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From:
Scott Lorch
slorch@briljent.com
Briljent, LLC
317-771-1142

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Contents:

Document	Description	Quantity
Briljent Forms MES Strategic Planning RFI	5 Page Color 1 Staple - Portrait Bound Document	1
Briljent Response MES Strategic Planning RFI	11 Page Color Black Twin Loop Wire Bound Document	1
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Proc Type:	Request for Information	

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BID RECEIVING LOCATION

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US

VENDOR

Vendor Customer Code:

Vendor Name : Briljent, LLC

Address : 7615

Street : W Jefferson Blvd

City : Fort Wayne

State : IN

Country : United States   **Zip :** 46804

Principal Contact : Scott Lorch

Vendor Contact Phone: 317-771-1142   **Extension:**

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

Vendor Signature X _Matthew D. Olen_   **FEIN#** 35-2046588   **DATE** January 5, 2022

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

ADDITIONAL INFORMATION

REQUEST FOR INFORMATION:

THE WEST VIRGINIA PURCHASING DIVISION IS ISSUING THIS REQUEST FOR INFORMATION FOR THE AGENCY, WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES (DHHR), BUREAU FOR MEDICAL SERVICES (BMS), FOR THE PURPOSE OF GATHERING INFORMATION TO DEVELOP SPECIFICATIONS FOR A MEDICAID ENTERPRISE SYSTEM (MES) MODERNIZATION. INFORMATION PROVIDED WILL ASSIST THE WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES IN DEVELOPING SPECIFICATIONS AND WILL ASSIST IN THE PROCUREMENT PROCESS.

QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS

ONLINE RESPONSES FOR THIS SOLICITATION ARE PROHIBITED

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Medicaid Enterprise System (MES) Modular				

Comm Code	Manufacturer	Specification	Model #
93151507			

Extended Description:
Medicaid Enterprise System (MES) Modular

SCHEDULE OF EVENTS

Line	Event	Event Date
1	VENDOR QUESTION DEADLINE	2021-12-06

	Document Phase	Document Description	Page 3
BMS2200000001	Final	REQUEST FOR INFORMATION-MEDICAID ENTERPRISE SYSTEM (MES)	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

Request for Information
CRFI BMS2200000001
Medicaid Enterprise System (MES)

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

Briljent, LLC
_____
(Company)

Scott Lorch, Vice President of Client Services
_____
(Representative Name, Title)

317-771-1142 (phone)/ 317-735-3700 (fax)
_____
(Contact Phone/Fax Number)

January 5, 2022
_____
(Date)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS2200000001

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

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

Addendum Numbers Received:
(Check the box next to each addendum received)

[X]	Addendum No. 1	[ ]	Addendum No. 6
[X]	Addendum No. 2	[ ]	Addendum No. 7
[X]	Addendum No. 3	[ ]	Addendum No. 8
[ ]	Addendum No. 4	[ ]	Addendum No. 9
[ ]	Addendum No. 5	[ ]	Addendum No. 10

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

Briljent, LLC
_____
Company

Martin D Olm
_____
Authorized Signature

January 5, 2022
_____
Date

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

![briljent logo]

West Virginia Department of Health and Human Resources (DHHR), Bureau of Medical Services (BMS)

Centralized Request for Information (CRFI) CRFI-0511-BMS2200000001-4

Medicaid Enterprise System (MES)

Bid Opening Date: 01/11/2022 01:30 PM EST

Point of Contact:
Scott Lorch
Briljent, LLC
7615 West Jefferson Boulevard
Fort Wayne, IN 46804
Telephone: 260-434-0990
Fax: 260-434-0991
Email: slorch@briljent.com
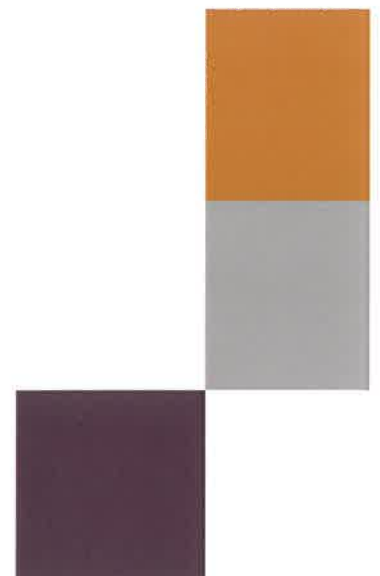
January 5, 2021

Bid Clerk
Department of Administration
Purchasing Division
2019 Washington St E
Charleston Wv 25305

Thank you for this opportunity to provide feedback and information to the State BMS regarding the implementation of modular MES components.

For over two decades, Briljent has supported states as they transition to new technology solutions, policies, and/or business processes. Our recommendations stem from expertise in the arena of Medicaid policy and planning, adult learning principles, and organizational change management (OCM). We offer national perspective and lessons learned from our experience providing professional services within the Medicaid Enterprise across all 50 states and 6 territories.

Through this experience, we know that technology is just one aspect of a successful Medicaid modernization implementation. Often overlooked are *project governance, planning, design, data management, user engagement, and training.* When training, in particular, is developed in silos by numerous system developers for multiple internal departments, a modularized environment introduces even more opportunities for confusion, inefficiency, resistance to change, and poor adoption. An integrated training approach will centralize these initiatives to improve workflows and system performance with standardized communication around role-based training across multiple modules of the MES.

We understand the challenges new technology and changing policies can have on state agencies. Our staff consists of tenured and credentialed resources with decades of experience in Medicaid, including:

- Former State and Federal Medicaid Specialists
- Prosci®-Certified Organizational Change Managers
- Senior Learning Consultants
- Communication Specialists
- Training Facilitators
- PMP®-certified Project Managers

In this RFI response, our experts have outlined key challenges we believe BMS will need to overcome, along with recommendations and best practices on the **non-technology-specific** activities critical to a successful MES implementation. We specialize in working with system integrators to ensure that new functionality and procedures are communicated smoothly and efficiently to end users. Our recommendations are designed to help ensure users understand what is changing, why it's important, and how it will affect the work they do every day.

Briljent does not market or recommend any particular hardware or software systems. Our recommendations for BMS are *completely technology agnostic.* This allows us to inform strategies and consult with the State's best interests in mind—without the interference of a solution sales goal.

We sincerely hope to meet in the near future to demonstrate how these recommendations can support BMS as you embark on this important endeavor to modernize your Medicaid systems.

Best Regards,

Scott Lorch

Scott Lorch
Vice President of Client Services

Table of Contents

Responses to Questions

Briljent has deep expertise supporting the Medicaid enterprise. Our projects have spanned all 50 states and 6 territories, and our tenured resources have in-depth knowledge of Medicaid. In recent years, we have observed a trend of increasing demand on state resources to take on new, and at times disparate, responsibilities. Often, these teams are extremely lean and lack the necessary support to ensure accountability and implementation success. It is incredibly difficult to balance the planning, development, training, and management of a modern Medicaid enterprise along with programmatic and technology demands necessary to support Medicaid systems and programs. These challenges are only further exacerbated by the complexities of modularity.

Through our years of experience supporting Medicaid modernizations, we know that some of *the most critical components of technology implementations are often not housed within the technology's functionality but rather everything that surrounds it.* Or, as we like to say, the "psychology of technology." Independent of technological sophistication, failed implementations are often the result of insufficient governance, planning, design, data management, user engagement, and training.

To best support BMS, we have focused our response on providing key information and recommendations related to:

📺	**Training Integration**	⚛	**Planning and Coordination of Stakeholders**
⚙	**Change Management**	▤	**Requirements Development**

Briljent is 100% technology agnostic. Our response to this RFI focuses on specific questions where our Medicaid knowledge and consulting experience can offer BMS insight as you move to a modular MES. For each relevant question, we have repeated in bold font the question number and question we are responding to before providing our response.

4.2.1

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

Modularity often incorporates technology from numerous vendors. While this can ensure the State gets the best technology components aligned with specific functional area needs, it can also mean a disjointed roll-out of the training necessary to ensure successful implementation, adoption, and utilization of the systems.

A study at the University of Oregon found that more than a quarter of large information technology implementation projects are considered unsuccessful by the organizations that undertake them. Enterprise systems can experience a particularly high rate of failure with a majority of implementation problems stemming from knowledge management and training issues. Employees are the most significant source of these issues, including attitudes towards systems, lack of skills and knowledge, and human error. With approximately 70% of implementation costs attributed to other required organizational changes and support activities beyond the purchase of the software, the researchers concluded that quality training and knowledge dissemination have a significant impact on adoption, and consequently, the success of implementation.

> **The benefits of even the most well-designed MES cannot be realized if the users do not understand how to optimally leverage the substantial investment.**

Address the Unique Challenges of Training for a Modernized, Modular MES

While most organizations recognize the importance of OCM and training when new enterprise systems are installed, modularity makes these activities more complex. As you look to modernize your Medicaid systems, BMS should consider four significant challenges:

1. Training design and sources of content

Each vendor has the best expertise about its own solution, so Medicaid agencies often expect training for the MES to be delivered by the various system module vendors. However, this can compromise the quality of the learning experience for users. Modularity introduces additional layers of complexity.

- Training from a technology vendor may be generic and focused only on basic system features and functions.
- Training may not address interactions with other applications, customizations, or business process changes that will result from the new approach.
- Training gaps and overlaps can occur for system components that are similar or functionally linked.
- Training may be inconsistent in quality and instructional effectiveness.
- Training may not include the necessary long-term coaching, support, remediation, and knowledge management that are hallmarks of effective learning programs.
- Individual vendor training is unlikely to include OCM activities or recommendations.

2. Readiness of the user audience

Research shows that a large percentage of enterprise system implementations will fail to fully achieve their goals if users are not properly prepared, motivated, and trained to make changes in the way they work. Modularity is often seen by end users as more complicated and can create discomfort, fear, or resistance—especially if the old processes and tools have been used for many years.

- The volume of new information can feel overwhelming. To prevent information overload (and minimize training time), training programs should be customized for different user groups wherever possible, focusing on exactly what each user role needs, no more and no less. Finding the balance between more effective, tailored training and less costly, generic training is a difficult choice.
- Some training content may be used by many roles, while other content may only be needed by specialized teams. In addition, roles may not perform the same functions from one location to the next. Ensuring that content is well leveraged across different roles while making sure that each learner gets the right training, requires careful needs analysis, thoughtful curriculum design, and development of multiple role-based learning paths.
- Audiences and business units (especially when they are geographically dispersed) may have different learning preferences and cultures, and counterproductive silos may exist. Determining the right blend of learning methods often means accommodating the differing opinions and preferences of team leaders while maintaining alignment, consistency, and effectiveness.

3. Timing of training development and delivery

The timing of training is always challenging in a large system implementation, but it is especially complicated for a modular system.

- Scheduling training to coincide with system readiness requires close coordination with all partners so that training is not offered too soon or too late in the process. If offered too soon, knowledge will not be retained. If too late, learners may not be proficient at the time of launch. In either case, user performance can suffer, causing potential budget implications and a negative impact on Medicaid beneficiaries.
- The potential disruption of daily work activities within agencies is always a concern when training is being planned. Agencies are rarely willing to allow many team members to simultaneously take time out for training if there is a risk of leaving their daily tasks unfinished. Flexibility and tailored planning must be part of the solution.
- Modularity can mean an extended implementation timeframe. Phased implementation of modular systems is common, but a phased approach to system roll-out can create challenges for the instructional design team. Instructional designers and trainers must be given enough time to see and experience the finished product to prepare complete training materials. At the same time, training teams must closely follow changes as they occur (especially in an agile development environment) to ensure that training is accurate and ready as soon as possible before launch.

4. Internal capacity for training and OCM programs

Internal training teams play a valuable role in connecting the dots between old and new procedures as systems are updated. However, any time a new system is rolled out, internal training resources will be stretched. Modular system implementations are even more difficult for internal training teams to manage on their own due to their complexity and scope. Expanding the team smoothly while maintaining expected training standards requires clear communication, flexibility, and partnership.

The overarching goal for any agency is to use new technology to provide better, more cost-effective service to their constituents. Technology offers features and functions that make this possible, but only when **people** are using it appropriately to provide these services.

**Motivating and enabling people to use these systems
is every bit as important as the technology itself.**

Consider an Integrated Training Approach

While there are clear benefits to a modular MES, people can feel overwhelmed when trying to learn and assimilate information from disconnected sources. It is also common for users to engage with multiple modules. In these modular system environments, training must be driven by user roles and work processes rather than the features and functions of the MES. When training is developed in silos by different vendors with different methods, opportunities for confusion, inefficiency, and poor adoption of the MES can escalate.

THE PROBLEM

Users engage with one or more system modules.
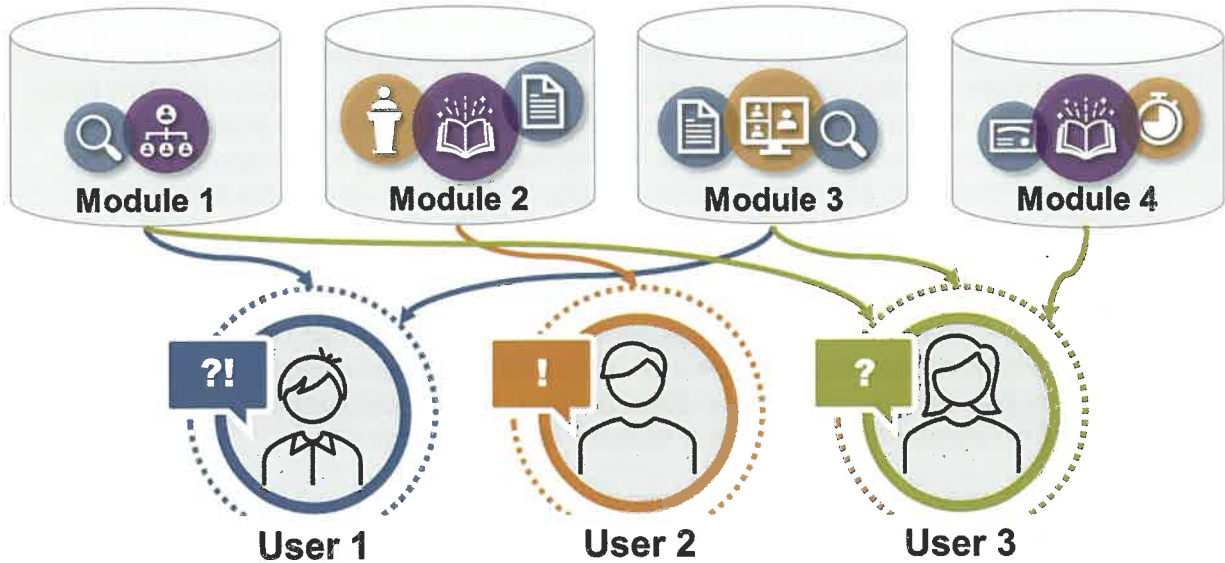
Module vendors provide training content in siloes
that can't address all role requirements for users.

For these reasons, we advise training to be centralized and integrated across the MES. An integrated training approach ensures training is role-based, spanning discrete modules to improve workflows and system performance. Curating existing training, customizing training, and designing new training, as well as delivering training in all modalities (face-to-face, eLearning, webinar, self-paced, etc.) will allow for a consistent overall roll-out to meet the State's unique needs.

THE SOLUTION
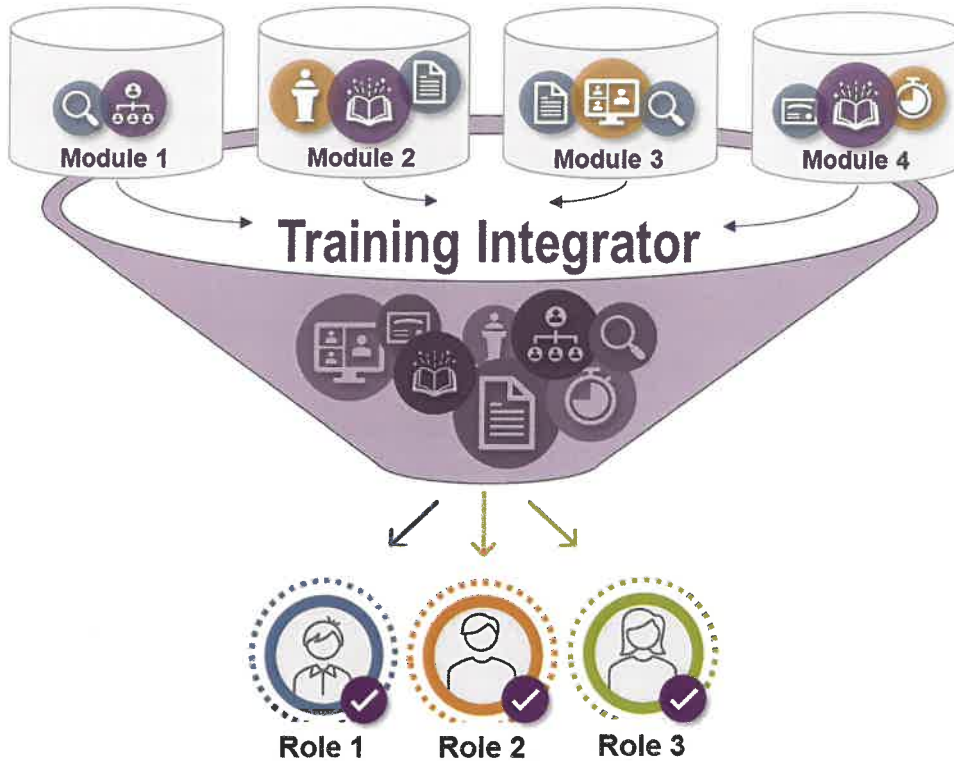
Role-Specific Training Across Multiple Modules

Vendor learning assets are curated into a cohesive curriculum with components that can be mixed and matched for each role.

An experienced MES Training Integrator will:

☑ **Consolidate and enhance technology vendor training, leveraging their assets and expertise**

☑ **Design training around user roles and work processes, not features and functions**

☑ **Focus on rapid time to proficiency and quick adoption**

☑ **Create an engaging, instructionally sound, and consistent learning experience**

☑ **Adapt to changing needs with a highly flexible team throughout the process**

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.

Briljent stays up-to-date on changes to guidance and regulations through our close working relationship with CMS and the broader Medicaid systems market. Every day, we advise our clients on the implementation and adoption of new rule requirements such as:

- Patient Access API
- Payer-Payer Data Exchange
- Information Blocking
- Quality Payment Programs
- All State Health Officer and SMD letters issued for Medicaid

We have a dedicated internal team that monitors key congressional, agency, division, and industry announcements, predominantly those from CMS. In the past three years, Briljent has provided comment for the following federal rules:

- Trusted Exchange Framework and Common Agreement (2019)
- CMS Physician Fee Schedule (annually)
- Federal Health IT Strategic Plan (2020)
- CMS Interoperability (2020, 2021)

In the course of work with our clients, we focus our interpretations of rules and guidance to meet a state's particular landscape. We help our clients consider waivers that are approved or in progress, and we also compare best practices from other entities, ensuring the guidance we provide is always best-in-class and the right information is available at the right time to inform their decision-making.

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?

Assess Readiness

Resistance to change invariably accompanies large changes in organizational policies and/or systems. For change to be successful, change management efforts must take into account the complexities of various stakeholder audiences, understanding their unique concerns, information needs, barriers to acceptance, and motivators. Additionally, staff needs must align with system schedules, requirements, and limitations. A comprehensive readiness assessment will take all these variables into account.

BMS may consider establishing an OCM team to assess organizational readiness and key stakeholders by determining the key roles and skill sets necessary. As a first step, the team will discover and assess all relevant information, requirements, documents, and artifacts identified by BMS relative to the current state and the target state. The team will then clearly identify any staffing gaps through a staffing impact assessment report.

Major system implementation requires strategic and deliberate change communication management to build a sense of ownership for the change across stakeholder populations. In managing the "people side" of the MES implementation, it is critical to build ownership throughout all project phases.

To support BMS, the change team will need to categorize a stakeholder's level of desired information against the current level of resistance to customize communication approaches across the critical levers of organizational change. This will secure management and stakeholder sponsorship, involvement, and commitment to drive the change throughout the organization while building capability and confidence in end users to transition and successfully adopt the new way of working and serving clients. To accurately determine the level of information and resistance to the change, the team will canvass the organization through surveys and interviews to identify the level of resistance versus the desire for information.

Recommend Necessary Organizational Preparations

The analysis and assessment inputs lay the groundwork for the development of a robust change management strategy framework. The OCM team will provide recommendations for organizational preparations by synthesizing discovered information in relation to the current vision, planning activities, and future MES. The OCM team will need to work closely with BMS to align staffing needs to the implementation schedule and help tailor change communication to staff and stakeholders accordingly.

The OCM Lead will work with BMS and stakeholders to align and develop project schedules. The plan will provide the activities, responsible parties, and expected start and end dates. The OCM Lead will also conduct regularly scheduled Change Management meetings with project sponsors, leadership, and other key stakeholders to monitor and manage the progress of each activity's development and execution. Project progress will be evaluated on the scope, change orders, and the project schedule. The Organizational Change Manager will follow the escalation process outlined.

Plan and Deliver Consistent Communications

Federal direction stipulates a modular approach to Medicaid Management Information System modernization, and there are numerous advantages to it. However, a modular approach inherently brings unique challenges that must be proactively addressed for implementation to be successful.

With a modular approach, numerous technology vendors, partners, and internal functional areas may inevitably experience a disconnect when it comes to the overall organizational change. Whenever there are numerous and diverse stakeholders, communication can become muddled and/or redundant.

An integrated approach, allowing for consistent and professional communications regarding the anticipated changes, is paramount to ensuring that all are on the same page with understanding *why* change is occurring, *what* specifically is changing, *how* change will affect current processes and policies, and *when change is going to occur*. Communication planning and delivery of consistent, professional communications is the essence of OCM.

Communication plan

Organizational Change Managers are adept at working with entities to outline enterprise, state-wide communication and change management plans for large, complex system implementations. It is important to ensure that collaboration across vendors occurs for data exchange, connectivity, testing, and training.

A solid communication plan will provide guidance on how to effectively inform stakeholders about forthcoming changes and ensure they have the right information at the right time. The communication plan will establish a set of prioritized communications activities designed to meet the unique needs of all stakeholders.

We believe a communication plan should be deployed in a phased approach to enable stakeholders to gain an awareness and understanding of the MES program and develop a level of acceptance of the changes to build ownership. The communication methodology is best when based on a logical sequence of steps that will focus on identifying key groups impacted by the project, key messages the groups need to receive, and appropriate delivery mechanisms for the messages.

For change to be successful, the change communication efforts will consider the complexities of various stakeholder audiences (i.e., understanding their unique concerns, information needs, barriers to acceptance, and motivators). To effectively foster collaboration among executive leadership, staff at all levels, and all other key stakeholders, BMS should regularly seek feedback and evaluate results to support project success. Stakeholders must understand the business and personal benefits they will see from the change. Messaging should continually reinforce these benefits and the value of committing to the change.

Focus on Stakeholder Management

As organizational changes are identified and initiated, organizational change specialists should work with key leaders in each affected team to align goals and articulate a clear change management strategy. This will ensure leaders coordinate their actions and provide consistent messaging before, during, and after the changes occur.

A formalized stakeholder management process is important to develop the appropriate management strategies. This process will effectively engage stakeholders and leadership throughout the life cycle of the MES project based on an analysis of their needs, interests, and potential impact on project success. The key benefit of this process is that it will provide a clear, actionable plan to interact with stakeholders to support the project's interests.

We recommend the stakeholder management process include:

- Leadership alignment workshop
- Stakeholder list and analysis
- Documentation of a change management strategy

- Stakeholder engagement
- Change network
- Stakeholder feedback

> **i** It is recommended that BMS consider prioritizing and budgeting separately (and procuring via a separate module) for OCM and training. This will allow for consistent and customized approaches, ensuring that the users of the new system have clear and concise communications to understand the change and embrace rather than resist it.

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?**

The business needs should drive data solutions. Governance should be structured such that the strategic vision and business needs flow to data solutions and back to business owners to determine that needs have been met.

Establish Enterprise Data Strategy

- Develop a charter that defines scope and authority
- Assess existing components (i.e., data sharing MOU for HHS agencies)
- Develop operating procedures for the management of new and existing data assets

Establish an Enterprise Metadata Management Process

- Identify a metadata model
- Establish a metadata team to inventory all metadata sources
- Synchronize metadata across the enterprise with metadata management software

Create and Implement an Information Management Program

- Clearly communicate and promote how data supports organizational goals
- Create and implement an information management program

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?**

Develop Requirements for all Technology Vendors

Successful system implementation often hinges on well-defined system requirements that fit within a comprehensive vision and strategy. Therefore, it will be necessary for BMS to fully document each system requirement and align the requirements with the intended workflow. Discovery discussions in the early phases of the implementation will help document users, inputs, and outputs of the system. Additionally, we recommend requirements discussions with stakeholders beyond BMS as they plan for adding additional data sources and more complex analytics.

We recommend that comprehensive pre-development requirements-gathering and workflow assessments be conducted. These steps would include:

- Document user workflow. This includes each workflow step, the user who performs the step, what information they input, what triggers or alerts may be generated from that input, what output comes from that step, and who receives or acts upon that information. We recommend BMS use Lean Six Sigma and Practice & Workflow Redesign standards and best practices.
- Create a data map. In addition to the workflow mapping, document a granular level of data elements that are being captured (Current State). Utilizing the identified quality measures, risk assessments, and program goals, identify all granular data elements that will populate those reports (Future State). Create a map and gap analysis of missing or unmatched elements. In collaboration with the selected technology vendor(s), create a plan for addressing the gaps.
- Utilize resources that possess both workflow and technical knowledge to appropriately translate the user needs to technical specifications that will be understood by the vendors.
- If legacy data will be migrated into the new system, the same data mapping applies. A comprehensive data cleanup should occur before any migration so that no bad data enters a new system.
- Establish a tool and process to maintain an MPI (Master Patient Index). Patient/Record identification and reconciliation are critical to maintaining accurate information. Establish a process for ongoing management of duplicate records.

Comprehensive documentation on the current and future state needs for both data and user specifications will benefit the implementation of the MES by assuring that the design and development are accurate and complete. Failing to do so will lead to user dissatisfaction, incorrect reporting, and require fixes by the vendor(s) that may lead to additional cost and time on the project.

We have learned through experience that technology vendors often market "repeatable solutions" and can miss individual, state-specific needs during the analysis phase of an MES project. West Virginia's policies, standards, and business requirements, while similar to other Medicaid implementations, are not identical. Ensuring that your state's needs are at the forefront of any recommendations can be greatly enhanced by partnering with a consultant that does not have a predefined desire of outcome as it relates to technology acquisition.

Coordinate Across Modules and Vendors

The modular approach to Medicaid modernization invariably means that numerous technology and software vendors may be contracted by the State. The selected technology vendors for various modules will provide their own project teams and implementation plan, but it is also essential for BMS to provide its own project management and oversight. Many of the modular MES implementation tasks will require coordination and organization across modules and vendors. This becomes fundamentally challenging without an independent and centralized project management office. Therefore, it is imperative that the following occur:

- Professional communication experts (internal and external) are engaged. When numerous stakeholder groups are involved, it is important that communications be clear, concise, and documented.
- Experienced personnel (internal and external) should participate in stakeholder engagements/communities of practice and interviews/discussions with senior leadership as well as key resources at all levels
- Empowerment is defined and agreed upon by all. Defining who has authority to validate data, make decisions, and communicate on behalf of others is paramount. Progress can be slowed if individuals are not authorized to make decisions. Among each stakeholder group, determine a lead point person that has, at least limited, empowerment.

Prepare Users to Adopt and Adapt

Like IV&V or PMO partners, a Training Integrator that specializes in training and OCM should be **procured under an agreement that is separate from your technology partners** with incentives, performance measures, and payment structures that are specific to training.

Training and OCM specialists have distinctly different priorities and skills that will focus on preparing end users to adopt and adapt. They should be technology agnostic but have proven experience collaborating with a variety of system vendors, internal training teams, and agency user groups. They will immerse themselves not just in the system functions, but all the business processes, daily activities, and workflows the system supports. The goal is to create a behavior change experience that is relevant to their unique needs and environment, sensibly paced, instructionally and measurably effective, and seamlessly and smoothly delivered.

Once your training team is engaged, they will help you choose the best sources of *training content:*

- Set an expectation that the Training Integrator's instructional design teams should review, curate, and use content from technology vendors wherever it adds value. The Training Integrator's role will be to determine the learning needs, evaluate any content that is provided, identify any needed enhancements, and stitch it all together into a cohesive and comprehensive training program.
- Modularity for training content is as useful as modularity for systems. Training components that can be mixed and matched easily allow the most flexibility. A well-designed modular curriculum can be leveraged efficiently within many different role-based learning paths. Give your training partner time to fully analyze the learning needs of all roles to ensure that modules can be enhanced as needed for use with multiple audiences.
- Every system component vendor should plan on providing a training environment. Users will learn best if they have plenty of opportunities to practice. Vendors should expect to provide accessible training environments, appropriate practice data, and reset instructions in coordination with the training team.
- Share agency performance metrics with your Training Integrator. Learning objectives should be based on the performance you expect from users. This will keep your training focused and shorter (and therefore minimally intrusive). Information that is "nice to know" but not directly relevant to performance can be delivered as supplemental reference material.

Ideally, the Training Integrator will also employ OCM tactics and specialists to address the *readiness of end users:*

- The work OCM teams do (analyzing and identifying stakeholders, evaluating the impact of the change, communicating with tailored messaging, and measuring attitudes regularly) is highly useful to ensuring training is effective. OCM can also help make the case for reluctant users and lower resistance to change.
- Recognize that OCM is an ongoing process, which may last for many months before and after the launch of the new system. A phased approach in system implementation can extend this period even longer, so expect an OCM specialist or team to stay engaged throughout the entire time.

As you plan, be sure the Training Integrator weighs in on your decisions about *timing:*

- Engage a few members of the training team early, particularly if significant business process changes are likely to occur. Instructional designers will benefit from deep immersion in your workflows so that they have a better understanding of how the new systems will improve those processes. The better they understand your changing processes, the more relevant and focused the training will be.
- While agile or phased development is often a preferred approach for developers, it can extend and complicate training plans. Allow the Training Integrator some flexibility to establish a schedule based on access to fully functional system components to minimize the costs of rework. A competent training integration team will consider all the factors and recommend practical timing solutions.

Provide your Training Integrator with enough information to address *capacity* needs early in the procurement process (which help them more accurately estimate costs):

- To estimate capacity needs for the project, the Training Integrator will have many questions. They will ask about the number of end user roles and the number of trainees in each role, especially if instructor-led classroom training is preferred. They will ask about fixed deadlines/milestones and release phases, the volume of training content, availability of training facilities and learning management technologies, training locations and logistical support that may be needed, and maximum class size preferences to determine the size of the team that will be needed. If that information is not made available as part of the RFP, responses will be based on a wide range of assumptions that may not be accurate.
- Be clear about how long you want the Training Integrator team to stay engaged, how engaged your internal team will be, and when you want the internal training team to take over responsibility for training in the future. The Training Integrator will want to discuss how you can ensure retention, provide remedial training, and onboard new end users over time. Consider the potential role of local trainers, super users, coaches, and supervisors, and ask yourself how many of your own training team members can be spared for this initiative.
- Training is important in ensuring system success and quick return on your technology investment—yet, it often has an undersized budget. Plan on spending approximately 10% of your budget on training and OCM to ensure users hit the ground running.

While the emphasis on modularity in MES promotes efficiencies and cost savings, new technology solutions create unique challenges for end users of new applications. Thoughtful engagement with a Training Integrator maximizes the value of a new system and is a critical part of a successful implementation.

4.2.22

> **Describe ways you feel BMS should structure an RFP to encourage competition and innovation from Medicaid Enterprise solution bidders.**

Choose a Technology Agnostic Partner

System vendors know the technical aspects of system integration, but they may not have deep knowledge of adult learning, instructional design, and OCM. For this reason, it is highly recommended that BMS consider budgeting and contracting training and OCM independent of the technology procurements. Incorporating training and OCM requirements into technology modules often results in system vendors squeezing these key components from their proposals to cut costs. As a result, training activities are often prioritized too late in the launch schedule to be fully effective.

It is also common for solution vendors to focus training on the new bells and whistles of their specific technologies vs. training on the process changes that BMS staff and constituents will experience. Effective training focuses first on the tasks users have to perform and the scenarios they will likely face. Then, it shows how the system supports that work. By teaching systems in the context of typical workflow examples, training is more relevant and easily retained.

By bidding training and OCM separately, BMS can ensure the budget for training and OCM results in those areas being addressed with courseware that is engaging, effective, and developed efficiently to save time, money, and resources. A centralized, single training/OCM partner will ensure that the roll-out of the training curriculum and OCM communications are consistent and relevant to users based on their day-to-day work processes.

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.**

We serve audiences of any size and have deep experience working with large, geographically diverse end user populations. Our work with Medicaid systems in California, Indiana, and Illinois involved engaging many thousands of users through multiple phased roll-out events to help them adapt to new systems with minimal disruption and the quickest possible time to proficiency.

Briljent is currently working in the State of Virginia as a Training Integrator, helping design and coordinate training efforts and courseware curation across a large multi-vendor MES project. To date, we have analyzed and developed training content, developed multiple computer-based training modules, and completed train-the-trainer activities related to a new provider portal. In preparation for go-live, we continue to work toward the completion of virtual instructor-led courses across the state Medicaid agency, managed care organizations, and the provider community. End user training will consist of approximately 400 state staff (administrators, clerks, hearings and appeals, managers), 170 managed care organizations (the State has 4 MCOs), and 2,000+ within the provider community.

The State's focus on developing the right training solution is helping staff better understand their job function, their resources, their responsibilities, and most importantly, how to successfully perform their job. All of these come together to boost performance and reduce turnover, which can ultimately reduce cost while improving the service and outcomes for the populations they serve.

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.**

Although we do not have a technology system or platform to demonstrate, we would welcome the opportunity to present best practices to address the human impact of systems and process change. We can demonstrate our approach to consolidating knowledge from multiple sources to produce a seamless learning experience for users. As a sole source for training development, we immerse ourselves in the workflow vision to design a curriculum that avoids overlap and gaps while offering a consistent learning experience from end to end.

Corporate Overview

For *over 23 years,* Briljent has helped states navigate the challenges of complex systems and policies. This includes planning, securing funds, and supporting implementation for some of the largest Medicaid systems across the country. Additionally, Briljent has supported many MES implementations by designing and implementing OCM plans, as well as designing and implementing customized training curricula. This is Briljent's core competency, and we have impacted countless systems and lives across the nation.

3 Million+ Hours

We have delivered over 3 million hours of training to tens of thousands of learners.

10,000 State Staff

We have trained over 10,000 State staff on Medicaid Enterprise Systems.

All 50 States

We have worked with every State Medicaid office in the U.S. and 6 U.S. territories.

In addition to supporting some of the largest MES implementations across the country, Briljent is a thought leader with deep expertise in MES programs and policies. We have actively engaged with *CMS capability maturity models*, including Medicaid Information Technology Architecture (MITA) and the Health Information System Maturity Model (HISMM) as well as *policy innovations* such as Outcomes-Based Certification (OBC). Our highlighted expertise includes:

- Leading the MITA 3.0 SSA for the state of Alaska
- Supporting MITA assessments in Florida, Washington, Alabama, and Indiana
- Serving on a federal task group to develop solution mapping to MITA 2.01 & 3.0 requirements, including certification checklist and Outcomes-Based Certification

We have experience helping states plan *MES implementations,* including:

- Gathering and analyzing unstructured information using existing artifacts and documentation, surveys, interviews, and other input resources
- Effectively correlating and transforming this information in a quantifiable way, producing an output that is objective and defensible based on established frameworks, which is critical when dealing with a complex technology landscape that is politically charged
- Successfully producing findings and recommendations that significantly enhance clarity and collaboration for leadership planning, funding, procurement, and implementation tasks

Briljent has worked with many states and territories on *strategic planning and roadmap development,* facilitating the necessary collaborative decision-making across leadership and stakeholders. We can:

- Articulate overall vision and goals for the State
- Recognize the impact of existing and emerging federal policies and funding—and find opportunities for the State to align priorities with federal direction
- Consider the impact of the State's legal framework, policy levers, and current-state HIT/MES funding models—and identify any suggested changes to support the vision and goals

Briljent's team of tenured and certified professionals has experience assisting states with crafting an integrated approach for *OCM and training.* Our experience has shown this to be extremely important to success during a modular approach to MES modernizations. Briljent's staff consists of:

- Former State and Federal Medicaid Specialists
- Prosci®-Certified Organizational Change Managers
- Senior Learning Consultants
- Communication Specialists
- Training Facilitators
- PMP®-certified Project Managers

Ownership

Founded in 1998, Briljent is a for-profit, privately held limited liability company (LLC) with offices located in Fort Wayne, Indiana, and Indianapolis, Indiana. Briljent is also a certified woman-owned business enterprise (WBE) in several states and cities. We maintain a flat organizational structure that fosters open and transparent communication (both internally and with our external clients) and allows us to be readily accessible and responsive to your needs.

Technical Maturity

Briljent is *100% technology agnostic.* Our response to this RFI focuses on specific questions where our Medicaid knowledge and consulting experience can offer BMS insight as you move to a modular MES.