-based design to increase the speed-to-market and reduce the implementation timeline
- Features a modern, configurable, easy-to-use interface for a consistent user experience among modules
- Comes pre-integrated with other modules and Gainwell's analytics and interoperability services to achieve synergies for customers
- Supports configuration by analysts rather than coders or programmers, which reduces costs and provides ease of use
- Provides transparency in reporting for audit trail visibility

3. Multiple Fee Structure Pricing

Gainwell supports multiple fee structures, including fixed price, per-transaction, per-member, per-provider, or a combination of these structures. A rate card for staff augmentation can be incorporated as well as time and materials and software-based pricing.

While we typically see customers require vendors to provide deployment and maintenance costs, SaaS models can provide limited up-front "setup" costs (as opposed to design, development, and implementation (DDI)) and flat monthly service fees. Additionally, some states have chosen to buy Provider Management or Core Claims and related modules off the NASPO ValuePoint contract, in which pricing is calculated on a per-member or per-provider basis. NASPO contracting can be beneficial for states looking to purchase a base product with configuration options available through a Participating Addendum (Option D).

States can buy Provider Management or Core Claims and related modules off the NASPO ValuePoint contract, in which pricing is calculated on a per-member or per-provider basis.

We recommend that BMS look at pricing in terms of how the MES will be procured, including modules grouped together or independently, as well as the data available to meet requirements as the solution scales to size, and cloud strategies.

4. Current and Future Gainwell Medicaid Management Solutions Deployments

Gainwell operates MMIS systems for 29 Medicaid programs, many of which are supported by our earlier-version integrated systems. For 23 Medicaid programs, we serve as a fiscal agent responsible for processing and paying claims on behalf of the state or territory. We offer additional services including third-party liability, drug rebate, pharmacy services, provider relations, provider and member contact centers, analytics services, fraud and abuse detection, prior authorization, surveillance and utilization review, and utilization management.

Our newer Medicaid Management Solutions modules have been selected by 22 Medicaid programs to support their Medicaid modernization journeys. We have 32 modular solutions currently deployed and 26 more being implemented.

5. Typical Configuration and Customization

Our solution is built for Medicaid programs and requires less upfront configuration than other vendor solutions. High levels of configurability and rules-based design support more efficient implementation efforts and faster response to program changes. West Virginia is currently

leveraging an earlier version of HPAS and Flexi, which is the core foundation of our current CEF Module. The State currently benefits from the module's rules-based configuration.

Business analysts and other operational staff can define, update, and maintain business rules through point-and-click changes without programmer intervention. We use our configurable business and processing rules to quickly implement changes with little or no custom development. This saves time and money and allows BMS to focus on higher priorities.

Rules are typically date-driven. This allows rules to be maintained within the system and applied to the processing of claims and encounters, provider, pharmacy, and managed care data as appropriate, based on the date of service. Our built-in program, benefit plan, and contract structure allows for rapid addition of new programs and rules with simple configurations. All benefits, clinical parameters and restrictions, and reference data are easily maintained.

Customer goals, the rate of federal and state changes, and the need for innovation all influence the configuration and enhancements required for a solution; however, we strongly believe that with our extensive knowledge of BMS practices and the current business rules, our solution is preset to meet and/or exceed BMS' requirements.

A common example of configurability is the use of the Operational Data Store (ODS) with the SI platform for states that need to save all real-time and near-real time data exchanges. ODS allows states to perform data audit logging and then asynchronously save the data into normalized tables as data is sent over to the subscribers. The ODS provides an interim place to run analytics on data to enable quick decision-making, making error reconciliation easier between publishers and subscribers. This configurable capability provides the clients with a single, trusted data store for rapid access to critical data, offering greater transparency to vendor system data, leading to lesser dependency on vendor resources.

6. Technical Architecture and Processing Capacity/Scalability

The architectural foundations for the solution are based on N-tier design, service orientation, and COTS platform standardization. This approach not only addresses business challenges, but also supports the scalability and performance of the Gainwell Medicaid Management Solutions. The N-tiered architecture — a standard for encapsulating functionality for maximum reuse and maintainability — provides unlimited numbers and flexibility of functional layers. Benefits of this architecture include scalability, security, fault tolerance, flexibility, functionality grouping, maintenance, agility, and reusability. The Medicaid Management Solutions are integrated with a suite of industry-leading COTS solutions. This provides overall solution consistency, rapid time to market, lower cost, and industry-leading solutions that conform to MITA callouts — SOA, SOAP, or RESTful web services and interoperability. This design provides additional inherent qualities that further enable adaptability, extensibility, and scalability.

7. User-Facing and Self-Service Capabilities

The Gainwell Medicaid Management Solutions provide state customers and end users with a seamless and satisfying experience by reducing the complexity and frustration often felt when utilizing systems and technology. Our solution is built for the full range of users — from beginners to experts, including members, providers, plans, and other key stakeholders.

OnLine Claims, Member, and Provider Portals

Gainwell provides user-friendly and innovative OnLine Claims, Member, and Provider Portals as part of our Core System and Support Services. Our Claims Portal includes Provider and Beneficiary facing online portals. For State and Gainwell authorized users, our VUE360 user experience portal includes effective self-service features allowing State users to interact with

their data and documents, request and respond to inquiries, conduct business, and receive actionable messages and alerts with the Medicaid program.

Our OnLine Claims Provider and Member Portals are accessed using a secure login from our main public portal landing page. For self-service functionality, members can review their claims and authorization history, check benefit and eligibility details, view healthcare alerts and messages, manage their online account, and access relative online documents and letters. Providers can manage key trading partner relationships and data, submit claims, access EDI response files, access RAs, reports, and letters, check eligibility, submit authorizations, view payments, submit appeals and grievances, and access manuals and tools. Providers are related to their EDI trading partner accounts to facilitate valid submission and secure access to EDI files, and providers may designate a third-party trading partner as their billing agent within the portal.

Provider Directory, Communication, Reference, and News menus also allow access to important information for users in easy-to-access point-and-click features. Users of our provider and member portals also can get real-time support with real-time web chat supported on the portal with our trained Gainwell support staff or can send and receive secure electronic messages.

With Administrator at its core, Gainwell delivers a dynamic user interface (UI), VUE360, giving our customers and Gainwell staff the ability to see member and provider claims-centric information in an easy-to-digest format. Within VUE360, users access records and functions with one to two clicks. VUE360 focuses on efficiency and an intuitive end-user experience, marrying tools, data, workflow, MMIS Core data, and much more to provide a cohesive visual platform.

VUE360 allows users to readily search records using an ad-hoc search screen, access claims and authorization records, view provider and member data, access pricing files, view EDI operational data and assigned tasks, and view encounter and financial data effectively. Users can access key related records, connected solutions through our UI, which consumes the services these systems provide, taking existing disparate information from across supporting solutions and presenting it in a consolidated view for comprehensive review along with actionable alerts.

Our home page has configurable widgets and functions to get relevant information directly to end users. These allow the user to view recently accessed records, assign tasks, and access system processing notifications, enabling a true user-centric display for the end user. The following figure shows a sample of the VUE360 portal home page taken from our non-PHI demonstration environment.

Figure 3. VUE360 Portal Home Page

Secure Employee Homepage Alerts and Notifications Settings

Welcome to VUE360.

VUE360 is your centralized portal for Medicaid Operations management. Please select an icon from above to access system data and functionality. VUE360 serves to deliver an efficient operational workflow between claims and other operational supportive tools and applications (including Document Mgmt, Task Mgmt, Finance, Provider Enrollment, Portal and EDI Management) and give the end user a cohesive user experience by facilitating the delivery of actionable alerts, and creating a user interface designed to readily review and interact with data from multiple sources.

My Task View

Task ID	Due Date	Status	Type	Record
TASK0000000001	06/28/2021	New	Claims Resolution	01104100001
TASK0000000002	06/02/2021	New	HIPP	Duningham, Madoc
TASK0000000003	03/08/2021	New	Member Call	Wavely, Wanda
TASK0000000004	08/06/2021	New	Program Integrity	WATSON, JOHN
TASK0000000005	08/12/2021	New	Claims	Jones, Jessica

Page 1 of 2 | 1 - 10 of 11 items

Recently Accessed

Record	Type	Last Access Date
AMERGROUP	Provider	12/17/2021
AMERHEALTH CHARITAS DISTRICT OF COLUMBIA	Provider	12/17/2021
MCO II	Provider	12/17/2021
WVMS, DANIEL DUPONT	Member	12/17/2021
2119500001	Claims	12/17/2021
URKEL, DANE	Member	12/17/2021
MONEY, EMMA	Member	12/17/2021

Enrollment by Program

of Members by Program

Program	Percentage
FFS	44%
MCO	46%
Pharmacy	7%
Other	3%

Provider Type Statistics

Actively enrolled service providers

Provider Type	Percentage
Allopathic & Osteopathic Physicians	56%
Dental Providers	16%
Suppliers	14%
Others	14%

Interoperability Solution and Mobile Digital Platform

The Gainwell Interoperability Solution provides APIs for Medicaid agencies to share data such as claims, provider directory, encounters, and clinical data to members. According to the CMS Final Rule, members can use a third-party application of their choice.

BMS is successfully using Gainwell's Patient Access and Interoperability (PAI) offering. For more on the CMS Final Rule and our PAI solution, please see Section 4.2.24, as well as the "ONC and FHIR Standards" subsection of Section 4.2.25.

The Gainwell Mobile Digital Platform (MDP) can be used as an option to provide users access to their PAI data in a secure manner. As a Member Engagement Platform, MDP provides a set of modules/services to members, including the following:

- Electronic Messaging
- Member Resources
- Digital ID
- My Providers
- My Benefits

- Support Bot
- Time Tracker
- Send to Agency
- MyHealth

For more information on Gainwell's MDP solution, please see section 4.2.41.

8. Interface Support and Extensibility

We provide details regarding extensibility to other stakeholders and state agencies with our integration and interfaces below.

Integration and Interfaces

Gainwell's modules are a combination of COTS and custom-developed code designed to meet Medicaid processing needs. Our modules can be deployed individually to integrate with other Gainwell modules, an SI, or other vendor solutions.

The solution is integrated with a suite of industry-leading COTS solutions. This provides overall solution consistency, rapid time to market, lower cost, and industry-leading solutions that conform to MITA callouts — SOA, SOAP, and RESTful web services, eventing, and interoperability. Examples include the following:

- Gainwell uses a Gateway to handle the extraction, transformation, and load (ETL) process for non-standard files. Original data files are kept in our data lake for a pre-determined amount of time to allow for on-demand reprocessing and later moved to long-term storage.
- Gainwell's EDI solution provides the mechanisms to facilitate secure and complete third-party data transmissions. Making the electronic submission process easy and reliable for providers means they consistently use it as their quickest method for receiving claims payments.
- Our solution is managed in the cloud and is cloud agnostic, allowing deployment on any secure hosting cloud service.

4.2.4 Including BPO Services with Technical Services

4.2.4 What do you see as the benefits and risks of including business process outsourcing (BPO) services together with technical services?

Gainwell supports accounts, both integrated and not, with Business Process Outsourcing (BPO) and technical services.

We have seen that combining the BPO services with technical services results in better project alignment and labor cost savings. As the primary vendor for both, the services would be led by a unified team and one Delivery Leader. As one team, the vendor would be more versed on the technical system and processes, as well as State policies. The State would also save time and money with fewer contracts to manage.

A single call center that is aligned with technical services and provides a single point of contact for end users — including members, providers, BMS, and other stakeholders — would be beneficial to the State and end users. Including BPO services with the technical services provides a modern, streamlined, interactive customer experience. The State would be able to

better leverage data across agencies by including BPO services with the technical services, ensuring consistency and best practices across all facets of the business.

In terms of potential risks involved in including BPO with technical services, inexperienced vendors tasked with both may struggle to provide consistent, high-level performance due to the wide array of skillsets required to perform business and technical services together.

If resourced correctly by a capable vendor, we believe that BPO and technical services should be combined.

4.2.5 Gainwell's Experience with CMS Certification

4.2.5 Describe your experience, if any, with CMS Outcomes-Based Certification or Streamlined Modular Certification.

CMS has been making significant changes in the certification process, and Gainwell has been intimately involved in piloting and applying the new criteria in active MMIS certifications. We continue to adapt our proven MMIS certification processes to support the new criteria and will be well positioned to support BMS in applying the latest criteria to achieve MMIS certification.

Gainwell has supported West Virginia through two successful CMS certifications, once in 2006 and again in 2016.

Gainwell has experience with achieving MMIS certification on two projects using the OBC pilot in Puerto Rico. Both were certified back to day one of operations, which maximizes FFP. The pilot was later rebranded to the Streamlined Modular Certification (SMC) pilot. The OBC criteria created during that time were carried over to the SMC pilot, and we utilized lessons learned for our other MMIS certifications.

Gainwell is now working with states and CMS on the SMC pilot in three additional MMIS projects:

- Ohio Medicaid Fiscal Intermediary module
- Ohio Medicaid Single Pharmacy Benefits Manager
- Colorado Medicaid ClaimsXten module

In all, Gainwell worked with customers to achieve 17 successful MMIS certifications, using Medicaid Enterprise Certification Toolkit (MECT) or the OBC pilot. All were certified and received FFP back to day one of operations.

4.2.6 Approaches to Consistency Across Systems and Vendors

4.2.6 What approaches to supporting consistency in business process functions and data architecture across multiple systems and vendors have you encountered?

We have extensive experience supporting and maintaining consistency in both business process functions and data management when multiple systems and/or vendors are involved. We recommend that BMS require the same standards for consistency that Gainwell has practiced in the State for 19 years.

Consistency in Business Process Functions

Gainwell documents business process models during requirements analysis to ensure consistency and visibility. As BMS is aware through Gainwell's current support of these models,

these electronic business process models provide multi-layered visibility into the Gainwell enterprise architecture. These models can be used to promote clarity of where Gainwell processes start and end, who or what the process is handed off to, and how the process may interact across systems and vendors.

Gainwell maintains more than 300 MITA-compliant processes and subprocesses. These baseline models reflect industry standards and technical solutions that have supported previous MMIS implementations and certifications. They are based on The Open Group Architecture Framework (TOGAF) and MITA best practices, increase stakeholder engagement, and can expedite CMS gate reviews.

The standardization and consistency we bring for business process functions is highly successful in a multi-vendor environment and sets the standard as modules are implemented. We will work with BMS to explore a centralized, unified communication approach for all vendors in the MES. Centralized communication can improve consistency between vendors.

Consistency in Data Architecture

Gainwell's data standardization approach promotes interoperability and data governance through a common set of processes, tools, and practices. We follow the three primary Data Lifecycle Management (DLM) phases — Plan and Design, Enable and Maintain, and Use and Enhance — to derive value from data assets while ensuring foundational activities of data management are properly addressed.

Gainwell promotes data governance practice throughout the entire DLM, including the following:

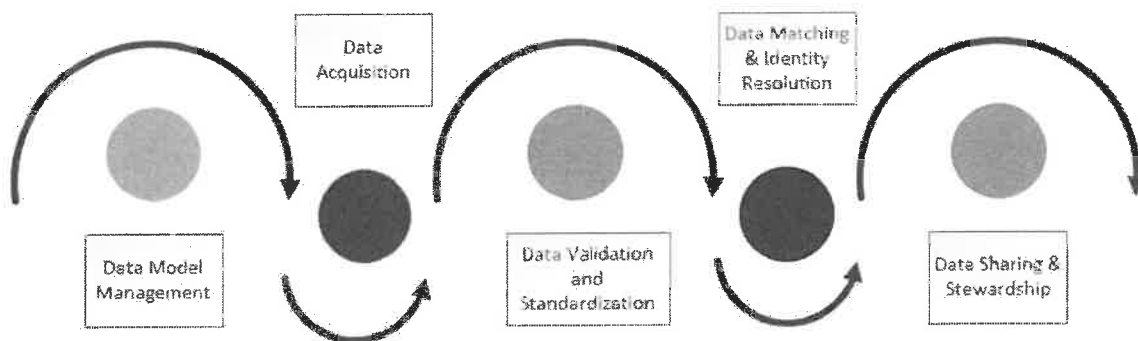
- Data risk mitigation
- Data security management
- Data usage compliance with all privacy and regulatory requirements
- Data quality verification and monitoring
- Metadata repositories establishment and maintenance

As part of our data-sharing architecture, we regularly collaborate with our customers and other vendors to review and refine enterprise data models to include the customers' business processes.

In addition to using the DLM, we use Data Integration and Interoperability (DII). DII is the movement and consolidation of data within and between applications and organizations. Data integration focuses on the consolidation of data consistently. Interoperability focuses on the ability of multiple systems to communicate and share data across the broader enterprise and other vendors. With the complexity of data requirements across the Medicaid enterprise, managing DII is key to project success. Planning and governance activities will be coordinated with the appropriate project stakeholders.

Gainwell also has an architecture and solution for Master Data Management, as demonstrated in the following figure.

Figure 4. Master Data Management



The elements of our Master Data Management approach are described as follows:

- **Data Model Management** — Ensures the solution’s data models are properly instantiated and guides how the application layer components are configured to fully utilize the data model design.
- **Data Acquisition** — Identifies and procures required data sources for data conversion and data integration activities. These sources are master files from the existing legacy solution but could include data sources from the SI or third-party vendors.
- **Data Validation and Standardization** — As data is received from each identified source, we begin a thorough and detailed automated assessment of the presence, quality, format, validity, and consistency of the data to ensure only clean data is loaded into modules.
- **Data Matching and Identity Resolution** — When processing the sourced data, a match needs to be attempted to determine if an entity already exists in the database. Matching methods are set up to allow each data source to dictate how a match is found.
- **Data Sharing and Stewardship** — Our solution benefits from years of processing Medicaid records that have informed and refined our matching algorithms during the data acquisition process. However, if identity resolution cannot be achieved through our automated processes, Gainwell data analysts (stewards) will document anomalies and work through the prescribed data governance processes and channels to determine final dispensation of problem records.

4.2.7 Compliance with CMS Interoperability and Patient Access

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>.

Fast Healthcare Interoperability Resources (FHIR) and interoperability will continue to be key focus areas of CMS and the Office of the National Coordinator for Health Information Technology (ONC) for the next several years. CMS has released a rule that extends the PAI data from payor to provider and from payor to payor. These new rules include two additional implementation guides — one related to sharing prior authorization and another related to Bulk FHIR Transfer.

The framework of the Gainwell cloud-based SaaS is designed to adjust to these rapidly evolving conditions. In subsequent projects, new data can be ingested and mapped to new implementation guides. The FHIR implementation guides allow for versioning, enabling some participants to be on an older version while others have already migrated to the new version. Several HL7 Accelerator groups are actively working with CMS and ONC on additional implementation guides to take advantage of the evolving FHIR standards for several healthcare use cases. We recommend that BMS remain on this platform to maintain the ability to evolve and grow to meet changing federal legislation.

Gainwell's vision includes using our FHIR repository as a central resource for a Medicaid organization to support many areas from analytics, prior authorization, care management, and claims processing. However, it is important to recognize that not everything is moving to FHIR immediately. Within the Prior Authorization Support Implementation Guide, while the proposed rule specifies FHIR for the interactions between the payor and provider, it also proposes a transformation layer that will convert the FHIR calls to HIPAA X12 278/275 to actually execute the transaction.

Ultimately, while it is reasonable to expect other areas like claims adjudication to eventually move to FHIR, the timing remains unclear. However, Gainwell is working closely with CMS and industry groups to ensure our technology solutions stay ahead of these changes and can support FHIR interfaces when the standards are defined.

4.2.8 Compliance with HIPAA and FedRAMP Requirements

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.

Gainwell meets HIPAA and FedRAMP requirements with a System Security Plan (SSP) that complies with the NIST, Special Publication 800-53 (rev. 5) Management, Operational, Technical, and Program Management Security Controls for Moderate-Impact systems, and the Privacy Control Catalog, or FedRAMP Version 2.0 for cloud solutions. The SSP also complies with NIST Special Publication 800-18 revision 1, Guide for Developing Security Plans for Information Technology Systems. Our solutions are typically hosted on Amazon Web Services (AWS) US Region Top Image Systems cloud, which meets NIST 800-53 controls. NIST Special Publication 800-53 contains the management, operational, and technical safeguards or countermeasures prescribed for an information system. The controls selected or planned are documented in our SSP.

Our policies and procedures align with NIST SP 800-53a and SP 800-18, HIPAA Privacy and Security standards, CMS MECT security and privacy checklist criteria for certification, Federal and State mandates, Federal and State legislation and the Information Practices Act, American Recovery and Reinvestment Act of 2009 (ARRA), Privacy Act of 1974, and ISO 17799 Standards. We also support CMS' Minimum Acceptable Risk Standards for Exchanges (MARS-E) standards.

Gainwell is committed to securing Protected Health Information (PHI), Personally Identifiable Information (PII), and other information held within our systems, and our employees are trained in these requirements. Our SSP also is based on the CMS SSP procedure template and the CMS SSP workbook. Our staff members and subcontractors must participate in annual training for HIPAA and Health Information Technology for Economic and Clinical Health (HITECH) security provisions.

AWS also meets FedRAMP requirements. We provide our customers a Moderate FedRAMP-compliant and HIPAA-compliant environment with an enterprise-class managed cloud computing environment for the customer's business-critical workloads.

Gainwell's processes and tools for privacy, security, and availability produce auditable and traceable artifacts that demonstrate compliance with federal and state rules, regulations, and policies. Before "go live," Gainwell seeks written approval of the SSP by our customer's authorizing official.

Gainwell's solution for information security management is focused and designed to provide comprehensive security and privacy control around each business service and IT service, including the hosted infrastructure for cloud-based solutions and the customer's facility. The AWS US Region infrastructure is used to host many of the required applications and tools and provide connectivity to support required business services.

The following points summarize Gainwell's overall strategy to meet security requirements:

- Gainwell designates a security and privacy officer for the customer, responsible for leading the security compliance function as the single point of contact for security issues and escalations.
- Anti-virus service is used to protect from viruses, spyware, and malware attacks.
- Vulnerability assessments are performed on network devices, security devices, databases, and servers to proactively identify high-risk security vulnerabilities and threats, quickly remediate, and comply with HIPAA and NIST 800-53 (v5) requirements.
- File integrity monitoring (FIM) is applied, and the security and privacy officer is given access to the FIM console.
- We make sure our IT services support the needs of the business while wrapping the assets in a blanket of security.

4.2.9 Assisting States in Achieving Compliance

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.

Gainwell's approach for achieving MMIS certification compliance leverages lessons learned from using the Medicaid Enterprise Certification Life Cycle (MECL) and being a part of the Puerto Rico OBC pilot — later rebranded as SMC. Our successful approach with certification will continue as we collaboratively define the applicable evidence for each outcome/requirement that will be used for CMS reviews as well as assist our state customers with preparing their presentations for the milestone reviews.

The Gainwell team works with customers during the project lifecycle, starting with the Requirements Validation (RV) sessions, to ensure certification outcome evidence is discussed, approved, and Intake Forms are updated appropriately. During the RV sessions, MITA business process models are reviewed with the customer. Gainwell can leverage base documentation from CMS guidance and best practices from other implementations. The Gainwell Certification Lead will schedule practice sessions and a dry run to prepare for the CMS milestone reviews.

The Gainwell product suite uses industry best practices, identified through subject-matter expert engagement and partnership with the Gainwell customer base. Gainwell has adopted a "customer first" product change management model that enables customer feedback on the product to be delivered directly to product management on a routine basis. The product

management team manages and assesses all feedback, developing solutions for product inclusion based on the solution's ability to positively impact and solve problems for Gainwell customers. This promotes the reuse and proliferation of best practices across all customers. The result of this feedback is a steady stream of new and enhanced customer-driven capabilities in the product, which become available to all customers using the Gainwell solutions.

Additionally, Gainwell is committed to remaining an industry leader in system modernization, as demonstrated through the Gainwell Strategic Modernization methodology, a strategy developed by Gainwell using lessons learned in modularity from work with first-mover states. Through this model, Gainwell partners with states to ensure their modularity and modernization roadmap represents the plan that will afford states all the CMS-aligned benefits of modularity while reducing the risks as much as possible throughout the system modernization process.

4.2.10 Disaster Recovery Processes in a Modular MES

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?

A separate Disaster Recovery (DR) infrastructure provides our customers with robust and resilient systems to protect them from any disruption to operations. This is a precondition for a proper recovery process. Typically, a Gainwell Enterprise Architect works with our customer and creates a solution design package that provides details about infrastructure, security, recovery time objective (RTO) and recovery point objective (RPO), and the recovery process. Our DR plans can accommodate both on-premises and cloud infrastructures. If there are modular dependencies across multiple partners, often the SI will have an important role in the recovery process.

Gainwell's Approach to a Modular Production Environment DR Solution

When a Production solution for any customer is modular and involves multiple vendors and different (modular) pieces of the overall solution hosted in different environments, Gainwell takes the following approach for a DR solution.

When individual software modules are hosted and managed by multiple vendors in different environments, each vendor managing their piece of the overall solution must be responsible for the DR solution for their piece. Gainwell is responsible for designing, implementing, and administering the DR program for the part of the system that Gainwell provides, hosts, and manages. However, Gainwell and all other vendors must be aware of the modularity and the dependencies of the different modules of the overall system and account for the required network connections in both Production and DR and incorporate those network requirements into their DR program. They must also build into the DR program the proper communications and coordination protocols between the different vendors of the different modules so that all dependencies are covered during recovery of any of the individual modules. Gainwell does this in their DR plans when a multi-vendor modular solution is required.

Aside from the individual module recovery plans and programs, there should be one overall recovery plan to coordinate and guide all the vendors and recovery teams during any recovery event. This overall recovery plan would normally be the responsibility of the SI. However, Gainwell Continuity Services can assist in the development and/or execution of this overall DR plan if requested.

Recovery Objectives and Scope for the Gainwell Owned Modules

Gainwell will provide a DR Plan and documentation set that focuses on recovery of critical predefined IT application/systems and supporting infrastructure that are in-scope for Gainwell recovery. Lists of critical applications and infrastructure components are maintained as part of the DR plan documentation. New DR requirements are communicated to the Gainwell account management team directly or through the Change Management process. This process is in place to drive changes to the in-scope DR coverage based on requirements. Those changes are then given to the assigned Gainwell Continuity Program Manager who manages and maintains the Comprehensive DR Plan, the Disaster Recovery Workbook, and all IT DR-related documentation. Note that BCP is not part of the Gainwell IT DR scope. The BCP plan will focus on people, office space, and work-flow recovery as well as overall continuity and is a separate plan document from the IT DR plans. The IT DR Plans are intended to be an attachment to or part of the overall BCP. The Gainwell-provided DR plan documentation set will provide a description of the overall DR program, including the following:

- How DR documentation is maintained and kept current
- How DR exercises are scheduled and conducted
- Where DR documentation is kept
- What the DR strategy/solution is and required RTOs/RPOs
- Processes to evaluate an event and declare a disaster
- Roles and responsibilities of all recovery teams
- Detailed recovery tasks and task owners for all in-scope servers, apps, databases, and infrastructure
- Critical contacts list including other 3rd party vendors
- Recovery dependencies between modules and coordination with other vendors

The primary objectives of the Gainwell DR program are to:

- Recover within the required RTOs as defined in the agreement for all in-scope systems, apps, and infrastructure
- Recover the predefined in-scope applications located in the production data center
- Maintain tolerable data loss or RPO within limits established between Gainwell and the customer
- Provide an exercised recovery plan that, when executed, will provide for efficient and timely response, recovery, and restoration of in-scope critical infrastructure and applications
- Minimize inconvenience and disruption to staff, customers, or business partners
- Minimize the impact to the customer's industry image
- Maintain public confidence in the customer's organization and services
- Minimize the following:
 - The number and frequency of ad hoc decisions following a disruption/disaster
 - Single points of failure (via specific individuals and processes)

- Confusion, errors, omissions, and unnecessary duplication of effort
- Extent of losses associated with disruption and recovery
- Total elapsed time required for recovery and restoration

Although the Comprehensive DR Plan and the detailed Technical Recovery Workbook provide guidance and documentation for response, recovery, and restoration activities, they are not a substitute for informed decision-making.

The Gainwell-provided DR Plan is part of an ongoing risk management program funded by the business to provide resources for the following:

- Perform activities to support plan development and maintenance
- Train and retrain employees
- Develop and revise policies and standards as the organization changes
- Research processes and technologies to improve recovery and resumption efficiency
- Report ongoing DR planning activities to the customer and Gainwell account team
- Manage critical systems and server resources at the recovery location

DR Testing Approach

The Gainwell technical DR solution and the Continuity Program Management (CPM) service delivered by the Gainwell Continuity Services Team provide for robust and thorough disaster recovery exercising for the customer's DR solution. The highlights of DR testing include the following:

- The DR exercise is done within an isolated test environment allowing Production to remain up, operational, and unaffected during the DR exercise.
- Planning and preparation for each DR exercise starts eight weeks prior to the exercise and is led by the Continuity Program Manager assigned to the customer.
- A DR exercise Scope and Objectives document will be developed prior to the exercise and approved by the customer and the Gainwell Account Management Team.
- All key aspects of the exercise are reviewed during pre-exercise planning, such as:
 - Appropriate staff to support the exercise
 - Health of the replication and recovery data at the DR site
 - Scope of the exercise (servers, apps, and processes)
 - Network and infrastructure requirements
- The Continuity Program Manager uses the current DR plans to lead the recovery teams through the exercise.
- An MS Teams online conference room is used as the exercise command center and captures all details of the recovery process.
- Application testing is done by the application SMEs using approved test scripts.
- Evidence of application testing such as screen shots, transaction logs, and reports along with completed and checked-off test scripts are captured.

- A post-exercise review and lessons-learned session is conducted to review all aspects of the exercise.
- A post-exercise summary report is provided highlighting the detailed results of the exercise, including RTOs achieved.
- One annual live DR exercise is allotted as part of the Continuity Program Management service.
- Table-top walk-through exercises may also be requested by the customer. A table-top review involves all recovery teams and SMEs to walk through the documented DR plan together step-by-step to approve or update the recovery steps and overall recovery process.
- The annual live DR exercise is scheduled a year in advance with coordination between the Continuity Program Manager, the Gainwell Account Management Team, and the customer.

4.2.11 Organizational Change and Communications Management

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?

Changing from large, semi-customized or fully customized systems to modular, configurable systems can be challenging for state agencies. The surest way to enable adoption of the new system is to understand and then articulate how the new technology supports your vision. Gainwell helps organizations prepare for new technology and redesign business processes by building organizational change management into our processes. We don't just implement new technologies; we support business process improvements and help stakeholders adapt and learn new processes.

The most critical aspect of change management is learning who the stakeholders are and understanding their needs and including all vendors in the multi-vendor implementation. There must be a solid as-is and to-be analysis conducted, followed by a well-designed approach to get from the current state to the future state, including a robust training program. Gainwell conducts extensive analysis of current and future business processes for our customers when supporting them through their modernization journeys. A key step to modernization can be centralizing communications between all stakeholders.

We develop the following with our customers and other key project stakeholders to facilitate the organizational change and communications management processes. It is important that these processes are well integrated.

- Transition Kickoff Meeting, Agenda, and Materials
- Risk Management Plan
- Change Management Plan
- Communications Management Plan
- Quality Management Plan
- Requirements Management Plan
- Personnel and Resource Management Plan

In addition to our support, customers typically procure the services of an overall PMO, Quality Assurance, and/or Organizational Management vendor for coordination among multi-vendors and the SI (if an SI is being used).

We suggest that BMS include its own staff in change management planning. Once staff members understand the potential benefits of proposed changes, they can provide valuable input to change management planning. BMS leadership can help staff understand the benefits of updating technology and processes. Staff are more likely to embrace change if they know it will help them with tasks and responsibilities. Staff should also understand the value of efforts to eliminate duplicative processes and implementation of new processes. Lack of communication between departments within the organization, refusal to change, or lack of training can all lead to less efficiency. Including staff in change management planning will help remove resistance when changes are made. Communication and training should be a key piece of the strategic planning.

We recommend that BMS refine its approach to change management and select a vendor with proven best practices that can be replicated. West Virginia's modernization, modularity, and multi-vendor project will require a disciplined and strategic approach. Effective change management will contain costs, reduce risk of operational interruptions, and support module interoperability.

Gainwell has extensive change management experience in modular, multi-vendor environments and is a key component of Gainwell's successful program and project management. Our approach is aligned with the Change Control Board (CCB) and follows PMBOK® Guide and Project Management Methodology. We recommend BMS establish a Change Control Process (CCP) during the Initiation and Planning Phase of the project so that changes to the established baseline will follow a defined and visible process. Gainwell tracks change orders and enhancements and provides status in periodic Status Reports.

We recommend using the CCP throughout the life of the contract, from project initiation through implementation of system enhancements in the Operations and Maintenance Phase. As a system is developed, Gainwell carefully controls and verifies approved changes. Stakeholders participate in management of integration business requirements and technical requirements to:

- Impact how the change is prioritized
- Determine which changes are the highest priorities
- Advise the team on the communication of effect and risk to the overall solution

From Gainwell's 19 years serving the State of West Virginia, we understand the specific opportunities and challenges in the state Medicaid environment. We recommend adapting PMBOK methodology to the State's specific needs and selecting an informed vendor to champion change management across all modules in the MES.

Align Change Management and Communications Plans with BMS Goals

Coordinated Change Management and Communication Plans must be an initial planning activity. We emphasize frequent and effective communication that is clear, concise, understandable, and appropriately focused on MES stakeholders. Gainwell's Communications Plan describes processes, tools, and methods for delivering transparent communication to the right parties at the right time. We recommend that BMS promote open, accurate, timely, and respectful communication among all stakeholders. MES vendors collaborate and contribute to project management activities such as status reporting, meetings, risk/issue management, and project planning.

Effective communication will reduce project risk by reinforcing agreed-on project standards and disciplines. Gainwell's methodologies and processes promote a common language, effective communication, efficient linkages, and information sharing. This approach yields timely, comprehensive project management communication and reporting. We recommend BMS establish structure and guidance on the following major functions of communication:

- **Identify stakeholders** — Identify people or organizations impacted by the project and document relevant information regarding their interests, involvement, and impact on project success. Project stakeholders also may exert influence over the project and its deliverables.
- **Plan communications** — Identify the specific information needs of project sponsors to determine a suitable means of meeting those needs while coordinating with other key project stakeholders for overall project communications. Together we will define who needs what information, when they will need it, how it will be delivered to them, and by whom. The Communication Plan defines how a vendor maintains open and accurate communications within its team throughout the life of the contract.
- **Distribute information** — Make relevant information, such as project status and phase gateway completion, available to project stakeholders. This distribution includes implementing the Communication Plan and responding to unexpected requests for information. Gainwell uses SharePoint to store deliverables, status reports, and other artifacts online.
- **Manage stakeholder expectations** — Communicate and work with stakeholders to meet their needs and address issues as they occur. Managing expectations increases project success by making certain that the stakeholders understand the project benefits and risks. This encourages them to be active supporters of the project.
- **Report performance** — Collect and distribute performance information, including status reports, progress measurements, and forecasts. Our performance reporting process involves the periodic collection and analysis of baseline versus actual data to understand and communicate the project progress and performance, as well as to forecast the project results.

Gainwell follows PMBOK communication guidance to accomplish the following:

- Outline the communication process and methods and provide a well-documented and agreed-on communications road map
- Establish a sound framework for our communication management approach to keeping stakeholders informed throughout the project
- Describe how customers will receive timely, accurate communication of project status and overall results
- Define the channels of communication that allow us to respond to questions raised by our audiences and measure the effectiveness of our communications, enabling us to refine the Communication Plan for continuous improvement as we receive feedback
- Define the communications matrix that includes the various types of stakeholder communication

4.2.12 DDI in a Multi-Vendor Environment

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?

Managing DDI work in a multi-vendor environment requires a strong governance approach and steering committee to establish clear roles and responsibilities. DDI work in a multi-vendor effort also requires additional collaboration, communication, and shared understanding in all aspects of the project, including developing release plans and testing strategies. DDI should be focused on gathering requirements for the SI with a focus on COTS products and integration versus custom development.

The following highlights key areas where this collaborative approach is important:

- **Project Management** — Project management for each vendor should be tied into customer-level or integrator-level program management. Changes that impact multiple modules need to be scheduled to align with the staffing and development requirements of each vendor, including issues and defects and schedule variances.
- **Requirements** — Business Requirements to COTS solution sessions should be held at the program level for changes impacting multiple modules. Each vendor should be represented and provide input into the clarification of requirements.
- **Technical Design** — System changes that impact multiple modules require design sessions where all impacted vendors participate. The cross-vendor design teams need to agree on how the requirements will be translated into design solutions looking at the meta-data, messaging protocols, and security protocols.
- **Configuration and Development** — Business rules are configured during individual DDI sprints and applied to the development and testing environments. Vendors should demonstrate business rules configuration during each sprint to ensure buy-in by the customer prior to commencing the next sprint. Development is largely focused on new reports and integration points. Communication lines among the vendors remain open during the development phase. As module developers run into challenges in deploying the designs, needed adjustments are communicated to and approved by all impacted vendors. Data and interface protocol mock-ups are often used to aid in unit testing.
- **Testing** — Integration testing is carefully coordinated among all impacted vendors. Testing leaders participate in joint sessions where the test strategy and test cases impacting multiple modules are designed. Test execution is also coordinated to work out the timing and content of inputs/outputs among modules, so end-to-end testing can be completed. All vendors should agree on the success of test cases and present integrated results to the customer for sign-off.
- **Release Control** — The timing and movement of content must be defined and implemented by all impacted vendors. Milestones for development (unit testing), integration testing, user acceptance testing, and production are established early. Release control staff from each vendor should work together in release meetings.
- **Issues/defects** — Issues and defects should be reported to the program office.

4.2.13 Gainwell's Experience with Collaboration Tools

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)?

Gainwell's standard solution uses an integrated Office 365 application to support collaboration on key project management processes such as communication, documentation, scheduling, risk management, and change control and HP ALM for requirements traceability and testing.

Office 365 brings our project teams together through a single portal when a "Team" is created. Team members have access to audio/video conferencing, instant messaging, structured document repositories within SharePoint, and a host of other add-on applications that encourage high collaboration, transparency, and efficiency.

We have found that where our customer has a specific tool requirement, Office 365 and Gainwell's supporting project management best practices are adaptable and easy to integrate, providing an end-to-end workflow that is conducive to a high-level of collaboration while supporting the requirements of each team.

Gainwell has experience with Office 365, Microsoft Project Online, SharePoint, ALM, SAP PPM, ServiceNow, and our experienced and certified PMs have no preference as to who supplies the tools we use.

4.2.14 Systems Integrator Roles and Responsibilities

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?

We have seen various models for working with SIs across our various customers. Gainwell has served as SI in West Virginia, successfully defining MITA-aligned business processes, data models, data dictionaries, integration points, and all aspects of integration.

In general, SIs have the following major responsibilities:

- Drive governance
- Bring in a technical integration platform that supports and facilitates data exchanges (real-time, near real-time, and batch), Single-Sign-On, and data management functionalities
- Define the data exchange standards, security, and network standards in consultation with the state and enforce these standards

As a key success factor for our customers, Gainwell has worked in situations where the SI was a separate vendor, where the SI role was added to the responsibilities of an existing vendor, or where the state Medicaid agency (SMA) played the role of SI. We have found that any of these models can work successfully. However, it is important to explicitly define the role of the SI at the outset.

We have seen two key factors that contribute to the failure of SIs:

- Onboarding an SI that does not understand the core Medicaid business. The SI must understand the business processes and the data structures.
- Onboarding an SI that does not understand best practices for systems integration and focuses on reducing their own responsibilities versus focusing on the responsibilities of the module vendors. In any integration between two systems, there are various options for communication. The key is to choose a design where the bulk of the translation and transformation is done using tools that are designed to do translation and transformation. Too often we have seen SIs try to force module vendors to do translation and transformation within their modules rather than using the System Integration Layer tools as they are meant to be used.

Finally, systems integration involves *people integration* as well. It is critical to select an experienced SI vendor who understands the human part of the equation.

4.2.15 Performing Vulnerability Scans

4.2.15 Describe your depth, breadth, and frequency recommendations for performing periodic vulnerability scans of production and development environments?

Gainwell recommends monthly vulnerability scans of production and development environments. At minimum, the recommended vulnerability scans include the following:

- **Infrastructure scans (such as Nessus or Qualys)** — This scan identifies vulnerabilities related to missing critical vendor patches for applications like Java, unsupported software components, built-in guest accounts, registry issues, and DLL hijacking vulnerability. This scan should be performed monthly.
- **Static Application Security Testing (SAST) with a tool like Coverity** — This test analyzes the code, identifies potential issues, and assigns a severity level to help with prioritization of remediation activities, such as denial of service, gain privileges, bypass protection, and buffer overflows. This scan should be performed at least monthly and before any planned deployments.
- **Dynamic Application Security Testing (DAST) with a tool like Acunetix** — This test scans web applications for potential security vulnerabilities against a running instance of the code. It identifies issues and weaknesses to remediate before they become vulnerabilities. These include cross-site scripting, SQL injection, and content spoofing. This scan should be run after the initial baseline and remediation, monthly, and prior to any planned deployments.
- **Third-Party Penetration Test** — A third-party penetration test offers an objective and expert view of a system's security posture, based on tester efforts to discover security gaps and an effort to access high-value assets and challenge the cyber-defense. Gainwell recommends an annual third-party penetration test.

Each scan will produce a listing of vulnerabilities categorized by severity (e.g., Urgent, Critical, Serious, Medium, Minimum).

Production environments should be mandated to patch vulnerabilities within a certain window of time, based on their severity (such as Urgent and Critical vulnerabilities within 30 days, Serious vulnerabilities within 60 days, and Medium and Minimum vulnerabilities within 90 days).

Vulnerabilities within the development environments can be patched at a slower schedule in a manner pre-determined with the state customer.

4.2.16 Delivering Optimal Data Sharing

4.2.16 What processes, techniques, and solutions does your organization consider critical for delivering optimal data sharing throughout the MES?

Gainwell is committed to ensuring that our solutions deliver reliable and reproducible data and analytics solutions for our customers. We believe the following elements can help enhance optimal data sharing within the Medicaid data ecosystem:

- Zone-based data lake architecture
- Leveraging role-based access control (RBAC) mechanisms to ensure users have access to specified zones within the data lake
- Leveraging open-source canonical data models (such as HL7/FHIR) to facilitate sharing of data among modules and vendors
- Leveraging open-source tools and technologies; specifically, an integration-layer based on open-source frameworks or APIs to facilitate pushing and pulling data between various modules
- Real-time and near-real-time data exchanges using RESTful services and batch data exchanges to share data across modules seamlessly, complying with MITA 3.0 standards and conditions

4.2.17 Data Governance, Management, and Stewardship Practices

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?

Gainwell has seen a shift in governance models from traditional to more adaptive models, accelerated by the adoption of cloud technologies and platform solutions. Through many years of implementing and managing governance models (including 19 years with BMS), we have learned that there is no single solution that fits every organization. Therefore, we recommend a data governance model that is best suited for BMS' environment, driven by its desired business objectives and improving business value in the following areas:

- Data accessibility
- Data quality
- Data/tool consolidation
- Innovation enablement
- Data security
- Data privacy
- Data retention

Gainwell recommends building data governance into the data warehouse process by applying data governance at the onset of data creation, collection, and ingestion activities, rather than after the fact. This process is typically accelerated when data stewards are identified at the business and IT functions. Furthermore, we have found quick successes when data stewards in the business and IT functions work together in close collaboration (as opposed to traditional

adversarial approaches). This ensures both parties — business owners and technical data managers — understand the key data considerations (data quality/security/risk vs. meeting a business purpose); i.e., the business process driven by the data. This flexible, modern data governance framework brings the various data stewards together and ensures data is managed, stored, and available with ease and trust, promoting adoption and leverage across functions and user types.

4.2.18 Fiscal Agent Roles and Responsibilities

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?

Gainwell serves as a fiscal agent for 23 Medicaid programs and provides systems and/or services for an additional seven Medicaid programs. To date, we have upgraded 22 legacy systems with modular systems. We have been the SI in every state where we support a modular system, including West Virginia.

Our roles and responsibilities as a fiscal agent vary greatly from state to state. The scope of our fiscal agent services includes, but is not limited to, the following:

- Enrollment
- Mailroom
- Provider and member call centers
- Financial - AR/AP
- Pharmacy services
- TPL

We frequently oversee the technical integration with multiple vendors, including enrollment and eligibility, pharmacy benefits management, decision support/data warehouse, and care management vendors, as well as third parties supporting TPL, authorization determination, electronic verification, and immunization registry systems.

We recommend that the fiscal agent retain this full responsibility in modular system implementations. Key success factors of this model include:

- A single point of accountability by holding one vendor responsible for the full scope (By contrast, if the responsibility is spread across more than one vendor, it becomes BMS' responsibility to manage those vendors.)
- Improved ability to conduct full root cause analysis and quickly remediate performance failures
- Enhanced autonomy between operations and technical functions as the fiscal agent has oversight and accountability for the full scope of services from both operational and technical aspects

As systems modularize, it is critical that the customer experience does not suffer through duplication of member, provider, and staff services. The fiscal agent can provide centralized tier 1 call center capabilities to provide a unified customer experience, including the deployment of future innovations through automation. To reduce costs, the fiscal agent can perform services

that are shared among multiple modules, such as mail center operations and member card distribution.

4.2.19 Multivendor PMO and Enterprise PMO

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?

Establishing a project management methodology and clear governance structure that aligns to a customer's strategic direction is important in defining roles and responsibilities of vendor and subcontractor team members and determining the relationship between respective Project Management Offices (PMOs) and an Enterprise Project Management Office (EPMO).

We work closely with PMO vendors in all markets and collaborate effectively with other vendors. We participate in multi-vendor work groups and contribute from our perspective as an SI.

A common project management methodology defined and documented either by a single vendor or by the EPMO provides a standard framework and enables each entity to map project management processes and work in a uniform way. By using common tools and templates, information is consistently provided, allowing for seamless integration at an enterprise level.

In addition to implementing a single project management methodology that is executed by all vendors and subcontractors, each subcontractor or vendor PMO should be led by a key resource who aligns directly to the EPMO Lead, and a collaborative and transparent relationship should be developed and maintained throughout the lifecycle of the project.

A clear division of responsibilities is critical in a multi-vendor environment. Vendor teams can be managed at the vendor or subcontractor level, allowing the teams the autonomy to deliver the services. However, at an enterprise level all processes should integrate, enabling a single picture of project performance, timely identification and resolution of issues, and consistent communication across every level of the organization.

4.2.20 Addressing Complex Relationships Between Vendors

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?

Addressing complex relationships starts with the state customer setting the right tone of collaboration, as well as setting the standards for all vendors. This messaging can be bolstered by the EPMO vendor.

Gainwell has found the following items helpful in addressing complex data management relationships, including relationships among multiple vendors working on different modules of an MES. For each item listed, we state whether BMS should include it in an RFP.

- **Developing standards to ensure effective data sharing and communication among vendors** — At a minimum, the RFP should require module vendors to document their input and output data models following a predefined standard. This ensures that each module vendor is speaking the same language instead of using a vendor-proprietary approach.
- **Creating a committee of data stewards to promote data governance and data sharing best practices** — This ensures that each vendor clearly understands the data

models and the West Virginia valid values. Over time, this body would be responsible for coordinating changes to data elements or constructs. Gainwell recommends that a committee of data stewards be required in the RFP.

- **Requiring vendor APIs to support common API protocols, such as JSON and XML** — Requiring the use of common protocols would help ensure vendor communication technologies are compatible. Gainwell recommends that BMS require this approach in the RFP.
- **Encouraging various modules to create standardized API-based interfaces to allow sharing of data among vendors** — While this approach would support data sharing objectives, it may require vendors to modify current solutions to align to the newly defined standards, which could increase the cost and time frames for implementing the solutions. Gainwell does not recommend that BMS include this requirement in its RFP.
- **Encouraging the use of open data models and creation of standardized API libraries in a Medicaid Data Layer to help minimize the effort that each vendor must expend to develop standardized data flows** — While this approach would support data sharing objectives, it also might require vendors to modify current solutions to align to the newly defined standards, which could increase the cost and time frames for implementing the solutions. Gainwell does not recommend that BMS include this requirement in its RFP.
- **Prioritizing organizational change management methodologies** — This approach would support a successful implementation, which requires not only the implementation of new technology, but also effective user adoption of new processes and tools. Gainwell recommends that BMS include this requirement in the RFP.

4.2.21 Factors that Accelerate Implementation

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?

BMS can accelerate requirements review, system implementation, and integration while limiting delays and changes with a product-based approach. COTS-based solutions like Gainwell's enable timely deployment of changes because there is no need to build from the ground up. In fact, our solution components were selected based on their functionality and rules configurability; moreover, they are maintained independent of a project implementation. This means the requirements are met through system configuration and validated during RV sessions, thereby eliminating the need for timely design sessions.

The success of the core implementation depends on a vendor's ability to review and know business and technical needs, assess and address BMS' specific requirements, and work with BMS and its integrated systems in partnership. A successful vendor's approach to accelerating implementation timelines is directly reflected in its business knowledge, project management, implementation, and operations experience. To develop an implementation plan, a vendor must factor in typical issues, historical estimates, and schedules identified in previous implementations with similar customers. For example, Gainwell has produced a schedule that will provide a complete, accurate, smooth, and orderly implementation and go-live with minimal disruption to operations.

As we emphasized in our response in Section 4.2.1, alignment with MITA principles is a foundational factor to require in an RFP. Vendors should be able to document existing business rules and policies by MITA standards.

From a technology standpoint, we recommend BMS adopt cloud-first technologies that allow for reliable, flexible, scalable, and secure data solutions. This accelerates implementation because the infrastructure is already in place and the vendor need only set up the cloud formation template in order to stand up servers, storage, and databases in the cloud.

From a product development methodology standpoint, BMS should adopt SAFe Agile approaches. Establishing an SDLC process and robust CI/CD DevOps pipeline is key to speeding up development. As we describe in Section 4.2.31, using an Agile methodology minimizes risk and reduces delivery time.

The use of existing modules with previous successful certifications can drastically speed up implementation. We provide the following example of our TPL module, but this principle holds true for other Gainwell modules such as our core CEF Module.

CMS recently introduced the SMC pathway, an alternative certification approach that no longer requires a checklist from the MECT. Instead, the focus is on the outcomes that indicate a system is functioning as the state and CMS expected. The SMC approach also significantly reduces the level of effort required by state resources and CMS, without impacting the Medicaid program obtaining enhanced FFP up to 75% for operations and maintenance.

Obtaining certification brings value to our customers and, under CMS' new guidance, having to procure a TPL system module is no longer necessary, but rather focus on previously approved outcomes in the state's APD. Additionally, CMS' migration from MECT to OBC focuses on achieving business outcomes and improving outcomes for populations served rather than the technical and system functionality alone. OBCs allow states to focus on specific areas for MITA improvements and introduces KPIs, metrics that are used to track the performance of the system and services. We have already helped California achieve certification through this method and are currently working with Wyoming and New Mexico to achieve certification for their TPL solutions.

4.2.22 Structuring an RFP to Encourage Competition and Innovation

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 and innovation, we agree with BMS' intent to issue an RFP rather than a Request for Quote (RFQ). An RFP better allows vendors to offer innovative approaches through their narrative descriptions of their solutions to requirements, while an RFQ tends to limit competition to a price play only, discouraging value-add innovations.

To that end, Gainwell recommends BMS be less prescriptive in the "how" on its RFP requirements and focus on identifying desired capabilities, outcomes, and issues that need to be addressed. We believe the vendor community can better present options for the State to consider without presumptive solutions and expose options that give BMS a better set of solutions.

Alternatively, BMS can effectively use NASPO in place of issuing an RFP, as we discussed previously in Section 4.2.3, item 3. With NASPO, innovative ideas for West Virginia can be solicited through BMS' use of the State Participating Addendum (Option D), while using a more

cost-effective procurement vehicle. We recommend BMS consider how Georgia used NASPO to encourage innovation using the State Participating Addendum.

4.2.23 Delivering Value, Reducing Risk, Maximizing FFP, and Achieving Outcomes

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?

Establishing a procurement and implementation timeline can be difficult due to many moving parts, competing projects, and resource availability. Gainwell suggests tight coordination with other vendor solutions and data needs, layering in priority interface establishment. Based on vendors' timelines and knowledge of the current system, Gainwell suggests BMS solicit a timeline that supports the agency's needs and resource availability. The tighter the timeline, the more resource focus will be needed to meet goals.

We recommend that the State remain less prescriptive and give the vendor community flexibility to be creative and design next-generation solutions to support BMS' mission of improving citizens' health. Providing a vendor with BMS' business objectives allows vendors to propose the best approaches. BMS can realize a faster path to value by managing the MES through SLAs rather than through a labor-based contract (with specific resources attached).

We recommend that an RFP be released quickly after requirements are completed. This ensures that responses to the RFP are aligned with current demands and prevents the risk of responses being outdated and misaligned with current needs and vendors having to catch up and retrofit solutions.

FFP can be maximized by adopting innovative open-source technologies and deployment approaches. For more on factors and approaches that support FFP, please see Sections 4.2.1, 4.2.5, and 4.2.21.

The inclusion of certification requirements through the entire SDLC will verify the solution achieves certification on the first attempt (and not waiting until close to go-live to review certification needs). Through previous lessons learned, Gainwell tracks certification requirements just like RFP requirements through each step of the SDLC so the required functionality needed for certification is included in the system and ready for execution sooner. For more on how we support our customers with CMS certification, please see Sections 4.2.5 and 4.2.9.

4.2.24 Major MES Trends

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 following are major trends we see that BMS should be aware of.

Value-Based Care Models

Medicaid is shifting to Value-Based Care models, which create a combination of incentives and disincentives that encourage better healthcare decision-making. Gainwell is already supporting

value-based payment models with our Analytic Services in Ohio and Tennessee, as we describe in Section 4.2.25. Gainwell's second-generation EDW offering will feature an enterprise-wide analytics solution to support customers' value-based care models.

Remote Services Including Telemedicine

A major trend is the increase in remote healthcare services, including telemedicine. This trend has been accelerated by the ongoing COVID pandemic. Telemedicine use will continue to increase as improved patient outcomes and payor savings are realized through telemedicine visits. It is Gainwell's intent to align our system capabilities to match this increase in telemedicine while allowing visibility into the use of telemedicine through role-based reporting. These reporting capabilities can enhance BMS' ability to minimize telehealth fraud and abuse by ensuring care was provided in the way billed, something CMS has expressed a strong interest in expecting from Medicaid programs in the future.

Gainwell also anticipates an increase in the use of remote services to support Home-and Community-Based services and the Internet of Medical Things (IoMT).

Interoperability and FHIR for Expansion of Other Programs on the Platform

Medicaid agencies are seeking new flexibility in terms of interoperability with other state programs or other data sources.

Our SaaS PAI Service adheres with the Patient Access Final Rule and incorporates engagement with Medicare, Medicaid, and Managed Care. The PAI Service is built not only to support the current Final Rule, but also to enable extending the platform to support this vision. Specific to the Final Rule, our platform supports the FHIR implementation Guides for Patient Access API, Provider Directory API, and Formulary API, as well as the Payor-to-Payor API for patient-directed sharing of their data. However, we envision our FHIR platform can sit at the heart of a Medicaid agency, acting as a service bus to integrate and transform many aspects of business processes internally and externally.

Today, our solution is deployed in West Virginia, Delaware, Kentucky, Arkansas, Kansas, Nevada, Wisconsin, and Maine. It is being deployed in Rhode Island, Louisiana, Georgia, Alaska, and Vermont.

Automation

Gainwell continuously seeks new ways to automate business processes. Automation can improve the provider and member experience and reduce operational costs for state customers. Automated business processes and workflows improve the user experience, reduce errors, and minimize the end user's manual work. Gainwell has, and will continue to, identify areas of the MES, such as prior authorization and claims adjudication, that will benefit from automation to ensure the system aligns to the latest trends as the technological landscape in automation evolves.

One example of our work with automation involves our call center service's omnichannel solution, which supports extensive self-service capability and encompasses IVR, live chat, and AI-supported chatbots. Our solution can scale as needed to support changes in projects or seasonal spikes to easily respond to changed business processes. The solution provides both the flexibility and agility expected in today's working environment and supports the ability to set up agents anytime, anywhere, in support of the customer's provider and member needs.

Our technology provides the ability to develop and implement call flows or script changes with a single click. This omnichannel platform operates on a global, fully redundant network of data centers to enable the most reliable contact handling structure. The proven technology helps

deliver exceptional customer experiences to allow Gainwell to handle fluctuations in call volume and measure customer satisfaction immediately.

Centralized BPO, Unified Call Centers, and Enterprise Communication

States are taking steps to modernize, digitize, and centralize Medicaid customer service operations and transform the way stakeholders experience Medicaid. States such as Florida and Texas are aiming to give stakeholders a commercial “customer” experience to fully engage them in Medicaid services and benefits. This includes a unified, automated mail room, digital ID cards, centralized, one source communications, and enhanced call resolution training for customer service representatives. These efforts achieve one-call resolution, increase self-service options, and use emerging technologies to improve the customer experience. Centralizing data from multiple systems and vendors can streamline workflows and ultimately improve healthcare outcomes.

User-Level Reporting

Gainwell will be focusing on user-level reporting over the next 12 to 24 months. Allowing users access to system data in a meaningful way drives better, quicker business decisions, leading to a more effective program. We are committed to making system data available with real-time, in-workspace user dashboards that provide visualizations of system and program information. Gainwell intends to continue to develop additional reporting capabilities across the system, creating more user-friendly visualizations, drill-down, and slicing capabilities within user workspaces.

Enterprise-Class COTS Solutions Built on Native Cloud Technologies

Another trend is enterprise-class COTS solutions built on native cloud technologies that integrate all or many of a state’s programs and services. The second-generation EDW is an example of this approach. The EDW will be able to contain not only Medicaid claims and encounter data, but also social determinants of health data, population health data, and data from other state programs to support coordination of care. The EDW can support value-based payment calculations, contract management, quality gap management, and joint MCO, provider, and plan simulation.

Additionally, Gainwell’s Medicaid Mobile Digital Platform (MDP) is a digital health application built on FHIR and core Medicaid systems to provide members with direct access to Medicaid program information, including their health information.

Leverage of Configurable, as-a-Service Offerings

Medicaid capabilities offered as-a-service are supporting faster, cheaper, more scalable services and delivery. Gainwell’s Medicaid Management Solution and its supporting modular offerings, including the MDP and its PAI services, are available for purchase as a service. These cloud-based offerings scale quickly to meet the need for increased or reduced capabilities.

These configurable services deliver capabilities far faster, materially reduce risk, lower costs, and increase flexibility. This means states can adopt policies, implement change, and respond to urgent needs with outcomes that are far more predictable and faster than legacy program models.

Clinical Claim Review Solutions

With Gainwell’s acquisition of HMS — an industry-leading healthcare technology, analytics, and engagement solutions provider — we have new, unique, data-driven technology and service solutions. One of the benefits this provides customers is better clinical claim review capabilities.

If the policy behind a claim or encounter is clear, but the claims/encounter data does not provide enough information to make a determination (medical necessity, for example), then we will configure that edit for clinical claim review (complex), where we select and request medical records from providers for manual review to confirm the presence of an over/under payment.

These reviews determine an improper level of service or improper coding, depending on the solution. The following core concepts are available in both a post-pay and pre-pay environment.

Pre-Pay Workflow

Some of our review solutions may be performed in a pre-pay environment. With prepay, Gainwell would receive a daily data exchange from BMS. This would allow us to communicate for them to pause payment, when we think there is an overpayment, while we request the records for determination. Throughout this process, we ensure our scalable clinical claim review platform continues to perform high-quality medical reviews quickly and within prompt-pay requirements.

With our pre-pay clinical review process, we perform similar steps as with our post-pay clinical claim review process; however, the tasks are expedited to meet prompt-pay guidelines.

Our pre-pay clinical review process features the following elements:

- Customer claim data is received and immediately ingested into our systems.
- Claims are selected, through our filtering process, and returned to the insurance carrier; it takes less than 24 hours from claim receipt to initial claim selection.
- As claims are targeted/selected, we notify the customer to pend (pause) payment for the claim and request records from providers.
- Medical record requests occur within hours of the Selection File being generated.
- Upon medical record receipt, the clock starts again, and we proceed to perform the review, comparing claims to medical records to find payment errors. Our team completes the review within an agreed-upon time frame (our proposals are usually 10 business days, with an internal SLA at 5-7).
- Unresponsive provider follow-up and process can be customized and monitored. However, because of prompt-pay guidelines, providers are more cooperative about submitting medical records quickly.
- Finding letter notification is submitted to the provider with appeal instructions.
- A process flow is customized for final savings and recognition and invoicing.

Pre-Pay Review Benefits

Pre-pay reviews brings improved quality and speed to value for our customers over traditional post-pay methods, as follows:

- Higher-quality findings:
 - Low appeal turnover rate
 - Increased finding rate per dollar recovered per claim
- Faster overall process:
 - Expedited initial claim selections (less than 24 hours)
 - Fast medical record turnaround (within 7 business days)

- Quick appeal resolution (less than 30 calendar days)

The following core concepts are available in both a post-pay and pre-pay environment:

- Place of Service (POS or “Short Stay”)
- Diagnostic Related Group (DRG) Validation
- Automatic Implantable Cardioverter-Defibrillator (AICD)
- Inpatient Psychiatric Facility (IPF)
- Medical Pharmacy (Drug)

How Gainwell Stays Current with Trends

Gainwell has a product release process that enables our solutions to not only stay current with federal mandates and changes to Medicaid programs, but also keep current with major trends like those listed above. For a description of this process, please see the “Product Enhancement Request Process” subsection of Section 4.2.45 Additional Information.

4.2.25 Innovations for Addressing Medicaid Business Priorities

4.2.25 Identify any innovations in your Medicaid Enterprise solution for addressing Medicaid Business Priorities (cost savings, performance efficiencies, improved care outcomes, etc.).

Our commitment to the Medicaid and healthcare industry requires Gainwell to continuously evolve and provide innovation for our customers on both the technical and business process service fronts. Continuing trends, such as budget gaps, movement to whole person care, and the need for greater automation and real-time analytics, have accelerated the need for innovative ideas and actions. In addition, the introduction of COVID-19 and the American Rescue Plan (ARP) have further advanced our out-of-the-box thinking and innovative approach to technology and service delivery.

In the following sections, we provide examples of how we are working with Medicaid agencies across the nation to address their key business priorities of reducing costs and relieving budget concerns, increasing timely and accurate data processing, enhancing performance efficiencies, and improving overall healthcare outcomes.

Value-Based Payments

While not a new concept, increasing value-based payments (VBP) continues to be a key initiative for our Medicaid customers as part of their reform agenda and cost saving and quality improvement roadmaps. Continued movements toward social determinants of care and population health are steadily becoming key components and drivers for VBP reforms.

Gainwell is working with our customers on Total Cost of Care (TCC) for their populations. TCC consists of Budget Monitoring Analytics (BMA), which enables the creation of budget reports at summary and detailed levels for Medicaid programs, and Member Analytics (MA), which can provide reports for an individual member’s TCC by tracking the cost of each encounter. Such reports are highly beneficial when a customer submits Form 64 to CMS.

TCC measures also include Comprehensive Primary Care (CPC) and Episodes of Care. CPC is a patient-centered medical home program led by a primary care practice that comprehensively manages a patient’s health needs. The goal of CPC is to empower practices to deliver the best care possible to their patients, both improving quality of care and lowering costs. The episode-based payment model seeks to reduce healthcare costs and improve quality of care by

providing transparency on spend and quality across an entire episode, allowing providers new visibility into their performance and how they compare to peers.

To support the administration of VBPs in Ohio and Tennessee, we produce performance algorithms, attribute members, evaluate provider performance, calculate performance thresholds, produce performance reports for participants in the programs on a quarterly basis, and calculate risk and gainsharing payments.

The following use cases demonstrate our experience supporting VBPs in Ohio and Tennessee.



In Ohio, Gainwell is assisting the Department of Medicaid with their Comprehensive Primary Care (CPC) and Episodes of Care approaches, which support the state's goals to transform health delivery systems.

CPC model — Gainwell supports the administration of the Ohio Medicaid program by calculating per-member-per-month (PMPM) payments that support activities required by the CPC program and shared savings payments that reward practices for achieving total cost of care savings. Gainwell provides practices with actionable, timely information, generating and delivering data and reports, including financial and quality metrics to support better decisions about outreach, care, and referrals for the practice's patient panel.

Key Outcomes for CPC

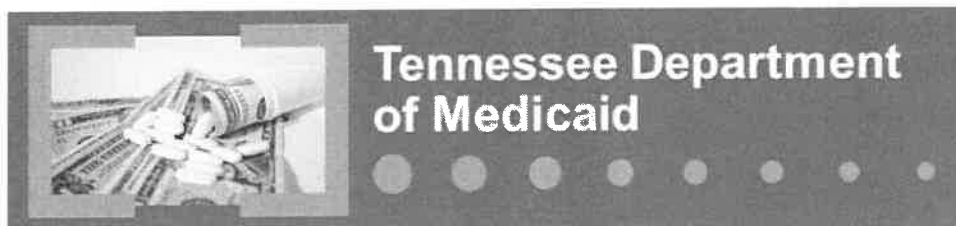
- The overall quality performance of CPC practices improved by about 2.2% annually. In 2017, the first CPC performance year, there were 111 practices enrolled in CPC. Of the 34 practices meeting size requirements for shared savings eligibility, five received a combined total of \$11.2 million in shared savings payments.
- The CPC had a negative 1.9% cost trend compared with the non-CPC control group for risk-adjusted total cost of care per member per month (PMPM) — resulting in \$78.1 million in net annual savings and \$89.3 million in gross annual savings.
- 95% of CPC practices met all program requirements, including exceeding quality and efficiency thresholds on relevant measures and performing activity requirements.

Episodes of Care model — Gainwell supports Medicaid's vision by developing episode algorithms that define care pathways and provide the basis for quality benchmarks, financial incentives, and disincentives.

Key outcomes for Episodes of Care

- Gainwell has produced 43 episodes, 23 of which are currently tied to financial incentives.
- Efficient performance in the average episode spend trend did not have an adverse impact on quality, as average performance rates across all episode quality metrics held largely steady for the first two years of the program. Over the same two-year period, average costs per episode decreased for the nine episodes linked to payment (e.g., the spending trend was negative); the average non-risk-adjusted spend trend decreased by 0.9% annually over 2 years, resulting in an estimated \$31.8 million to \$92.2 million in annual savings.
- In 2017, episode providers (referred to as Principal Accountable Providers (PAPs) received \$4.0 million in positive incentive payments across nine episodes, incurred \$4.2 million in negative incentive payments. Seventy-four percent of unique episode PAPs met quality requirements.

1224_010_05_1921



In Tennessee, Gainwell supports the Medicaid program, TennCare, in the administration of its Episodes of Care Program. Gainwell provides analytic services, ensuring that all managed care plans are reporting results in the same manner. Gainwell also provides TennCare with analytic support as they seek to improve the Episodes of Care programs and share their results with the State Legislature.

Key Outcomes for Episodes of Care

- Following the launch and first design considerations in 2013, TennCare has seen improvements in the quality and cost, according to the TennCare Delivery System Transformation: Episodes of Care Analytics Report. The program has incentivized providers to improve their quality of care. In 2018, episodes of care achieved \$38.3 million in estimated savings across 27 episode types.
- Quality has improved or maintained across most episodes. Overall, 80% of metrics tied to gain-sharing incentives between 2017 and 2018 showed either improvement or maintained performance, and 86 percent of metrics not tied to gain-sharing showed either improvement or maintained performance.
- The cost of care decreased. Most episodes (22 of 27) have lower than projected spend. The episodes program resulted in the estimated savings in the following table.

Year	Savings
2015	\$10.8 million
2016	\$14.5 million
2017	\$28.6 million
2018	\$38.3 million

Episodes Program Savings

- All the episodes reporting since 2014 (asthma acute exacerbation, total joint replacement, and perinatal) realized spend reductions.
- Individual provider groups and hospitals have made a variety of changes to improve quality and reduce spend.

TENNESSEE DEPARTMENT OF MEDICAID

Block Grant Funding Models

Gainwell offers advisory services as part of our overall Medicaid projects. We closely monitor federal mandates, specifically shifts in funding models. CMS issued a State Medicaid Director Letter in 2020 informing the states that it was open to an expansive interpretation of the authority of the Section 1115 waivers to allow for a variety of changes to a State Medicaid program, including a change in the funding mechanism. This includes an aggregate or per-capita cap on spending. Because the capped funding methodology is designed to constrain spending and given the projected growth rate in Medicaid costs, states may find it challenging to

stay within their spending limits, and if a state spends above the cap in a given year, the excess payments are ineligible for FFP.

The infrastructure of state Medicaid programs are currently designed on traditional Federal Medical Assistance Percentages (FMAP). Our advisory resources are engaged in the discussions currently underway in the new administration regarding a potential move to cap state funding as part of a block grant. We are proactively advising our customers on how their programs could be affected in advance of any changes, including the following:

- Loss of federal funding and regulatory challenges
- Risks to Medicaid members and other key stakeholders
- Limited new program flexibility
- Challenges for state administrators
- Effects on quality and monitoring activities
- Legal challenges
- Potential models for making the shift

Gainwell maintains the latest information on federal activities for our customers as they impact our technology, operations, and outcomes for citizens.

MITA Updates

Gainwell has embraced the MITA initiative through our investment in developing a MITA-aligned technical solution to support maturity. We leverage architectural standards, governance, and processes that enable us to operate in a manner consistent with customers' enterprise-wide overall governance structure for establishing standards. To date, we have deployed 32 Medicaid modules built on SOA with the ability to share health-related information across organizational silos, reduce costs, and improve program performance based on measurable outcomes.

Gainwell's SOA and COTS-based solutions meet all current and evolving MITA standards. Our components are fully aligned with the MITA framework and ready to implement, integrate, and evolve without costly, custom-built software. Our modeling methodology allows us to link our solution components, data configuration, and interfaces to each model to show the complete view of MITA. Our knowledgeable and experienced staff will tailor end-to-end models necessary to manage the solution.

Gainwell continues to define the future shape of MITA through participation in the CMS MITA Governance Board and on the National Medicaid Enterprise Hub (NMEH) MITA workgroup. As the MITA transformation continues, we will continue participating in defining MITA 4.0.

Budget and Resource Pressures, Including Those Created by the COVID-19 Response

State agencies face significant budgetary and resource challenges. As both a technology and business service provider, we assist our customers to reduce budget spend. We continually apply innovation in technology, resulting in reuse, enhancements for greater automation, and enterprise-wide application. We also supplement our customer labor pools when resources are limited to prevent service disruption to their citizens.

COVID-19 has exacerbated budget and resource challenges. During the pandemic, we demonstrated flexibility in helping state agencies meet their demands. We made expedited changes to Medicaid and human services systems, immunization registry systems, and

eligibility and enrollment processing; cleared documentation backlogs; and expanded contact centers and data processing for unemployment benefits.

The following figure provides examples of our flexibility and commitment to customers during the pandemic.

Figure 5. Flexibility and Commitment to Customers During the Pandemic

Fast updates to support vaccine rollout	Fully functional contact center within hours	Processing of 36K benefits applications in 1 week
For 12 Medicaid programs where we process pharmacy claims, we worked proactively to implement system updates and support communication with pharmacy providers on reimbursement for vaccine administration. As a result, we supported timely vaccine rollout to the nation's most vulnerable.	Anticipating a surge in service desk calls from employees now working from home, Gainwell delivered to a customer a chatbot in 30 hours. The bot reduced call volume by 12% on the first day, and the customer is thrilled with Gainwell's proactiveness, out-of-the-box thinking, speed, and collaboration.	The team kicked into overdrive to support a customer's citizens filing for benefits during the COVID-19 pandemic, processing more than 36,000 online applications in one week for medical, food, and case assistance — significantly more than the typical 30,000 applications per month.

Emerging Uses of Social Determinants of Health and Population Health Data

Providers and payors are emerging from the financial and operational disruption of the pandemic. CMS and states are preparing for the opportunity to capitalize on changes and emerging business models, such as new interest in investing in VBP primarily around social determinants of health (SDOH) and population health.

We are helping our customers use “bottom up” implementation and care coordination approaches to allow local communities and regions to structure their efforts based on clinical and patient priorities. The solution and tools we bring help to structure policies and interventions around equity and underserved communities.

Gainwell adopts a “whole-person” care model as our approach to service delivery to include SDOH and population health data. This approach breaks down silos so that program administrators have new opportunities to deliver personalized health and human services from the full portfolio of state services in a coordinated, straightforward fashion. Examples of how Gainwell is supporting customers in the use of SDOH and population health include the following:

- Expanding patient data to include social factors and explore ways to capture savings accrued in other areas of public spending when social determinants are addressed
- Aligning comprehensive integration of primary care, behavioral health, and other public health and social care capabilities with VBP arrangements.
- Developing and supporting care coordination networks for use of data-driven insights to improve care and reduce spend
- Providing strong Medicaid provider and member outreach capabilities as well as modern communication tools, including a mobile app for Medicaid members and omnichannel communication approaches
- Implementing a PAI service, a FHIR-based interoperability solution that adheres to the CMS Interoperability and Patient Access Final Rule

- Incorporating tools for risk scoring into our solutions to assist in targeting the right care at the right time and addressing SDOH
- Tracking and monitoring member movement from program to program or from one MCO to another so that all care team members have a 360-degree view of the member, which includes SDOH, behavioral health, and development services
- Providing a modern EDW that allows for performance measurement, through which agencies can develop programs to measure the success of each initiative and guide them toward recommended changes
- Using FHIR for integration with our MDP and expressed as part of our PAI module

Our approach incorporates interoperability and patient access; data sharing; and interactions among Health Information Exchanges, MMIS, and other health and human services systems for transparency and insight to recognize better overall health outcomes.

Health Information Exchanges

States have invested considerable public and private resources in their Statewide Health Information Exchange (HIE) technology frameworks. Gainwell works with customers to ensure reuse of the dollars invested in these systems and takes advantage of the data sharing and interoperability they offer.

HIEs can bring a wealth of useful data to claims and care management systems. As an example, information about admissions, discharges, and transfers can be consumed to drive authorizations, discharge planning, and care interventions. HIE data may also influence VBPs and assist in population health management. Gainwell's Product Roadmap strives to bring the value of clinical data into day-to-day Medicaid management. We are actively exploring partnerships and outlining development to bring this data into key portions of the MES solution set.

We see the value of integrating with HIEs to receive member results for labs, observations, immunizations, and admissions to help with claims processing and care management activities. Integrating authorization support with clinical care data can reduce the time providers need to complete authorizations by automatically validating or supplying the data needed to approve the authorization. Gainwell is actively exploring means by which authorizations can be automatically approved or facilitated by enabling clinical data sharing.

Admission notifications can also be used to alert care and case management staff to complete follow-up activities with providers, members, and care givers to ensure a member's best outcome.

Population health, care management, and program risk analysis can also benefit from the additional information made available through the sharing of clinical data. Within our data analytics tools, program and population health can leverage clinical data to improve the quality of analysis possible for member health and outcomes and provider performance as it relates to Healthcare Effectiveness Data and Information Set (HEDIS) and other quality measures. Combined with payor claims and encounter data and SDOH information, BMS will be able to identify areas to address with improved population management around cost savings opportunities, outreach needs, policy changes, and provider standards of care.

ONC and FHIR Standards

Gainwell is quickly becoming an industry leader in interoperability services for state Medicaid programs aligned with the Office of the National Coordinator for Health Information Technology (ONC). Gainwell envisions that FHIR will transform the way state Medicaid agencies

interoperate. To this end, we have developed a FHIR-based Interoperability Solution that not only adheres to the CMS Interoperability and Patient Access Final Rule released in partnership with the ONC, but also provides a foundation for a FHIR-based integration platform that can be used across the entire organization.

Today, our solution is deployed in West Virginia, Delaware, Kentucky, Arkansas, Kansas, Nevada, Wisconsin, and Maine. It is being deployed in Rhode Island, Louisiana, Georgia, Alaska, and Vermont.

In accordance with the Final Rule, our interoperability service provides the ability for patients to securely access their healthcare data through the third-party application of their choice. Our solution supports the required Implementation Guides for Patient Access, Provider Directory, and Formulary APIs. It includes a flexible data ingestion module that makes it easy to integrate data from a variety of claims and clinical systems. It is OAuth 2.0/Open ID Connect compliant and offers multiple options for integrating the patient consent process with third-party applications. It provides custom consoles for each of the different stakeholders. Developers can track the status and usage of their applications; administrators can create reports for the volume and frequency of access to their endpoints; and the service desk can support patients and see the same FHIR data that patients see on their third-party applications. Furthermore, it offers a robust payor-to-payor module that can enable patient-directed transfer of both claims and clinical data.

However, our solution was architected to support more than just the Final Rule. The Prior Authorization Rule will be required by January 1, 2023, to include, as part of the already established Patient Access API, information about the patient's pending and active prior authorization decisions to ensure patients have a better understanding of the prior authorization process and its impact on their care. Gainwell's Interoperability solution will have the capability to support the additional APIs by the required implementation date. Even further, we envision our FHIR platform sitting at the heart of a State Medicaid Agency as a FHIR-based service bus that can integrate and transform many aspects of internal and external business processes.

The platform is elastic and fully scalable with FHIR interfaces that have the potential to:

- Leverage the Patient Longitudinal Record into a variety of use cases that will improve the delivery of healthcare
- Improve operational processes for many areas of the organization, including claims and encounter processing, prior authorizations, and grievance and appeals
- Support analysis at the population level through the FHIR Bulk Data API and SQL Interface, including incorporating the data into our Episodes of Care solution
- Ingest additional sources of data that can further improve the quality of care, such as implementation guides from HL7 FHIR accelerators like the Gravity Project, which focuses on SDOH
- Implement a variety of custom REST-based FHIR APIs that are becoming a standard interface mechanism across the entire health system

Additional Innovation in Program Integrity

Gainwell is driving new innovations with the acquisition of HMS, an industry-leading healthcare technology, analytics, and engagement solutions provider. This acquisition includes HMS' capabilities focused on the Medicaid market, including coordination of benefits (COB) solutions and payment integrity solutions. Gainwell customers now have access to a broader range of

complementary, scalable, and flexible solutions that enable them to improve health outcomes and quality while reducing waste.

Our program integrity engine helps us recover millions and save billions for our customers. Our capabilities have helped us improve payment accuracy across the full spectrum of provider types. Gainwell pursues payments for claims that Medicaid has paid when another third-party payor may have been liable. We leverage our extensive data-mining and data-matching experience to develop our proprietary, effective match-logic process, iMatch, to increase and improve recovery and cost containment opportunities for customers.

We recommend that BMS pursue such advances in technology to improve program integrity efforts in the State. Please see section 4.2.39 for more information on our capabilities around coordination of care and program integrity.

4.2.26 Innovations for Addressing Technical Risk Management

4.2.26 Identify any innovations in your Medicaid Enterprise solution for addressing technical risk management.

In this section, we provide examples of innovations in our current and future technology roadmap of MES solutions that will address technical risk management. For a description of our robust security practices and how they address risk, please see Sections 4.2.8 and 4.2.15.

Supporting User-Driven Configuration and Testing

Every visible component in our product user interface (UI) is configurable, including labels, messages, application settings, security settings, dropdown list items, and others. Configuration data are updated through UI administrator screens and are reflected immediately in the application, enabling rapid prototyping and testing. This helps to manage technical risk by enabling changes without allowing users to touch the underlying code and potentially disrupt the system.

Use of Newer Standards in Ways that Coexist with Older, Established Standards

FHIR represents an evolutionary development path from HL7 v2 and CDA. These standards are not mutually exclusive and can easily coexist. With its strong foundation in web standards and its RESTful architecture foundation, FHIR brings many advantages over its predecessors. This is why the CMS Patient Access and Interoperability Final rule leverages FHIR at its core. However, to fully drive interoperability across the diverse healthcare ecosystem, Gainwell supports both the old and the new, all with the goal of improving total patient care. The principle of interoperability reduces risk by allowing one module to be integrated into another without negatively impacting each other.

AI-Driven Prior Authorization

Gainwell is pursuing several technical options for automated clinical authorization decisioning. This includes technical support for facilitating authorization workflows by integrating directly with a provider's electronic medical records (EMR) solution so that the provider can remain in their normal workflow when requesting authorizations for Medicaid members that may require clinical or administrative justification. Not needing to leave their EMR systems to initiate or attach key member data documents and information will save providers valuable time during the authorization request and review process and allow many members to learn about authorization approvals while they are still in the provider's office.

Additionally, Gainwell is incorporating technical solutions for automating decisions submitting through the portal or as a 278 authorization EDI request. Attaching a stand-alone clinical rules

engine and user interface to support all points of electronic authorization request review will allow Gainwell to address improved automation of authorizations across its CEF Module and other MMIS solutions.

Our authorization stand-alone rules engines integrate automatically with known clinical standards, such as InterQual or Milliman, and state-based clinical rules, allowing states to meet full National Committee for Quality Assurance (NCQA) documentation requirements for authorization review. This automation is designed to be added to our CEF Module or to existing MMISs as a stand-alone decisioning solution that integrates with our portals to automate authorization decision requests received via portal, 278, or even from a provider's EMR, based on member known data, member history, and available clinical data. This approach reduces the risk of delay because it speeds key authorization decisions and facilitates faster scheduling of needed services for members. Automation also reduces the risk of process errors.

4.2.27 Use Cases of Gainwell MES Innovations

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.

Following are use case examples where Gainwell innovations apply and the value the solution provides.

Value-Based Payments

Gainwell is applying analytics capabilities to support Ohio and Tennessee in the administration of VBPs. We produce performance algorithms, attribute members, evaluate provider performance, calculate performance thresholds, produce performance reports for participants in the programs on a quarterly basis, and calculate risk and gainsharing payments.

For detailed use cases on our VBP work in Ohio and Tennessee and the value they provide for these customers, please see Section 4.2.25.

EDI Clearinghouse Functionality

Gainwell's EDI as-a-Service provides a cloud-based strategic alternative for managing Medicaid electronic data interchange (EDI) and interoperability services. Our EDI Clearinghouse can support handling all traffic between MCOs and their providers and the Medicaid claims and encounters module. Our clearinghouse can allow states to have access to MCO claims prior to receiving them back as encounters, allowing for more insight into MCO performance. This functionality provides one source of claims routing for all Medicaid members. Enabling the receiving and transporting of data to MCOs allows for upfront receipt of claims and more accurate encounter reporting when the encounter is delivered back to the payor. The state customer has access to all MCO transactional X12 data, claims, and authorizations and can have better insight to population health and MCO performance.

VUE360 User Interface

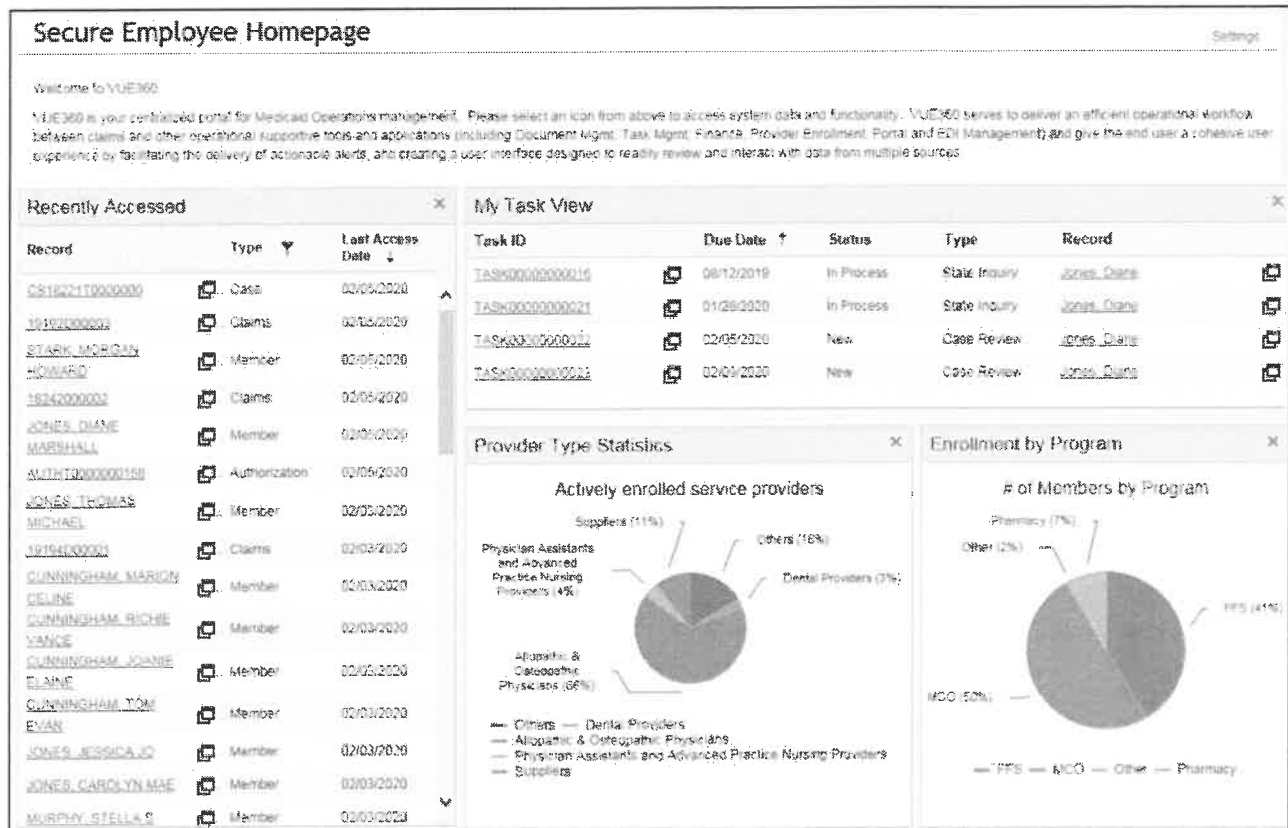
Gainwell delivers a dynamic UI, VUE360, giving our customers and Gainwell staff the ability to see member and provider claims-centric information in an easy-to-digest format. Within VUE360, users access records and functions with one to two clicks. VUE360 focuses on efficiency and an intuitive end-user experience, marrying tools, data, workflow, MMIS Core data, and much more to provide a cohesive visual platform.

Users benefit from VUE360 because it was developed to deliver an efficient user experience to the end user across our solution set. This UI allows the ease to readily search records using an ad-hoc search screen, access claims and authorization records, view provider and member data, access pricing files, view EDI operational data and assigned tasks, and view encounter and financial data effectively. Users can access key related records, connected solutions through our UI, which consumes the services these systems provide, taking existing disparate information from across supporting solutions and presenting it in a consolidated view for comprehensive review along with actionable alerts. VUE360 also features a configurable “most recent” hyperlink feature so that users can easily access previously viewed records. Users also benefit from online screens that can save and share searches, saving them time in their daily work. VUE360 allows our customers and their staff to see all information on a given member or provider through a holistic unified view.

For ease-of-use and better visibility, stakeholders and customer service staff can see all information on a given member or provider in one holistic virtual view in VUE360.

To get relevant information directly to the end users, our homepage has configurable widgets and functions. These allow the user to view recently accessed records, assign tasks, and access system processing notifications, enabling a true user-centric display for the end user. The following figure shows a sample of the VUE360 portal home page taken from our non-PHI demonstration environment.

Figure 6. VUE360 Main Portal Homepage



MCO Analytics

Another area that we believe states should consider in their modularity is the ability to utilize analytics, specifically to monitor their MCOs. With increasing numbers of Medicaid members moving to managed care, it is imperative that states have analytics tools that allow them to monitor and compare the performance of their Medicaid MCOs. Gainwell's MCO Analytics Solution is designed to meet this need.

Gainwell's MCO Analytics Solution is a series of dashboards providing reporting, analytics, and actionable insights that allow an overview of entire populations or subsets such as the population assigned to a specific MCO. The solution also allows direct comparisons across a variety of metrics and parameters.

The portfolio of available analytics domains includes the following:

- **Medical and pharmacy cost and utilization metrics** — Measures how money is being spent and evaluates different delivery channels (inpatient, emergency room, etc.), which allows for evaluation of MCO effectiveness and comparison to enable identification of best practices, areas for improvement, potential payment policy issues, and more
- **Quality measures** — Allows more real-time tracking of claims-based quality metrics for comparison of MCO performance rather than waiting for HEDIS or other traditional measures
- **Provider and network access and value optimization metrics** — Helps states go beyond traditional access measures and identify providers and networks that deliver higher value
- **Risk analytics (predictive and prescriptive)** — Identifies future health risks of populations and sub-populations, including hidden risk (members who have strong indication of a health condition but no recorded diagnosis) and rising risk (members who have a high risk for future development of a chronic condition). Early identification of these groups allows interventions that bend the cost and outcomes curves. Risk analytics can also be used to track the effectiveness of care management and population health programs in modifying the risk trajectory of populations.
- **Social determinants of health overlays** — Allows for linking SDOH barriers to specific population and risk models, allowing targeted interventions and real opportunities to address SDOH-driven outcomes
- **Claims and Encounters** — Allows validation and comparison of volumes and data submission between claims and encounters

Actionable Insights

Moving beyond the usual reporting is a critical evolution of analytics. Gainwell has made a significant investment in acquiring domain expertise and experience in clinical and managed care operations, analytics, artificial intelligence/machine learning and user interface areas. This expertise allows Gainwell to deliver not just reporting and trends but also information on what the numbers mean and possible courses of action. This information is delivered in a clear and easy-to-use, configurable interface that allows accountable leaders and end users to use multiple filters to isolate the exact information they need.

Example Use Cases

- Side-by-side MCO comparison

- Comparison of risk-adjusted populations by diagnosis mix
- Opioid utilization and treatment

4.2.28 Gainwell's High-Value Outcomes

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?

Gainwell customers benefit from the proven implementation methodologies that have supported the reliable delivery of large-scale Medicaid systems again and again.

In addition to the accomplishments BMS and Gainwell have achieved for West Virginia, following are some of the higher-value outcomes our other Medicaid customers are seeing:

- In the past 20 years, we have brought every system to go-live successfully.
- Gainwell has achieved CMS certification of 17 large-scale Medicaid implementations to day one of operations using either MECT or the OBC pilot process.
- As a result of our implementation of the MMIS in Puerto Rico, they have been assigned the largest amount of funds for the Medicaid Program in history: \$2.9 billion through the Consolidated Appropriations Act of 2017, \$4.8 billion at 100% FMAP through the Bipartisan Budget Act of 2018, \$5.7 billion at 76% FMAP through the Further Consolidated Appropriations Act of 2020, and an additional \$183 million and an increase in FMAP to 82% through the Families First Coronavirus Relief Act.
- In California, Gainwell operates the MMIS for the state's Medicaid dental program, Denti-Cal. Our services include application services, enterprise project management office, quality, training, information security, systems hosting, network, data capture, EDI, print center, DSS, surveillance and utilization review, document management, and provider payments. In California, we process 182 million claims and pay \$19.2 billion in claims a year for 13.2 million members.
- In Vermont, provider enrollment time frames decreased by 83% after implementation of the new Provider Service module.
- With the Delaware Enterprise system, provider enrollment and reverifications moved from a document-centered process to 100% electronic process driven by providers via the Provider Portal.
- In Tennessee and Ohio, Comprehensive Primary Care and Episodes of Care models are supporting VBP models that are improving healthcare outcomes and saving costs. We provide further detail on our work with Tennessee and Ohio in Section 4.2.25.

4.2.29 Integrating MES with Legacy System Management

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?

Gainwell has extensive experience integrating new MES modules with legacy systems. In fact, we have implemented 32 new MES modules with legacy systems, including MMIS, Provider Management systems, Enterprise Data Warehouse, Pharmacy Point of Sale systems,

Pharmacy Drug Rebate systems, and TPL systems. We are also in the process of fully replacing legacy MMISs with modular solutions.

Following are critical success factors for implementing new MES solutions:

- **Document and share with all contractors the proper groundwork** — Proper groundwork is essential for success of any type of modular component implementation. The overarching architecture provides the vision of how everything will work together and how the transition will be accomplished. Roles and responsibilities must be outlined clearly and at a detail level.
- **Prepare end users for the new technology and redesigned business processes** — Build organizational change management into the process. Identify the business changes up front to prepare users for the impact of change on processes.
- **Thoroughly test interfaces and integrations** — Carefully consider the amount of time allocated for testing module interfaces. While vendors will build testing for their modules into their work plans, extended time for end-to-end testing with other modules needs to be added.
- **Collaborate to support shared milestones** — Use of clear communication, documentation, and change management processes, as well as involvement by executive stakeholders, will allow the various vendors to work together towards the common milestones.

4.2.30 Staffing Levels for MES Implementations and Ongoing Operations

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?

The following section describes at a high level the staffing, experience, and skills required to implement Gainwell's MES solution, as well as our recommendations for state staff roles and responsibilities.

MES Staffing Levels

Our SaaS offerings include the staffing levels required to implement the solution and enable states to measure success via service level agreement (SLA) performance. This approach differs from a traditional procurement that requires a detailed staff loading matrix and holds a vendor responsible for staffing levels. In a SaaS approach, the state customer may require certain key personnel, but buys a service rather than contracting directly for the people who provide that service.

As a result, Gainwell recommends that BMS structure an RFP with a focus on evaluating the experience of key personnel based on their resumes.

Following is an example of the resources that would be required to support an implementation:

- Account General Manager to provide a single point of contact for all contracted services
- Organizational change management
- Account Delivery Leader to take responsibility for all aspects of the vendor's delivery

- Delivery Managers to oversee customization of modules
- Business Analysts to support customer requirements and module configuration
- Developers to support custom development
- Scrum Master to lead the Agile methodology process
- Testers of the system
- Enterprise Architects
- DevOps Engineers to manage the continuous integration/continuous delivery (CI/CD) pipeline from development to production and application configurations
- Infrastructure experts to manage the cloud-based platform, network, and firewalls
- Project Management Office to support project management, including scheduling, risk and issue management, and change control
- Scheduler
- Project Managers to support delivery projects
- Quality Manager to manage SLA performance
- Technical Writers
- Trainers

Suggested Staff Experience

Gainwell's policy is to hire experienced staff members for our accounts with a minimum of five years or more of strong experience both in the Medicaid and domain area. We recommend that the key roles on a major MES implementation and operations have the following minimum qualifications in terms of experience levels and skills:

- Five years of experience in the particular role (such as Account General Manager, Account Delivery Leader, management, compliance management, systems management, etc.)
- Five years of experience in the healthcare industry
- Experience and knowledge of industry standards and best practices on large-scale and enterprise-level projects
- Demonstrated experience in the specific area of expertise
- Three years of experience performing similar services on complex systems-based modern technology or operational systems

Suggested State Medicaid Agency Staffing for DDI and Operations

Gainwell highly recommends close interaction between the vendor's staff members and their respective state Medicaid agency staff members during the implementation and operations phases. It is imperative that state staff members be available for the successful and timely completion of project milestones. For more on the importance of proper engagement of state staff, and how the inadequate resourcing of state staff can be a major cost driver, please see Section 4.2.33.

In the following examples, we show engagement between vendor staff and state Medicaid agency staff:

- The CIO from the state agency should be closely engaged with the vendor's Account General Manager whenever there is a need to have discussions on items like SLAs, new contract opportunities, and the overall progress of the project. These interactions will most likely be several times a month.
- The state agency's directors of functional areas should participate in weekly meetings with the vendor's Account Delivery Leader to discuss daily operations, issue escalations, and the release schedule and approvals.
- The state agency's Enterprise Architects should stay engaged with the vendor's Enterprise Architects on a regular basis, potentially daily. These interactions will cover the creation of technical design/knowledge documentation, system architecture, hardware infrastructure needs, software licensing issues, and security. They should also participate in a monthly Architecture Review Board (ARB) meeting that includes architects from other vendors.
- There should be a weekly meeting with the CTO, Architects, and other key stakeholders from the Medicaid agency and the vendor's Architects, Project Managers, and Technical Delivery Managers (TDMs). The vendor's Project Managers should provide the agency with a status of all projects. This meeting provides an opportunity for the vendor to ask the agency for help in resolving any bottlenecks during the projects, which is important in keeping the projects on schedule. This is also a good forum to discuss any new or upgrade requirements of ongoing projects.
- The agency's functional directors should also be available for a weekly meeting with the vendor's TDMs to discuss ongoing test/SIT/UAT activities and other release-related matters. There could also be the need for an off-cycle meeting before any major release.
- Agency resources should be available to closely work with the vendor's tech leads and senior developers during implementations, as needed and as arranged by the vendor's Product Managers.

How Staffing Recommendations Compare to Other Offerings

While the staffing levels, experience, and skillsets listed above are typical for implementing Gainwell's MES solution, they are also comparable to other projects that we have completed for our customers. Depending on the scope and complexity of the MES module being implemented, the number of staff will fluctuate, but the roles and the experience for each role likely will not.

Having said that, Gainwell staffs and recommends staffing to the specific needs and requirements of each customer. For example, we have right-sized staffing in West Virginia for maximum efficiency, and we take program needs and fluctuations into consideration for long-term staff planning.

Because health and human services is what Gainwell does, we know how to staff correctly and recommend staffing levels for state agencies that will best benefit each customer. We use lessons learned from customers across the nation to improve our staffing plans and approaches.

4.2.31 SDLC Approach for MES Implementations

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?

The Gainwell SDLC is a comprehensive framework that supports waterfall, iterative, or Agile methodologies. Our SDLC is aligned with the Software Engineering Institute’s Capability Maturity Model Integration (SEI’s CMMI), the Project Management Body of Knowledge (PMBOK Guide), and ISO/IEEE 12207-2008 System and Software Engineering—Software Lifecycle Processes for Quality Management approach.

The SDLC framework provides a road map for the project from business requirements validation to deployment readiness, culminating in operational readiness review. Our SDLC can be tailored to the specific needs of the component being developed, as the following details:

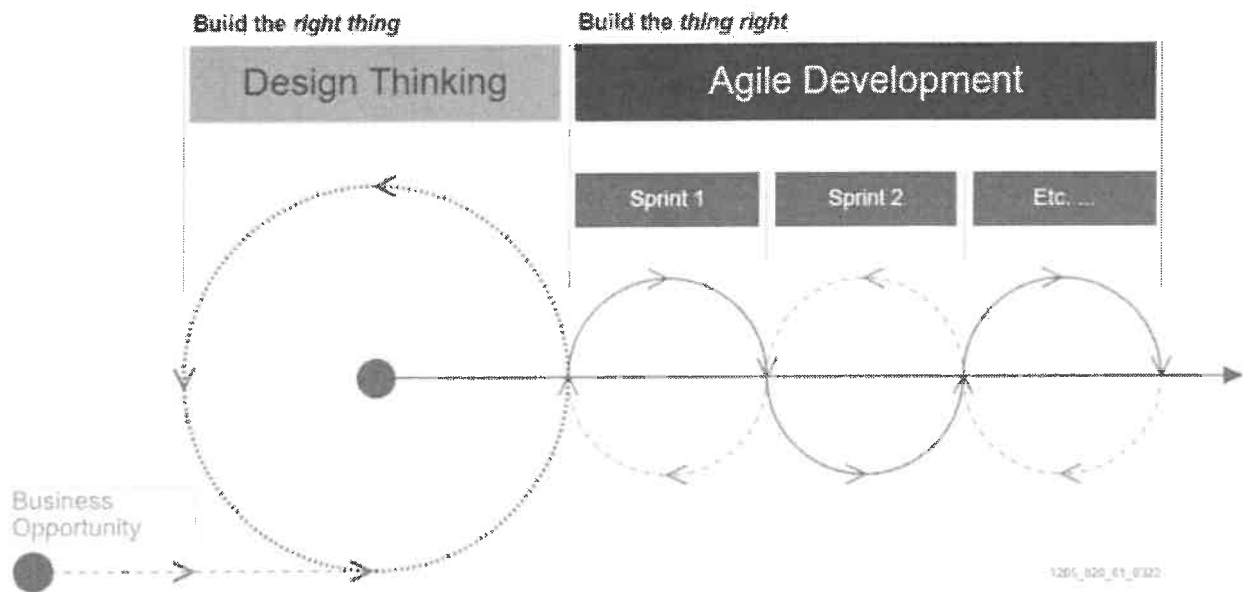
- **Waterfall** — The SDLC framework supports the waterfall model for components where requirements are fully developed and less likely to be changed. This allows the development activity to keep moving with a steady flow toward completion. Steps are clearly delineated: code, test, and implement.
- **Iterative** — The SDLC framework supports using cyclic processes of prototyping, testing, analyzing, and refining. This approach provides Gainwell the ability to complete sub-parts of a component before the entire component is complete. It allows one business process function to move from the first phase and begin the second phase while another business process function is still in the first phase.
- **Agile** — The Agile methodology is user-driven and enlists cross-functional teams of users and developers to brainstorm and design “on-the-fly,” still-developing requirements when coding begins. The SDLC framework determines which components fit best in this environment of fast-paced development with frequent walkthroughs for validation.

Please note that the Agile method requires more time and effort by state customers, as they must enlist a “Product Owner” as the decision-maker embedded within the Agile team with the authority to move the work through. We have found that customers desire Agile methodologies but sometimes lack the bandwidth or skill sets to adequately participate in the process. Having said that, Agile methods can be run in parallel to waterfall, with only select work going through Agile, so the approach can be tailored to the customer’s needs.

Our framework guides each aspect of project development through the application of proven standard project management processes and practices. These proven methodologies, processes, and practices serve as the foundation, and Gainwell will work with customers to tailor them to best meet requirements and expectations for the project.

While we have a standard technology stack to use for system integration, we will begin the project with Design Thinking. This allows us to review with the customer’s business and technology teams to design the appropriate stack for the specific project. Our team starts by facilitating understanding of the business needs to better understand the technology needs. As depicted in the following figure, at the end of each two-week sprint, the customer and any stakeholders are shown a demo of the platform. This allows for feedback and inclusion of new ideas.

Figure 7. Design Thinking



The Design Thinking approach allows us to provide the complete scope of services, accomplish required objectives, and meet the customer’s timeline.

4.2.32 Duration of MES Implementations

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?

Implementation time frames for modular MES projects vary significantly based on the following factors:

- The number of modules to be implemented
- The number of third-party tools to integrate
- The specific technical requirements for the project
- The scope of the activities
- The number of interfaces and integrations
- The legacy systems in place
- Third-party vendors required

As a best practice, Gainwell recommends that BMS define its project objectives and requirements and let the vendors propose appropriate time frames for completing the work.

This approach enables vendors to propose the lowest-risk, most cost-effective approach to meeting BMS objectives.

4.2.33 Cost Drivers and Cost Mitigation for MES Implementations

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?

There are two sets of cost drivers we have seen: those common to all major projects and those specific to the modular environment. We have found that cost drivers tend to be less about particular software or design choices and more about how major projects are managed.

Common Cost Drivers

The greatest cost driver in any implementation is a divergence from the original project plan and the delays and rework caused by unforeseen problems and changes of direction. As with any large implementation, adherence to budget and schedule are most influenced by several key factors:

- Clear and detailed requirements definition with a complete library of existing business processes
- Assignment of key state staff and state stakeholders to the project
- Strong steering committee comprised of the key state executives

Clear Requirements

The most successful project implementations have an extensive inventory of their current environment, business rules, business functions and processes, required performance metrics (e.g., processing time), data flow and data governance, and dependencies on other systems. Building and refining a documentation library is key for knowledge transfer and end user information.

A full, complete, and accurate library of business requirements and current processes that are available to bidders in the RFPs can produce more accurate responses in terms of cost and schedule.

We recommend that BMS not specify a required implementation schedule, but rather solicit what vendors believe is an achievable schedule, and then compare responses for credibility.

Key State Resources

In the most successful implementations, key state resources are assigned full time to the program and report directly to a full-time state program director. As there are so many dependencies on reviews and approvals from state staff — often in very tight time frames (such as state approvals of deliverables within 10 business days), a fully dedicated state team greatly enhances the chances of an on-time, on-budget delivery, thereby avoiding spiraling unplanned costs.

This practice requires state resources to be assigned to the program for its duration and thus to be taken out of their operational roles. BMS should consider what career incentives can be generated to encourage the strongest players to select this option for a required time — the return on investment is significant. A strong and dedicated state program team is a key to success.

Steering Committee

Costs explode through delays, confusion, and indecision. A steering committee staffed by the senior agency executives can enable swift decisions that keep the program on track.

A steering committee during project start-up and implementation comprising the heads of all the relevant business units can resolve open items as they arise and would greatly enhance the chances of successful implementation, which keeps costs to the original budget.

Modularity Cost Drivers

Gainwell analysis indicates that the structure of the modular program is a prominent cost driver, rather than the technology choices. Our analysis of modular programs in other states indicates that in the operations phase after successful go-lives, the ongoing operations cost can be 150% to 200% of the cost of the old system. Implementations can be equally expensive in the modular world. One of the largest cost drivers is the additional roles — the IT Consultant, the SI, and the IV&V vendor — required in the modularity schema. Some modular programs include three new vendors who do not actually operate key functions (e.g., Provider Management, Financial Processing, and Claims Processing).

So how do states capture the benefits of modularity while avoiding some of the costs?

An approach taken by some states is “Modernization in Place.” This approach leverages the legacy system by integrating new modules directly into the existing MMIS, thereby obviating the need for an SI. By this method, states may adopt an incremental modernization. A single module (or set of modules) can be selected, implemented, and integrated into the existing system through an enterprise service bus (ESB). When the core of the existing system is eventually replaced, the new modules can then be connected to a new core Claims, Encounters, and Financial (CEF) Module. This approach reduces risks for the state and allows it to score wins along the path to a full modernization.

One state has already chosen to simplify their replacement program by removing the SI. They plan to have the selected modular vendors connect directly into the legacy MMIS, working together with the MMIS vendor. This approach simplifies the implementation and reduces risk and cost.

4.2.34 Guidelines for Phasing in MES Modules and Services

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?

As a general approach to implementing an MES module, Gainwell recommends that vendors take the following key steps:

- Work with the customer to understand the system being replaced
- Begin parsing data in the system
- Work piece by piece to bring in one module or set of modules at a time to integrate with the system

To maintain stability, the state customer can retain the main processing component as it is and focus on systems like the Provider, Program Integrity, or Drug Rebate services, which can be modularized at the edge of the system at lower risk.

Gainwell recommends limiting the number of concurrent implementations, instead selecting a sequential approach. We strongly encourage BMS to consider Claims, Encounters, and Financial (CEF) as a single module, given there are many interdependent processes among these functions. Separating them artificially into stand-alone modules increases risk and reduces the synergies they can bring.

In our experience helping customers with their modernization strategies, we have found it beneficial to work with them to carefully assess their current state and determine the most appropriate path forward. We recommend BMS work with its vendors in a similar fashion to determine the best modernization roadmap given your specific assessment of value and complexity.

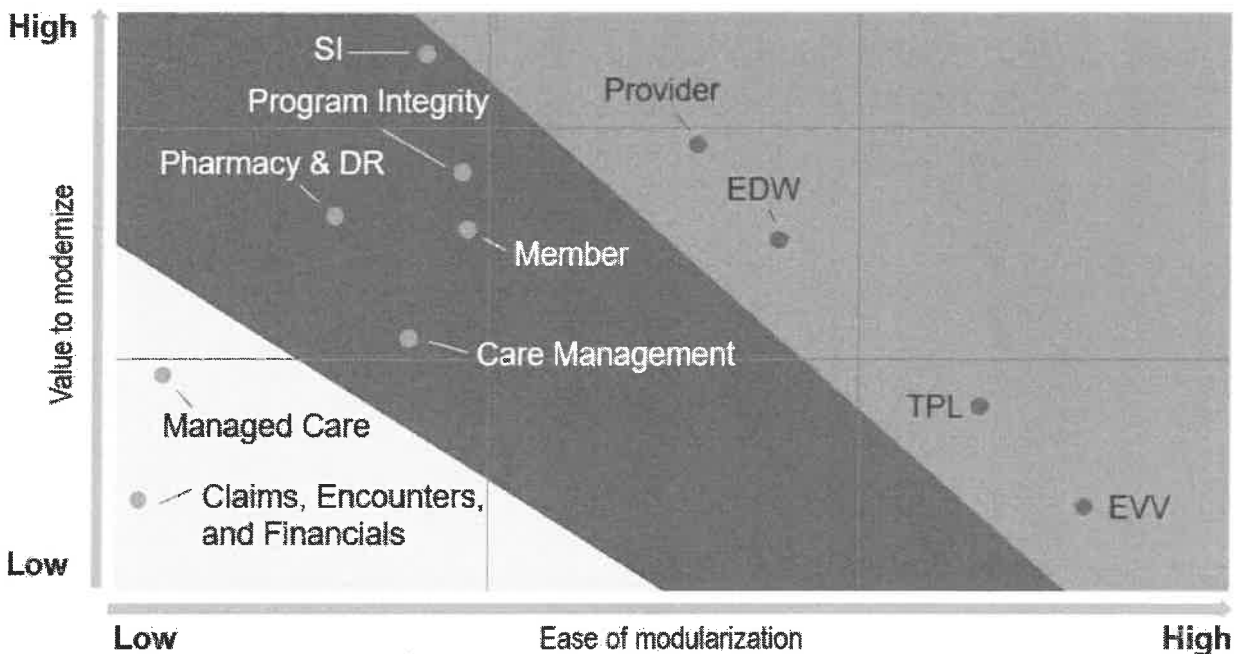
As an example of the type of analysis we recommend BMS undergo for its modernization approach, the figure below illustrates an assessment of the most impactful Gainwell solutions to modernize and modularize. This information comes from the feedback of several of our state customers, based on each module's value to key stakeholders and their relative ease of modularization.

Gainwell can work with BMS to determine your own modernization path toward modularity. For example, given that you have already modularized Member, EDW, and TPL functions, our next priority may be to determine how best to decouple Program Integrity, Provider Management, and Drug Rebate.

The State's current HPAS solution stands ready for the modularization of the Claims, Encounters, and Financial (CEF) and Pharmacy functionality by implementing the newest modularized release of these products. We would also work to determine whether to implement an SI or to have the Claims solution serve as the central enforcer of common standards or interface with an ESB.

We could provide BMS recommendations from our experience helping other customers achieve optimal performance, greater outcomes, and lower risk.

Figure 8. Assessing Modularity Functions Based on Value and Ease



4.2.35 Optimum and Minimum Durations for MES DDIs

4.2.35 What do you believe would be the optimum duration and the minimum duration for DDI of your Medicaid Enterprise solution?

We believe in working closely with our customer to determine the optimal duration for design, development, and transition phases. We engage in Design Thinking sessions targeted on surfacing detailed technical, business, security, and change management requirements in a highly integrative process that maximizes business value. Depending on the number of concurrent modules being deployed, the sequencing of modules being deployed, total volume of data to be migrated, number of business processes and business outcomes covered, total number of phases in the implementation, and the degree to which the state customer makes staff available to participate in the project, transition timelines can vary from anywhere between 18 and 24 months. We have seen some vendors propose implementations as short as 12 months, but we have yet to see any achieve that timeline for projects of this scope and size. Alternatively, we've seen vendors propose 36 months, which we feel is overly lengthy.

As we stated in Section 4.2.33, we recommend that BMS not specify a required implementation schedule, but rather solicit what vendors believe is an achievable schedule, and then compare responses for credibility.

4.2.36 Essential Documentation for MES DDI and Operations

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.

We believe the following documentation will assist in the design, development, and transition of data from existing systems to a new MES solution:

- User accessibility and business intelligence requirements
- Business process requirements
- Modularity, interoperability, and SLA requirements
- Configuration and alerting requirements
- Data profiling and quality requirements
- Data management, retention, and archival requirements
- Infrastructure (environment) availability and disaster recovery requirements
- Security (authentication and authorization) and compliance requirements
- Systems, application, and event logging and monitoring requirements
- SDLC requirements
- Claims and Encounter editing requirements
- Provider enrollment criteria sheets

We recommend documentation be maintained online in a shared repository for ease of access and updates.

4.2.37 How MES Can Improve Data Analytics and Reporting

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.

Gainwell's MES stands ready to support BMS with insightful operational and business program analysis and reporting. Operational standard reports also can be run on-demand, as scheduled through our operational scheduler and delivered to subscribed resources. Reporting is tailored to each module's business needs.

Our CEF Module provides standard reporting for program and operational monitoring and analysis, federal reporting support, and executive dashboarding. Our solution provides for an interactive business analytics platform that lets users access and run reports, visualize data, and share data analysis and insights across the organization.

Our standard operational reporting allows users to schedule reports or run them ad-hoc for operational and program monitoring of member, provider, claims, authorization, rebate, and financial data. Filters within these reports allow users to narrow included data to specific programs, dates, date ranges, and other reporting and print or save those reports offline. These reports can be scheduled and delivered to a central location for retrieval and archival. Reports for CMS federal reporting also can be delivered using our standard reporting user interface or as file extracts for BMS usage in combining other local data for the finalized CMS report. Operational reporting is a function of Microsoft's SSRS, a fully integrated standard reporting tool within our analytics platform.

Authorized users can access Gainwell's inSight operational reports or dashboards at will from the Gainwell analytics internal portal page or system links within VUE360.

The inSight Analytics dashboard solution delivers a complete set of tools that allows for data exploration and visualization of various data sources within our MMIS Core solutions. Our baseline set of reports and dashboards within inSight includes a base set of standard program reports, innovative dashboards, and ad-hoc metric reporting that allow for visual exploration and export. These reports measure, monitor, and analyze customer business functions in the following areas:

- **Health Quality Analytics** — Reporting focused on the delivery of healthcare services to the Medicaid member populations
- **Management Analytics** — Financial-based reporting, such as accounts receivables, expenditures, growth in pharmacy expenditures, and so on
- **Performance Metrics** — Contractual SLAs and MES monitoring reporting
- **Program Analytics** — Expenditures, eligibility, enrollment, and participation reporting based on T-MSIS

inSight Dashboards, as shown in the figures in Section 4.2.38, can be presented using geo-mapping, bar graphs, pie and line charts, scatter diagrams, and straight grid presentations.

For another example of how Gainwell's MES solution can support BMS in improving data analytics and reporting capabilities, data sharing initiatives, and overall confidence in health data, please see the "MCO Analytics" subsection of Section 4.2.27.

4.2.38 Gainwell's Data Visualization Capabilities

4.2.38 Describe or illustrate your data visualization capabilities.

The inSight analytics capabilities described in the previous section include dashboards, as shown in the following figures. These dashboards can be presented using geo-mapping, bar graphs, pie and line charts, scatter diagrams, and straight grid presentations.

Figure 9. Executive Program Dashboard

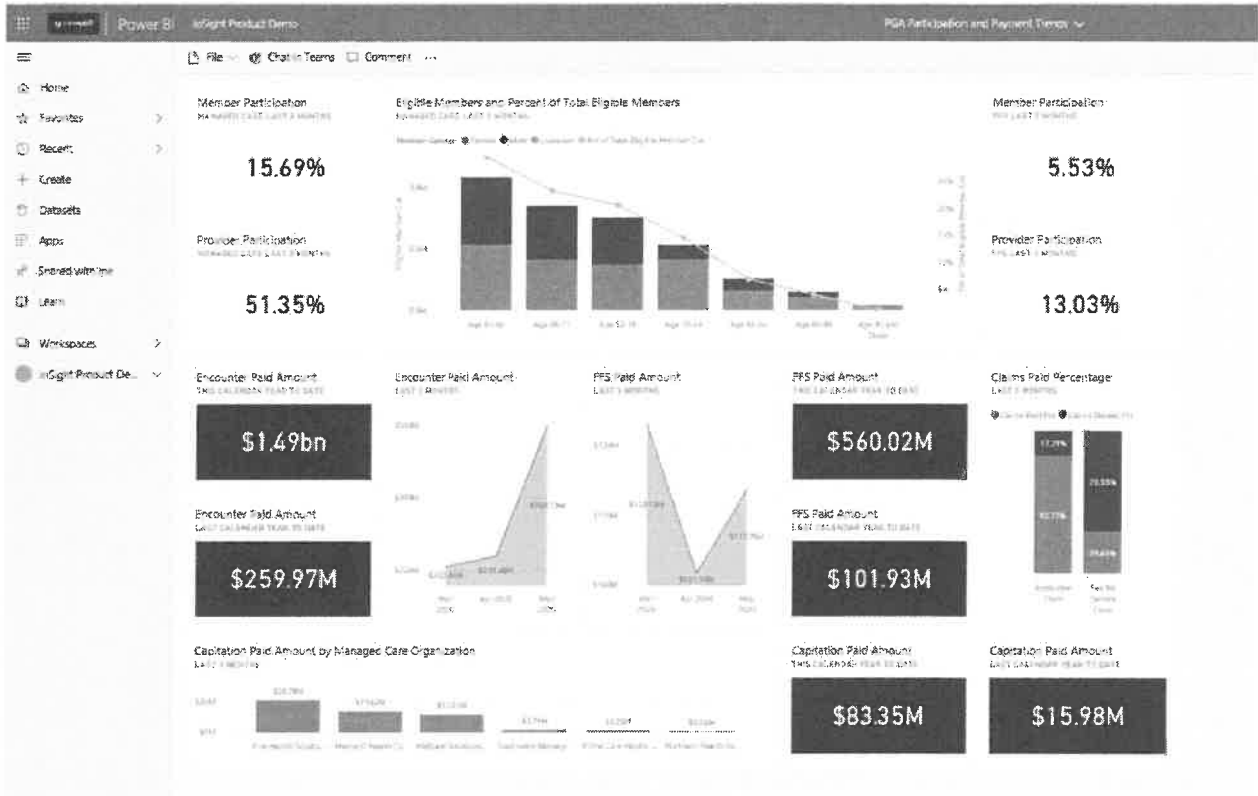
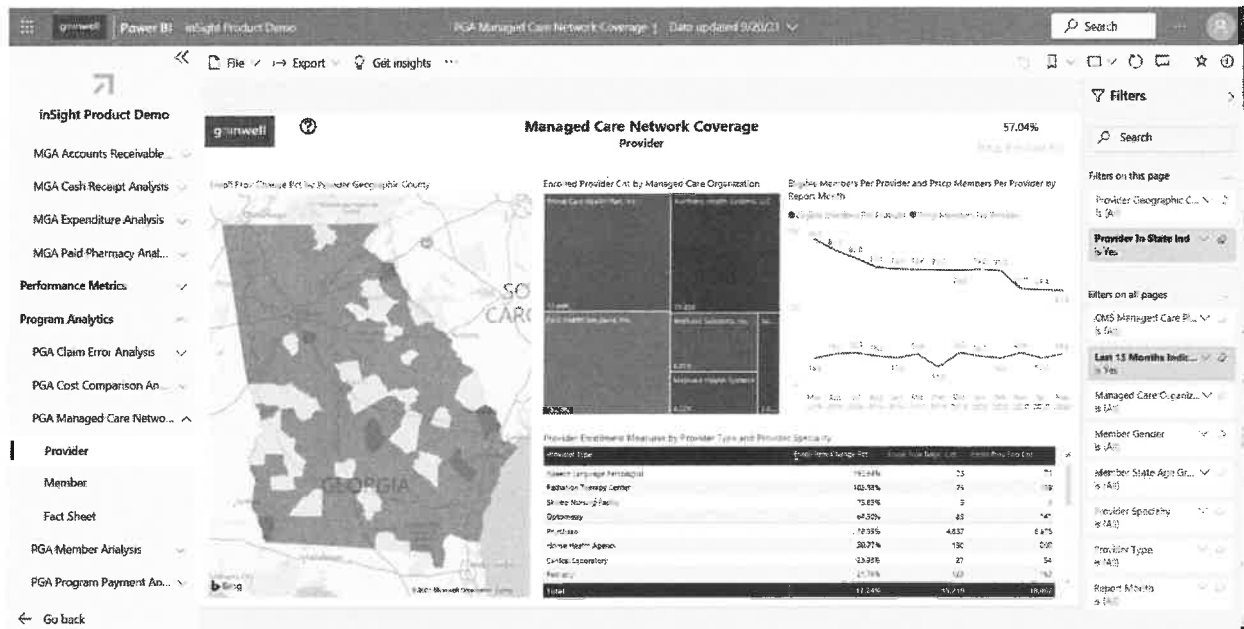


Figure 10. inSight Geographic Analysis Report Focusing on Member Non-Participation



4.2.39 Improved Coordination of Care and Program Integrity

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?

BMS can benefit from our MES-ready solution as West Virginia prepares to embrace a modernized, modular MES that supports all aspects of the Medicaid program and promotes automation, interoperability, and data sharing. As demonstrated throughout this response, our solutions are flexible, modular, and comprehensive.

Coordination of Care

Our Essette Care Management system enables better coordination of care delivery and meets NCQA compliance regulations. The system helps manage high-risk members while monitoring the general population with an industry-leading alert system.

Essette delivers a high-performance solution that meets our customers' demands for integrated, expandable, and affordable healthcare solutions. Designed by nurses, Essette is the preferred choice for at-risk healthcare organizations seeking a powerful platform for delivering high-value, collaborative care. Our user-friendly, highly configurable platform provides unprecedented workflow efficiency and flexibility. It helps healthcare organizations manage quality, cost, and compliance across all lines of business (LOBs), including Medicaid, Medicare, and commercial plans.

Essette consists of five adaptable modules intuitively designed to streamline care management activities, as follows:

- **Essette Case Management (EssetteCM)** — EssetteCM facilitates the coordination of care using medically based guidelines for both complex case and disease management. The module is built on a framework based on NCQA complex case management guidelines. It puts actionable data at our customers' fingertips to help them make more informed decisions and deliver higher-quality care at lower cost.
- **Essette Utilization Management (EssetteUM)** — Designed to support the appropriate utilization of services, this module helps customers increase efficiency, meet specific business requirements, and react quickly to changing market and regulatory challenges. With this module, our customers can stay on top of prior authorizations, inpatient stays, and concurrent and retrospective reviews.
- **Essette Population Management (EssettePM)** — EssettePM provides a 360-degree view of member authorizations, claim, eligibility, pharmacy, lab, and other relevant data. This actionable information allows customers to make timely and intelligent decisions. This module also helps care management teams engage members in patient education campaigns, primary prevention, secondary screenings, and other health and wellness programs, which ultimately lead to overall population health improvements.
- **Essette Appeals and Grievances (EssetteAG)** — We recognize the complex workflow challenges and heavy regulatory burden inherent within the appeals and grievance process, so we created a tool to help organize and streamline workflows while maintaining compliance with turn-around times and other requirements. Recognizing that customers often have different workflows for different LOBs, we developed this highly configurable appeals and grievances module, which allows customers to adapt the tool to their workflows instead of being forced to use a predetermined workflow.
- **Essette Client Service (EssetteCS)** — The EssetteCS component facilitates managing member and provider communications in a single system. It allows customer service representatives to respond more nimbly to member and provider issues — such as answering inquiries, changing the status of a claim, or authorizing a new ID card — from one system without having to maintain multiple logins and passwords.

Our platform also offers the following advanced capabilities to expedite and enhance care delivery that plug into any product:

- **Essette Provider Portal (EssettePP)** — A web-based portal, EssettePP allows providers to participate in collaborative care management by checking member eligibility, submitting prior authorization requests and referrals, and communicating with care managers.
- **Essette Business Intelligence (EssetteBI)** — EssetteBI adds powerful visualizations and graphics to the reporting capabilities built into all the Essette platform offerings. This module ingests data from other Essette modules and external sources. EssetteBI then creates dashboards, charts, and customizable reports to assist customers with key business decisions. Users can configure their own dashboards with unique graphics, tables, and charts, featuring live and up-to-date reporting data organized in digestible formats — without IT intervention or SQL training.

Essette gives our customers unique and proven solutions that, combined with evidence-based content and cutting-edge technology, help increase efficiency, meet specific business requirements, and react quickly to changing market and regulatory challenges.

Detecting and Preventing Fraud

To address the complexities of fraud detection, we have developed an organized, yet highly flexible, suite of fraud solutions that gives users multiple ways of analyzing patient claims and provides a system for the special investigative unit (SIU) operations of all sizes and capabilities. These solutions are based on our experience performing FWA detection, SIU investigation, Medicaid audits, and recovery audits for the past three decades. Our Fraud Solutions suite combines the power of technology and analytics with investigations to detect, validate, and prevent FWA, which ultimately leads to cost savings.

Our FWA expertise is unmatched in the industry in terms of the depth and breadth of our direct experience accumulated through our work across various healthcare programs in the public and private sectors over the past three decades. Originally designed to meet the needs of Medicaid SIUs for both state agencies and managed care organizations (MCOs), today our Fraud Solutions provide easy access to information and actionable insights for all types of payers. In addition to a standalone offering, our Fraud Solutions complements several of our other payment integrity (PI) services, most commonly Payment Analytics, Clinical Claim Reviews, and Prior Authorization.

To help customers address and manage FWA, we deliver our Fraud Solutions through two primary modes of delivery: technology or service. Within each mode, we offer customers multiple levels of service ranging from self-service access, to our analytics results, up through a comprehensive solution that includes analyst support with targeted vetting and/or full-service investigative support. These modes of delivery are described as follows:

- **FraudCapture™ Analytics Platform: OUR Technology, YOUR Team.** — This Software-as-a-Service (SaaS) offering allows users to apply the power of analytics to identify and prevent fraud on their own. Modular, cloud-hosted, and built on enterprise technology, FraudCapture aggregates data, then applies automated analytics against that data to produce results with actionable insights. Accessed through a standard web-browser on a computer or mobile device, the platform includes a robust self-service suite of easy-to-use data exploration tools that enable your investigators to understand the comprehensive analyses performed within the platform. Then, armed with workflow management tools, your SIU team can quickly and efficiently zero in on high-priority cases, document and vet case leads, and complete all work related to investigations from start to finish. Dashboards found in many of the modules allow for transparency into all work and for viewing relevant information, including key metrics, trends, and work queues. All the modules are integrated, eliminating the need to jump across systems when performing data analysis, case identification, and case investigations. We offer the FraudCapture analytics platform to customers on a standalone basis or combined with the SIU Services described below.
- **FraudCapture™ Special Investigation Unit (SIU) Services: Our Technology, Our Team.** — From small health plans to large governmental agencies, SIUs want qualified targets to move forward efficiently into investigative action. With our SIU Services, our analysts and investigators do the work on your behalf to identify fraud targets and perform comprehensive investigations. To address variable customer needs and resource capabilities, we also offer our SIU services at different levels, as follows:
 - **Analytics Support** — With Analytics Support, we help organizations that already have in-house resources for investigations but want a new perspective or specialized resources to identify previously uncovered threats within their business — we call this “vetted targeting.” Our platform’s global view of data

from across multiple sources offers unprecedented insight into plan trends and targets. Our analysts apply our tools and technology on your behalf by performing in-depth analyses, leveraging our FraudCapture analytics platform's data exploration tools, to identify potential fraud targets — from providers, facilities, and patients to trends within your business and potential policy gaps. If requested, our analysts can also provide Target, Review, Assess, Pursue (TRAP) reports, which detail data findings and translate them into high-quality, validated case leads with recommendations for further investigative action that can be carried out by Gainwell's or West Virginia's SIU.

- **Full-Service, Regulatory-Driven Investigation Support** — Some customers may require additional help with investigations or to actively monitor ongoing threats and identify new targets, tracking trends unique to their own business. Our investigative staff can provide a more comprehensive solution to help customers move investigations from targeting through the full investigative process. They can conduct background research on providers, licensing and sanction/exclusion checks, medical record review, patient interviews, and detailed claim line findings. We perform all investigative actions and analyses in accordance with state and/or federal guidelines as well as document the appropriate information for required compliance reporting.

Customers can “mix and match” our highly flexible Fraud Solutions based on the level of service they require — anywhere from aggregating data and exploring analytics results to lead validation and vetting to full special investigative services.

Program Integrity

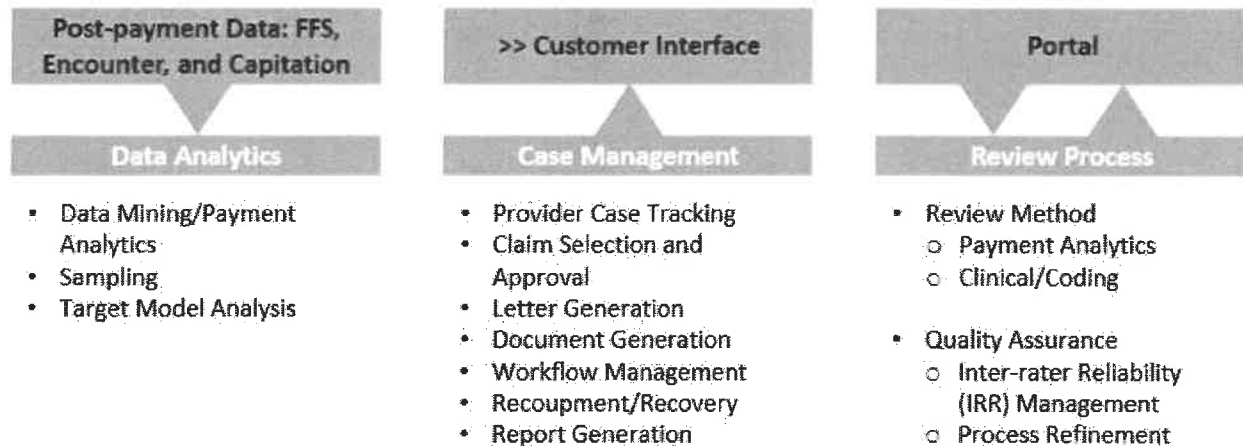
Our program integrity platform serves as the backbone of our improper payment identification and overpayment recovery processes. We can ingest and analyze several years of data across all claim types. This platform is comprised of the appropriate IT systems and data infrastructures to execute multiple projects simultaneously in support of our current portfolio. We leverage two systems in performing our RAC programs: our ReSults Platform and the Portal. We leverage this integrated platform to manage and monitor the production of high-quality results in a cost-effective manner. Our RAC services are currently under implementations under BMS' Third-Party Liability contract, in which both systems will be utilized. We can work with the State's SI, if selected as part of the MES implementation, to determine requirements for integrating with the State's system.

ReSults Platform

The ReSults platform is an internal hybrid case management and tracking system that manages all aspects of the review process. Highly automated, customizable, and scalable, the system tracks activity from the initial notification or record request to the complete resolution of the case file. Customers will have access to ReSults data and reports, through our secure Portal, to review our efforts and results.

The ReSults platform and its algorithms were designed to support review processes, including data and SAS analysis, document management, medical documentation review, downstream production process flows, provider services, quality management (QM), appeal management, reporting, and invoicing. Built-in continual time checks verify that we meet established state and federal time requirements. The figure below illustrates the ReSults platform functionality and interfaces at a high level.

Figure 11. ReSults Platform Functionality and Interfaces



As a claim tracking database, ReSults contains all the claims with potential improper payments we identify as well as current and historical claims and related data that we use to perform historical analysis of our review activities and results. For example, we can generate reports by data routine, provider, or DOS. All claims identified through customer-approved data routines designed to target improper payments will be loaded into the ReSults system. The system can also accept manual or electronic referrals of cases and claims from customers or other stakeholders if directed.

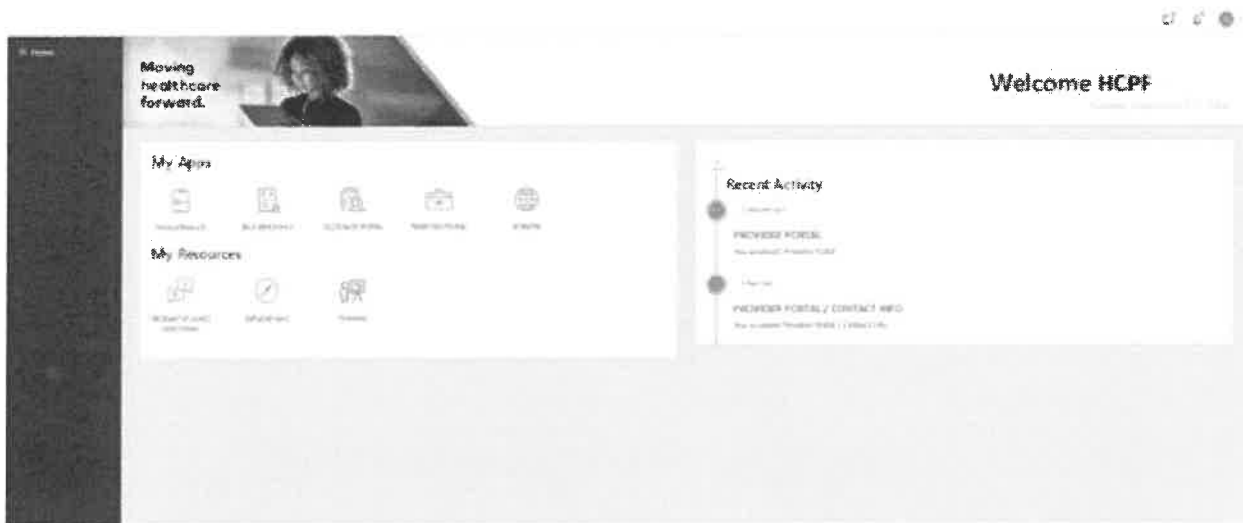
As we make improper-payment determinations, we can compile rationales and improper payment amounts from ReSults by case and forward them to BMS for use in its recovery process (when applicable). We can generate these on a weekly basis or at a frequency specified by BMS.

Through ReSults, we can also provide BMS and designated stakeholders with reports, transactional data, and online information regarding each identified claim/case with a potential improper payment, the status of each case (such as Outstanding, Received, Review Under Way, Review Complete, and Case Closed), and a full history of activities, determinations, and documentation related to each case.

Portal

Our Portal, which has been recently redesigned to provide a more user-friendly experience, allows providers to manage the entire claim identification and recovery process in one place and without interruption. This paperless, cloud-based application offers both providers and customers an innovative and online “virtual experience,” complete with a customized landing page, as shown in the following figure, for reviewing claims, statuses, and outcomes in real time.

Figure 12. Portal Landing Page



This secure portal allows for direct upload of the medical records to the claim(s) under review and, in response, immediate confirmation of records being received. In addition to medical records request submission, providers are now able to upload disputes and formal appeals. This enhancement enables providers to manage their reviews in one application where they can track with certainty that they provided the appropriate medical record for each claim under review.

Once onboarded, a West Virginia provider who accesses the Portal will be able to update contact information for billing inquiries and requests, download overpaid claims listings, and upload pertinent documentation. If enrolled, a provider will receive an email at their registered email address whenever a new claims listing has been posted on the portal. They can download the reports immediately rather than waiting for delivery through postal mail. As an added benefit, we will also automatically log which members of a provider's staff accessed a given listing and when it was downloaded. This information has proven valuable for our customers when providers submit an appeal stating that they never received a recovery request.

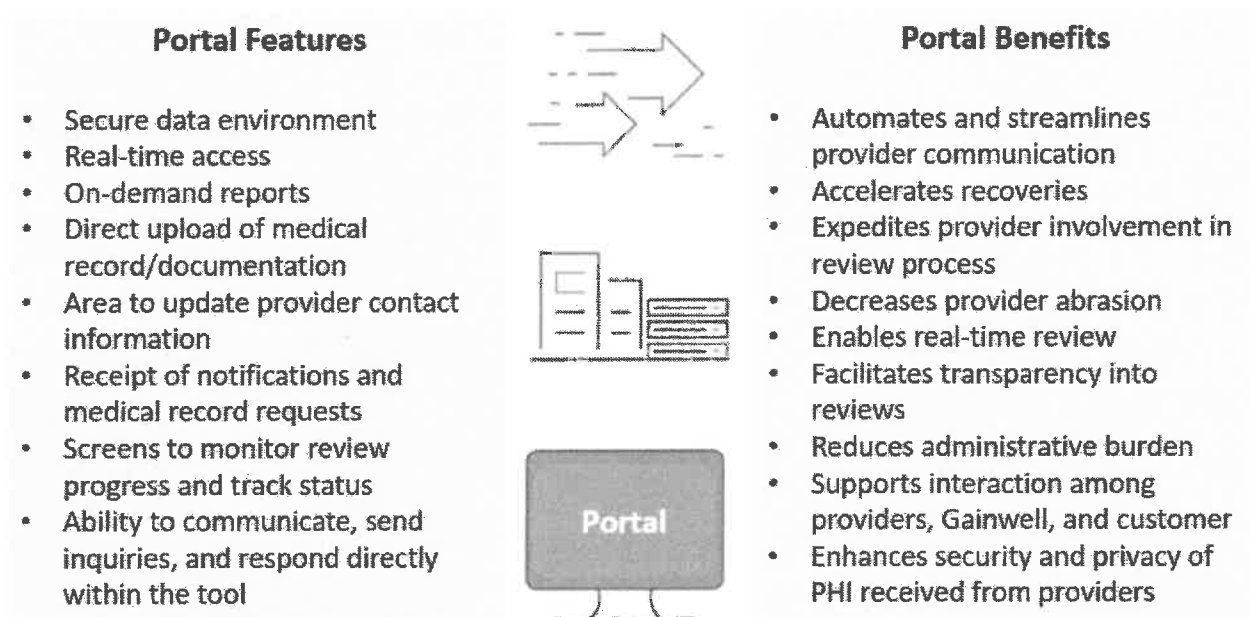
The system is easy and intuitive for providers to use, but we do provide web-based training as well as an online manual to train providers on how to use the Portal. A provider can also reach out to our Provider Services team members for assistance. We have already successfully implemented the Portal for multiple program integrity customers, which has helped streamline efforts for providers.

Both state customers and providers have access to a variety of reports, providing insight and education related to specific claims data. Additionally, customers have access to ReSults data, call logs, and reports through the Portal. In analyzing these reports, providers will be able to quickly identify where errors were made and apply this information to future cases, decreasing the number of incorrectly coded/billed claims and reducing provider appeals.

With the Portal, both the state customer and provider users can have a customized dashboard to exhibit relevant data points that resonate with each user.

The following figure shows the key features and benefits of the Portal that specifically support our RAC solution and full, end-to-end review capabilities.

Figure 13. Portal Features that Benefit RAC Services



4.2.40 Increased Access of Data, Improved Healthcare Quality Management, and Increased Automation Capabilities

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.

Many of the Gainwell product suite modules incorporate a scalable service-based business event model at the heart of the system to foster eventual consistency of data between the disparate systems in the enterprise. All commands (adds, updates, inactivates) to all business domain data are published in real time to a centralized event management hub where downstream systems can subscribe to these events. This allows downstream systems to store this information in read-only repositories and to be used in business processes that require data from multiple domains.

In addition, the product suite provides a set of service-based APIs that can be utilized for special use cases where event-based processing is not supported or cannot be utilized.

Gainwell solutions support Council for Affordable Quality Healthcare (CAQH) and Gainwell-specific web services interfaces. They periodically expand APIs for external integration services and share data as needed. Where appropriate, we can support requests and responses using web services on data such as care management assignment and summary response, eligibility inquiry and response, claims status inquiry and response, claims and authorization submission, and claims search or authorization search. Gainwell can meet with BMS staff to review any real-time interface needs, leverage product-supported services, and develop State-specific services where needed.

Finally, the product suite supports standard ETL capabilities that can be configured to exchange data in volume via standard extracts formats such as CSV, JSON, or XML.

4.2.41 Improved Access to End Users

4.2.41 If applicable, how does your Medicaid Enterprise solution improve access to end-users, such as a user's data or access to additional services?

The Gainwell Interoperability Solution provides APIs for Medicaid agencies to share data such as claims, provider directory, encounters, and clinical data to members. According to the CMS Final Rule, members can use a third-party application of their choice. BMS is successfully using Gainwell's Patient Access and Interoperability (PAI) offering.

The Gainwell Mobile Digital Platform (MDP) can be used as an option to provide users access to their PAI data in a secure manner. As a Member Engagement Platform, MDP provides a set of modules and services to members, including the following:

- **Electronic Messaging** — Secure delivery of messages and documents to an individual or groups, or broadcast to the entire member population with tracking of read/open by member
- **Member Resources** — Mobile capability to link members to existing web-enabled capabilities and support information, with the ability to be tailored to specific population groups
- **Digital ID** — Electronic ID card providing accurate eligibility data refreshed daily, with the ability to view authorized family member cards
- **My Providers** — When interfaced with local provider database, allows intelligent searches for local providers based on type and specialty (members can designate PCP if allowed by the program)
- **My Benefits** — Provides member view of key information regarding the benefit plan; can display 25 data elements, configured as desired
- **Support Bot** — Virtual assistant that uses a configurable knowledgebase for searching answers, reducing help desk calls. The bot gets answers to questions from a knowledgebase in an FAQ format. The knowledgebase can be configured in English and Spanish.
- **Time Tracker** — Allows tracking and submission of hours worked, volunteered, or education time as the program implements a work requirement in their program for expansion
- **Send to Agency** — Allows members to take a picture and/or submit a document from the device to the agency to support a business process
- **MyHealth** — Provides "Blue Button" functionality for Medicaid members using FHIR API and Patient Access/Interoperability solution with T-MSIS data

The Gainwell solution also provides web online documentation to members explaining step-by-step how they can access their information. This web site can be added to the customer's existing Member Portal or sent via SMS, email, or mail to members.

Finally, if a customer doesn't have a Member Web Portal, Gainwell can also provide a Member Portal where members can register and have access to receive and send messages to the agency, as well as review coverage and search providers by name and location, find claims, and request an ID Card. The member portal can be customized by the customer.

In addition, the Gainwell Member Portal is built on a responsive interface that adapts according to technology used by the member to access the portal, such as computer, tablet, or cellphone.

4.2.42 Addressing Gaps in Health Outcomes

4.2.42 How can your Medicaid Enterprise solution help address gaps in health outcomes? Please provide outcomes from other engagements, if applicable.

Our COVID-19 Response in West Virginia

Gainwell has addressed 80 changes in West Virginia to address COVID-related issues that created gaps in health outcomes. At the start of the pandemic, we implemented changes to help limit the exposure of our members and Pharmacy providers, including the following:

- We changed the default Max Script Days for non-controlled substances from 34 days to 90 days.
- We changed the Severity Level of some of our Therapeutic Duplication Crossovers (TDXs) from a SEV-1 “Deny” to a SEV-2 status, where the pharmacist could choose to override a given TD without having to call our clinical help desk.
- We changed our Early Refill (ER) policy for non-scheduled drugs from 75% down to 50% of total days’ supply.

Before vaccines were released, we worked with the State to configure several drugs that may have potentially been helpful with symptoms (but not the underlying condition) with new Coronavirus-19 benefits. We also created a new “unenrolled” status for coverage of these select drugs for circumstances where non-insured individuals could access these drugs through the West Virginia Medicaid program.

We also developed and implemented an intelligent prior authorization (iPA) rule for the antimalarial drugs hydroxychloroquine and chloroquine, back when those drugs were being touted as cures for COVID-19. Our iPA rule helped ensure that these products were used for legitimate, indicated reasons. Our iPA rule checked to see if the member in question had a history of using those drugs on a regular basis, in the event that the drugs were being dispensed for an appropriate, indicated reason. We helped craft and send, with State approval, fax and email messages to our Pharmacy and Med/Dent providers to educate them about these changes.

Both the Pharmacy and Med/Dent teams were involved in implementations allowing for the COVID-19 vaccines to be administered. This involved fairly complex programming insofar as specific limitations for the various vaccines (Moderna, Pfizer, and J&J), as well as editing that initially was used to ensure members followed a given vaccine regimen, both by manufacturer and time, taking into account both Pharmacy and Med/Dent billing for these products.

We believe that we were the first Medicaid program in the United States to implement all that needed to be done for billing for the COVID-19 vaccines. We completed our programming and testing a week before the vaccines arrived in West Virginia. We sent out notification faxblasts to our Pharmacy providers about this, and we believe we helped West Virginia have a good start at vaccine administration.

Our Medicaid Data Layer

Another example of how our solutions can help address gaps in health outcomes is through a new Medicaid Data Layer (MDL) that allows aggregation of data from multiple modules,

powering analytics ranging from standard reporting and visualizations to analysis of data or program drivers/variability.

From a solution perspective, this capability enables medical policy analysis of current healthcare data to profile data and detect cost, utilization, and outcome outliers for specific intervention by individual stakeholders.

Our approach with this data is to consider, to the extent possible by available data, the manifold reasons for differing outcomes among patients with the same condition, age, and clinical profile. Frequently, clinical risk omits or ignores circumstantial factors that impact Medicaid members the most: transportation, social support within the household (or neighborhood) to maintain outpatient treatment recommendations, and other variables that impact recovery and mid- to long-term functioning following a surgery or other healthcare intervention.

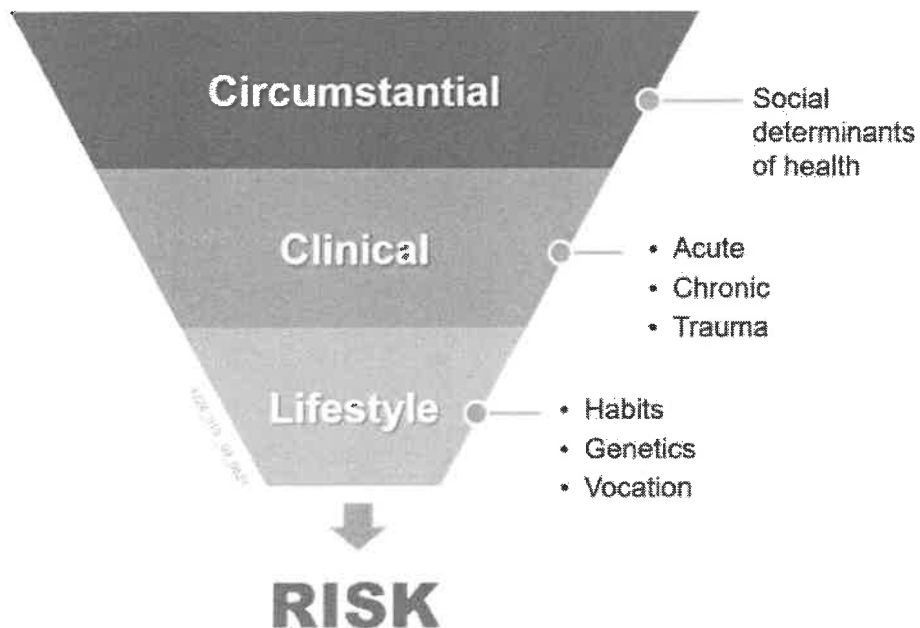
Lifestyle factors are part of the puzzle, too, and development of lifestyle algorithms to augment clinical and circumstantial risk are useful to guide both healthcare providers and case managers to better serve the patients they treat.

This requires access to non-Medicaid data, sometimes across state departments — public health, long-term care, behavioral health, elder affairs, and others. This is no simple task, but it is nonetheless foundational for establishing cost and outcome benchmarks for providers that offer validity and transparency.

If the Medicaid program intends to transform healthcare funding across the continuum (from traditional fee for service to global risk), then this approach is essential and, in many ways, a base requirement.

The following figure depicts factors that augment a Medicaid member's clinical and circumstantial risk.

Figure 14. Factors that Augment the Risk of Negative Health Outcomes



EDI Clearinghouse

Another way our Medicaid Enterprise solution addresses gaps in health outcomes is through our EDI Clearinghouse Functionality, which we describe in Section 4.2.27.

4.2.43 Gainwell's Experience with DDI Payment Milestones

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?

Gainwell's implementations consist of several phases, typically including the following:

- Requirement gatherings
- Design
- Configuration development and unit testing
- SIT & UAT
- Deployment/Delivery
- CMS Certification

Payment terms and schedules can be defined for each phase of the implementation. Usually, payment terms are set in the Terms & Conditions of the contract. Gainwell's expectation is to receive payment from the customer within 30 days from the date of invoice.

Payment schedules are linked to milestones in each phase. The payment process for milestones is determined by how the customer is willing to pay, and Gainwell is flexible to accommodate terms from the customer. Typically, the customer establishes Major Deliverable milestones and, if Gainwell agrees on delivery terms of those milestones, then Gainwell can bill the customer after each milestone is delivered. Payment terms and schedules are based on the workplan agreement between Gainwell and the customer.

4.2.44 Demonstration of Gainwell's Approach or MES

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, they will reach out to the Respondent for further information.

Yes, Gainwell would be happy to provide a demonstration of any area BMS would like to learn more about, including the following:

- Gainwell's vision, strategy, and product roadmap
- Implementation method and release process
- New functionalities with our user interface, VUE360
- New capabilities from Gainwell's recent acquisition of HMS
- Our Claims Clearinghouse capability

Depending on what BMS is most interested in seeing, we would recommend some or all of the following current positions from the State attend:

- Medicaid Commissioner and Deputy Commissioners

- Interim MMIS Operations Manager
- Interim MMIS Director
- DHHR Deputy Secretary
- CHIP Acting Director/Financial Officer
- Deputy Commissioner, Finance and Administration
- Chief Financial Officer
- Administrative Services Manager / Director Procurement Services

4.2.45 Additional Information

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

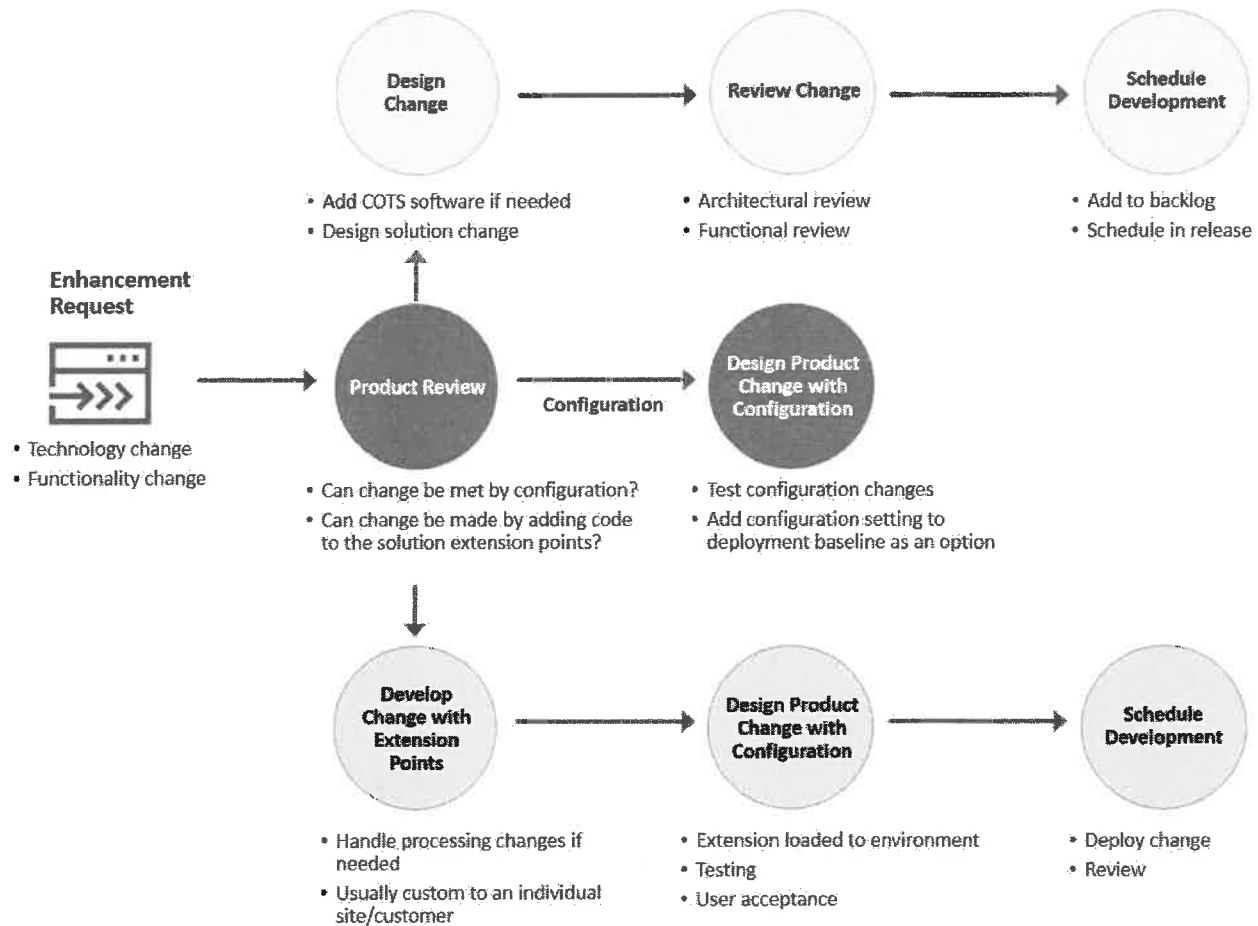
We appreciate the opportunity to provide some additional information that we feel will be helpful to BMS. Below we describe how customer feedback and CMS and state requirements drive our product enhancement and release process, followed by a description of our TPL System Module.

Gainwell's Product Enhancement Request Process

Changes, such as federal mandates for all Medicaid agencies or advancements that the Gainwell Product team adds that should be part of the general overall product solution, are often added to Gainwell's overall ongoing Product release schedule and coded, tested, and maintained as part of the baseline product. These product-sourced changes become part of the baseline solution. We would make each state customer aware of the options available with the release, as well as the overall functional roadmap and vision for each product. After reviewing the changes to current extensions or the configuration needed to support deployment, a change request would be needed to support the work effort to place these updates in the customer's production environment.

The following figure depicts this workflow.

Figure 15. Enhancement Request Workflow



With Gainwell’s Medicaid Management Solutions, BMS will not have to worry about outdated technology. The solutions are built to maintain compliance and facilitate a long lifespan to serve the State for years to come. Our solutions are largely built on a flexible SOA with COTS-based components. Industry-standard updates for supporting software products and our dedicated Product releases keep them competitive and compliant. We will share with BMS our functional roadmap and vision for each product to keep you informed of how it will continue to grow to meet the future needs of the Medicaid program. Our Product teams are driven by industry-wide functional needs and technology best practices to continually grow our solution set, meeting evolving program needs and reducing organization disruption in the process. Our Core Claims solution (CEF Module), for example, periodically receives updates to its COTS baseline that the Gainwell Product Team tests and enhances as needed to further support Medicaid-specific processing needs, such as EVV data integration in claim adjudication.

Changes can include defect fixes, service packs, and major changes to support new federal healthcare processing requirements. Minor updates are applied through our change management process. The Gainwell Product Team reviews major changes. This team packages the COTS changes from the CEF Module and other supporting systems, along with other requested changes, into an overall environment upgrade package for our customers. Our Product Team regularly works with our site operational teams to understand and plan for upcoming customer and industry needs.

Major upgrades are carefully reviewed with identified stakeholders from our customers and Gainwell, where a detailed study of operational business and technical impacts is made. The

customer will fully account for technical and business impacts with adherence to a regular system upgrade process. Because our solution is largely COTS-based, with rules-driven logic, we do not have the typical impact of excessive development hours as a cost associated with these kinds of technology upgrades. This approach saves customers money while still expanding the lifespan of their solutions.

TPL System Module

Our TPL System Module will address the individual needs of each scope area, including TPL recovery services, commercial recoupment, hospital/physician services, and managed care organization (MCO) come-behind services. We have provided these services to State Medicaid Agencies, federal agencies, and commercial entities for decades. As such, we have made continuous investments in our information technology and systems to enable the services we deliver. Today, we have a best-in-class, commercial product that satisfies the requirements of the TPL System Module. We have used the same technology and systems that comprise the TPL System Module to deliver the services we provide and can attest to the operational efficiency of the proposed solution. Additionally, Medicaid program and state-specific requirements are handled by our TPL System Module.

We recognize the need for a shared understanding of the expectations of the State's TPL program with the other suppliers, while promoting, facilitating, and enforcing a module design that best fulfills BMS' goals. Our TPL System Module incorporates the MITA objectives for supporting interoperability and integration using open architecture standards throughout the project, from strategy through implementation, as well as providing the following benefits for BMS:

- A modern, intuitive, and user-friendly system that can interface with other systems and platforms
- World-class data integrity for member, provider, transaction, and case management
- A secure, interoperable, flexible, and scalable system that will be relevant and current for decades

Business Rules

The TPL System Module can manage business rules for BMS — just as we manage similar systems for our other state and commercial customers — by utilizing InRule® Technology's software products. InRule provides a no-code, user-friendly decision platform that integrates seamlessly with our TPL System Module. More than 350 InRule customers have used this software for mission-critical enterprise applications, particularly in the healthcare, government, insurance, and financial services industries.

This comprehensive enterprise business rule management system (BRMS) allows business and technical users to create, add, modify, remove, or retire rules without a risk to production processing. There is no longer a need to involve technical personnel when creating or managing business rules. We separate logic and business rules from application code, empowering those who best understand the functional business with the ability to automate the decisions that drive the business. This results in faster change cycles, greater accuracy, lower cost of maintenance, and less risk.

We build a new instance of InRule for each state agency and create the rules for exchanging data with the various entities such as the integration platform and insurance companies, as well as use the 1,200 unique TPL business rules that we currently apply to MES TPL modules as a baseline for new TPL modules. For states that already have InRule installed, we incorporate the

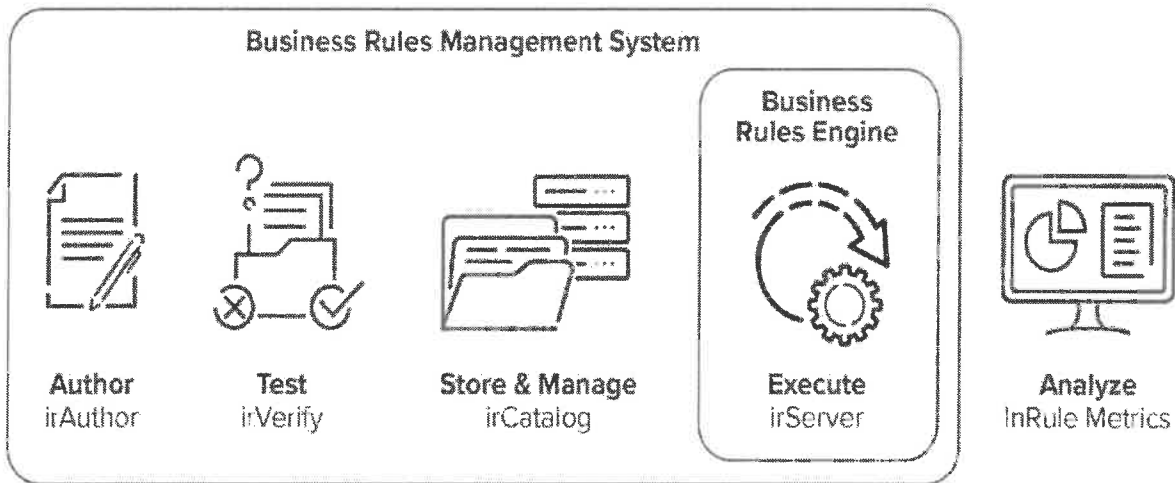
existing rules, make the required rule modifications, and build the rules for exchanging data in the new instance of InRule.

Our MES team has in-depth knowledge of the business rules that make the TPL System Module operate smoothly and successfully. Since implementing InRule, the team has expanded its knowledge to include maximizing the value of the product to configure, support, and maintain business rules. We can work with BMS to provide the services and training needed by users of the tool. This includes rule authoring and rule integration training sessions conducted over WebEx® by a live instructor. Rule Authoring training is designed for all InRule users. Rule Integration training is more business analyst/developer-focused, with an emphasis on configuring InRule for the customer's environment.

InRule Products, Functions, and Features

We use InRule's BRMS, depicted at a high level in the following figure, to centralize business rules and create a single source of truth for business rules decisions. The BRMS enables authorized business and technical users to author, store, manage, execute, and analyze business decision logic in one location. This facilitates faster change cycles, lower risk of errors, and greater transparency into business decisions. The Business Rules Engine (BRE) is an important component of the BRMS. This engine executes the business rules and logic created by the users in the BRMS. The BRE provides consistency and precision in the application of the business decisions.

Figure 16. BRMS Components



GA_TPL_0416

The following InRule BRMS products are included in our TPL System Module:

- **irAuthor®** — Offers an intuitive interface that makes it fast and easy to write business rules and change them. With this tool, both business and technical users can express simple or complex rules in both human and machine-readable formats. irAuthor enables the configuration of the rule-writing environment to meet the needs of technical and non-technical users.
- **irVerify®** — Enables users to confirm that rules are executing as expected by testing them on demand. It tests the impact of changes on business rules and logic without affecting production. With irVerify, rules are tested as the user writes them, so that users know immediately if their rule is returning the expected results. irVerify works without the

need for a separate test environment for testing individual rule changes after the project goes into production.

- **irCatalog®** — This is a business rule management tool that provides a central location to manage business rules and ensures the integrity of business rules, maintains version of rules, and promotes sharing of common rules across processes or applications.
- **irServer®** — This service executes pre-defined rules, then returns the output, which includes the results of the rule execution as well as optional logging information.

We recognize BMS' MES transformation roadmap calls for all modules to be integrated on the enterprise integration platform. As such, the TPL System Module is required to seamlessly work within the environment selected by BMS and implemented by the SI, as well as with the other modules BMS selects for its MES. This level of integration requires a TPL System Module that has structured, traceable, and actionable change management capabilities. Wherever required, we will be a part of an enterprise change management process, working with BMS and other stakeholders, including the SI, PMO, and IV&V, to determine the optimal change management processes for the MES and TPL System Module. Presently, we use ServiceNow to administer our change management process. Using this tool, we manage new and modified business processes and workflows, as well as record and track the progress of change orders. We will work with BMS and its stakeholders to integrate our change management processes and tools within the overall MES environment.

The following figure describes our typical change management process.

Figure 17. Change Management Process

Step	Description
Create change request (CR)	A user completes a CR form and sends the completed form to the Change Manager.
Enter CR into change tracking tool	The Change Manager logs the CR in the tool, assigns CR priority, and maintains status throughout the CR process.
Evaluate the CR	Assigned SMEs evaluate the CR, determine the solution, identify the impact on the project, and determine the costs. SMEs package this information with the recommendation and submit it to the Change Advisory Board (CAB).
Approve Change Effort	The CAB evaluates the change package and approves or denies the request.
Authorize	If approved, the CAB authorizes the work.
Implement	We configure and test the change and implement the change with the customer's approval.

5.2.4 Gainwell's Corporate Overview

In addition to the question responses, Respondents may supply a corporate overview of no more than two pages describing their organization's experience, staffing, ownership, and technical maturity.

As the market leader in Medicaid systems, Gainwell empowers our customers through innovative technologies and solutions to deliver significant health and human services outcomes. We provide flexible, innovative, and modern systems that give customers the transparency and interoperability they need. In supporting 29 MMISs, we process billions of dollars of provider claims annually to make sure vulnerable Americans can obtain critical services when they need them. We know lives literally depend on the quality of our services.

Our services include proven capabilities to support states in meeting the CMS goals of modularity. We have also successfully delivered 32 modules for Medicaid customers that offer new flexibility, next-generation technology to overcome the constraints of aging legacy systems, and we are currently implementing 26 modules. We are constantly supporting Medicaid IT modernization for our customers, and we offer a range of approaches — a lower-risk modernization in place, full system replacement, or partial system replacement with takeover of the portions that do not require replacement.

The extent and breadth of our participation in the evolution of Medicaid brings the following qualifications to our customers:

- MES modules and full-scale systems that are designed and custom-built for the complex rules and regulations of Medicaid. We are not trying to force a commercial application into customers' Medicaid programs.
- Systems that are based on best practices; we have delivered innovation to our customers for more than 50 years.
- Extensive nationwide family of Medicaid and healthcare professionals that can meet any issue or challenge. We understand the policies and can implement them within our systems and operational procedures.
- Healthcare professionals who serve on CMS standard-setting boards and help to influence the shape of Medicaid.

The following figure indicates the extent of our support for Medicaid programs, providers, and members.

Figure 18. Gainwell Medicaid Impact

Function	Totals
Number of Claims processed annually	1,084,417,924
Total Claim Dollars processed annually	\$131,992,980,669
Number of Encounters processed annually	1,030,889,459
Managed Care Capitations processed annually	\$148,421,176,851
Provider Count	3,043,735
Beneficiary Count	58,333,849
Managed Care Population	41,351,393
Beneficiary Call Volume answered annually	2,917,892
Provider Call Volume answered annually	4,303,631

The following figure depicts in what capacity we serve our state customers across the country.

Figure 19. Gainwell Presence in Medicaid and Health and Human Services



Customers rely on Gainwell for unmatched innovation. The unique needs of our customers evolve constantly. In response, we innovate for the following:

- Providers through modular provider management solutions to support provider engagement
- Members through new, secure patient access channels
- Policymakers through dashboards and analytics services that turn data into actionable insights

Working with other key stakeholders becomes even more important as modularity is introduced. Gainwell has been the SI and has worked with SIs and vendors implementing modules around the systems that we maintain. Whatever the model the customer deploys, we are experienced in integrating and maintaining strong relationships with the customer's vendor team for successful project outcomes.

We have experience providing a diverse set of integration expertise, consultation, architectural leadership, and implementation and operational services that align to customers' needs and include web services, event publication, and subscriptions, API definition, file exchanges, and service performance monitoring.

Gainwell's proven performance history of working well with other companies is demonstrated by the high level of integrity, trust, and transparency we instill when working with vendors for the benefit of our customers. This collaborative way of working is nothing new to Gainwell. In fact, we have often approached our competitors to forge successful collaborations based on operating principles of speed, agility, focus, and predictability for the good of our customers. Some of these include technology companies, such as Microsoft, IBM, and Red Hat, as well as other SI vendors such as Accenture and Deloitte. By working cooperatively with other vendors, we can successfully deliver on BMS' immediate needs and long-term vision. We know how to maximize the benefits of modularity without increasing risk.