

# FAX COVER



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Date: 9/1/2022

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Pages (including cover): 32	CC:

Re: Request For Information – CMS/IMS System, CRFI 0511 BMS2300000001

## COMMENTS:

Telligen, Inc. is submitting a response for the **CRFI BMS2300000001 – Modern Case Management System and Incident Management System**. Please confirm receipt of this fax with the full response received (31 total pages, excluding this fax cover sheet), either via email [proposals@telligen.com](mailto:proposals@telligen.com) or via fax 515-222-2407.

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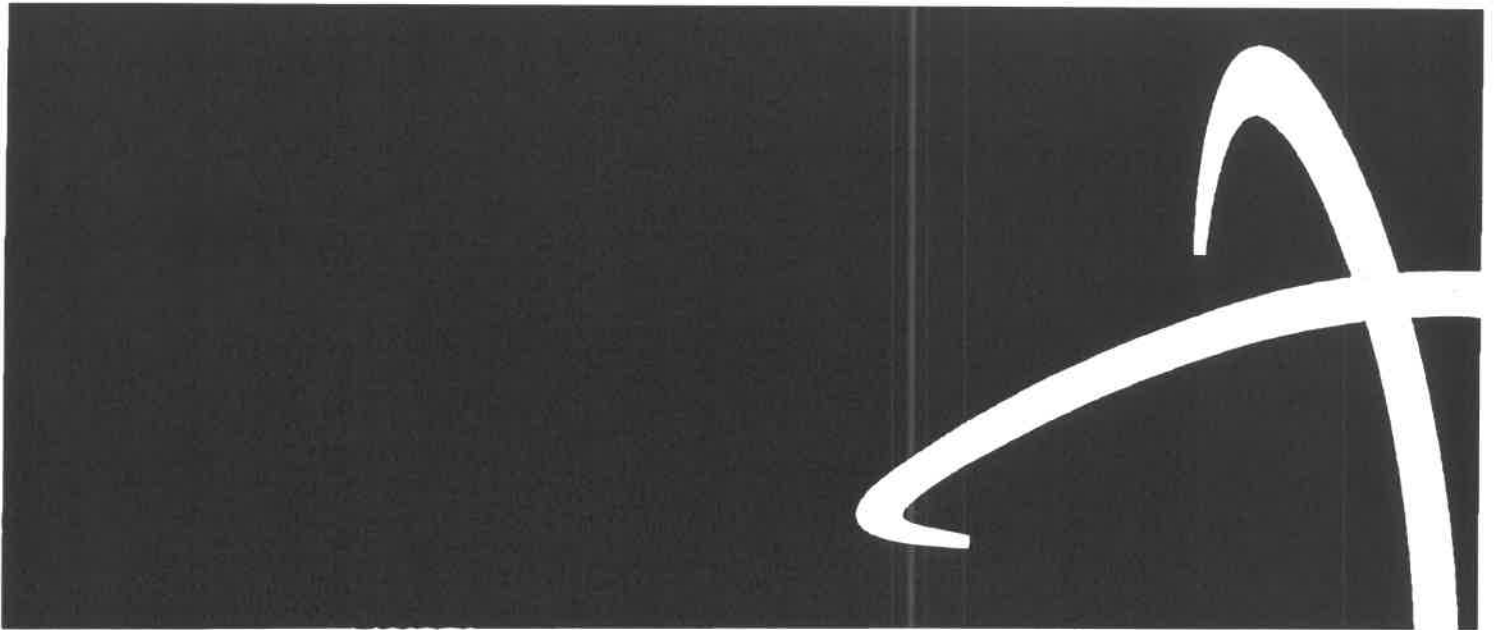
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**West Virginia Bureau of Medical Services**  
**CRFI BMS2300000001**  
**Request for Information – CMS/IMS System**  
**September 01, 2022**



CRFI BMS2300000001  
**Request for  
Information – CMS/IMS  
System**

**Contact:**

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August 31, 2022

Crystal G Husted  
Department of Administration  
Purchasing Division  
2019 Washington St E  
Charleston, WV 25305

*Subject: CRFI BMS2300000001 – Modern Case Management System and Incident Management System*

Dear Ms. Husted,

Please accept the attached response to the Request for Information for CMS/IMS System.

Telligen has been a trusted partner of federal and state Medicaid programs. In that time, our employee-owned company has developed a state-of-the-art CMS/IMS module. We bring a team with the largescale IT implementation experience, knowledge and skills. The team is supported by proven project management processes that we use to implement the module on-time, on budget, and with quality to meet the objectives and goals of the Medicaid programs.

If you have any questions about our response, please feel free to contact Brian Barry, vice president, Enterprise Solutions, at (515) 362-8398 and/or via email at [proposals@telligen.com](mailto:proposals@telligen.com).

Sincerely,

Brian Barry  
Vice President, Enterprise Solutions

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		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	
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<b>FOR INFORMATION CONTACT THE BUYER</b> Crystal G Mustead (304) 668-2402 crystal.g.hustead@wv.gov					
Vendor Signature X  FEIN# 42-0992483 DATE: 08/30/2022 All offers subject to all terms and conditions contained in this solicitation Date Printed: Aug 11, 2022 Page: 1 FORM ID: WV-PRC-CRFI-002.2022/005					

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**RFI QUESTIONS AND RESPONSES (RFI 4.2)**

**4.2.1 PLEASE DESCRIBE YOUR CMS AND/OR IMS SOLUTION FUNCTIONALITY, INCLUDING:**

**a. What modules are available?**

Telligen’s Qualitrac® product includes multiple modules that can be implemented stand-alone or can function together as part of an integrated Medicaid program. Our available modules include Utilization Management, Prior Authorization, Care Management, Quality Measurement and Reporting, HCBS Case Management and Incident Management.

**b. What features are standard? What features are available at an additional cost?**

All features available within our Qualitrac modules are generally included as part of our standard module package and included with our product license fee. We can configure features on or off based on the scope of the program. Depending on the complexity of the feature or the business rules that manage the feature, the implementation cost may be impacted by the inclusion of more of the features, but the overall module license cost may not change.

**c. Please describe how your solutions facilitate each stage in the HCBS Continuum of Care:**

Our Qualitrac Case Management module was built to function as a standalone module or can be combined with our Assessment Management module depending on the intake needs. As a step in the intake process, the Assessment Management module consumes member referrals, either in batch mode or individually, and contains a workflow for member and case manager outreach to support scheduling a Level of Care assessment. The Level of Care assessment can help to inform if a member meets eligibility for certain programs.

Once Level of Care and eligibility have been determined, our Case Management module supports the Screening process. Case Management member referrals can be consumed by Qualitrac in batch mode or individually. Members that are referred to us for Case Management are loaded to Qualitrac’s Eligible Member Queue. From here users can prioritize and filter the queue of referrals several different ways, such as by referral date, member zip code, program or waiver type, Case Manager etc. This functionality helps to manage and prioritize caseload and ensure timeliness on member outreach. Below is a sample image of the Qualitrac Eligible Member Queue:



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Action	Member Id	Last Name	First Name	DOB	Solution Type	Programs	Referral Date
Clear	Member Id	Last Name	First Name	DOB	Case Management		Referral Date
...	000000001	Baltzley	Merline	10/29/2010	Case Management	Long Term Care	07/12/2022
...	000000002	Michelson	Keren	10/09/1995	Case Management	Long Term Care	07/12/2022
...	000000003	Stekman	Colman	04/02/2001	Case Management	Long Term Care	07/12/2022
...	000000004	Pelham	Ok	02/06/1990	Case Management	Long Term Care	07/12/2022
...	000000005	Wilden	Rema	08/05/1995	Case Management	Long Term Care	07/12/2022
...	000000006	Blessing	Joi	02/23/1976	Case Management	Long Term Care	07/12/2022
...	000000007	Loring	Nickolas	10/20/2015	Case Management	Long Term Care	07/12/2022
...	000000008	Garnett	Cole	12/21/1979	Case Management	Long Term Care	07/12/2022
...	000000009	Bongo	Ayako	01/24/2019	Case Management	Long Term Care	07/12/2022

Case Managers select a member from the Eligible Member queue to begin the outreach screening process. While performing outreach, Qualtrac will automatically send correspondence letters, track in-bound and out-bound phone calls as well as notes and other supporting documentation that may need added to the case. All of these various activities involved in outreaching to a member are tracked and recorded in our Qualtrac system and surfaced up on the Member Hub, which is designed to be a one stop shop for our users to have a holistic view of the member. Once a member is successfully reached and consented to the program, Case Managers work with the member to schedule an initial meeting time that will work for the Case Manager, the member, and any other care team members that will be a part of the member's plan of care.

At the initial meeting, the Case Manager will work with the member to:

- Perform a Health Risk Assessment Screening and any other applicable assessments
- Determine and Identify members of the Care Team and Inter Disciplinary Team (IDT)
- Discuss services the member is interested in
- Develop a Person-Centered Care Plan
- Initiate and provide service referrals
- Guide the member on how to access their plan through our member portal or utilize our mobile member application.

Additional details for each of these is below.

**Assessments**

Our Qualtrac system has a library of built-in standardized assessments covering a wide range of topics such as Health Risks, Social Determinants of Health, Behavioral Health, specific Chronic Conditions and many more. New assessments can easily be built and

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customized to a State's needs. For situations where an assessment occurs outside of our Qualitrac system, we can take in the assessment data and populate it on our Member Hub so that the member, the Case Manager, and members of the Care Team have one holistic view of the members data. Our Qualitrac application is mobile and tablet friendly, making it easier for Case Managers to work with members at the location of their choosing and document and perform assessments.

### **Care Team**

Members of the Care Team include primary care physicians, primary care facilities, other specialists, member designates, or people who the member has authorized to be involved in their plan of care. The Care team is reviewed with the member to identify those that the member would like to be involved in their inter disciplinary team (IDT). Members of the IDT will be involved and collaborate in the development and review of the member's plan as well as any changes that occur to the plan. Our Qualitrac Care Team portal provides users of the Care Team with access, per the member's permission, to the member's plan of care. This includes access to assessment data, care plans, service referrals, our person-centered care plan, correspondence, utilization management data, electronic signatures and other clinical and supporting documentation.

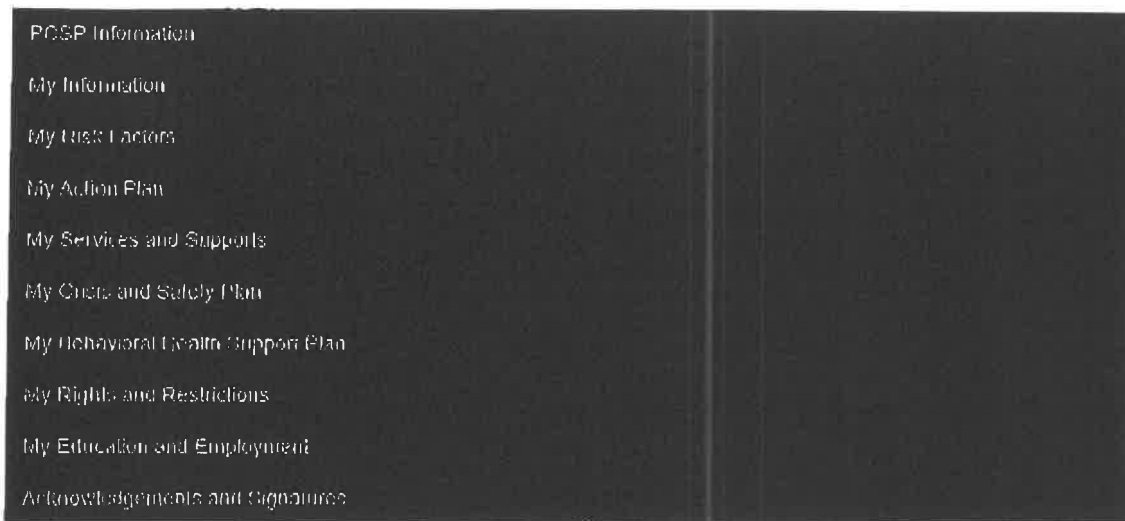
### **Person Centered Service Plan (PCSP)**

Qualitrac's person-centered service plan is a comprehensive plan that the Case Manager will create in collaboration with the Member and the IDT. Users may view the plan as one comprehensive plan or focus on individual sections, as it was built in Qualitrac to be flexible and allow users to focus on as little or as much as they would like. Below is a snippet of the different sections that make up our Person-Centered Service Plan:

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**Person Centered Service Plan**



Our PCSP addresses a wide range of topics including member demographic and preference information, risk factors, goal and action plans for the member, services and supports that are needed or being provided, a crisis and safety plan, behavioral health supports the member has or needs, member rights and restrictions, education and support as well as documentation of plan sign off signatures. Plan acknowledgement and signatures may be collected electronically or on paper and uploaded into the system.

**Service Referrals/Authorizations**

Case Mangers will help to initiate and coordinate service referrals based on the member's needs. These may include but are not limited to utilization requests that require a prior authorization, various community resource referrals, home care needs, etc. Qualitrac also contains a Utilization Management module that can work stand alone for processing authorization requests or can work side by side with the Case Management module for determining medical necessity. The services and supports that a Case Manager helps to coordinate are documented as a part of the PCSP and may be viewed in the plan or stand alone on our member hub. The statuses of the referrals are tracked, and color coded in the system to let the user know at a glance where the referral is in the various stages for coordinating services. Those statuses move from referral needed, to referred, to confirmed and eventually to completed. Below is an image of this panel:

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Service Plan

Show 10 entries

Search:

Solution/Program	Code	Description	Units	Frequency	Provider	Rate	Status	Service Start Date	Service Complete Date	Action
Case Management - Waiver	A0100	Nonemergency transportation; ind	1 day(s)	1 Weekly	HORIZONS A FAMILY SERVICE ALLIANCE	-	Active	02/01/2022	-	...
Case Management - Waiver	59977	Meals, per diet, not otherwise specified	-	-	MEALS ON WHEELS	-	Cancelled	00/00/2022	-	...
Case Management - Waiver	E01624NJ	Sho bath chair	1 unit(s)	-	DME & SUPPLIES INC.	-	Cancelled	09/01/2022	-	...
Case Management - Waiver	G0129	Occupational therapy services requiring the skills of a qualified occupational therapist furnished as a component of a partial hospitalization treatment program per session (45 minutes or more)	-	-	THERAPY CHOICE	-	Cancelled	08/01/2022	08/19/2022	...
Case Management - Waiver	95178	Home delivered meals, including preparation; per meal	3 unit(s)	1 Three times weekly	MEALS ON WHEELS	-	Active	08/06/2022	-	...

Qualitrac supports the needs of Case Managers to meet and follow up with members at a frequency based on the member's needs, for example, monthly and quarterly follow ups with the member to ensure their needs are being met and identify or address any new needs that have surfaced. This can be done telephonically or face to face. All follow-ups and any revisions to the member's plan that may occur are captured in our Qualitrac system. Annually the member, the Case Manager, and the IDT will meet and review the previous year's plan. Prior to that annual review, Qualitrac supports the ability to perform a Level of Care Assessment to determine if the member still meets the criteria for the program. If the member no longer meets the criteria a letter can be sent to the member notifying them of their change in eligibility and the client will be notified. From there the member may have appeal rights and a new appeal process flow takes place. As long as the member still meets Level of Care, periodic reviews can be scheduled in the system. At this meeting, a Case Manager can review goals and progress, services provided and those still needed. The entire PCSP is reviewed and updated accordingly on an annual basis.

**d. Please describe your standard reporting features. Can users create their own custom reports? How does your solution support measuring outcomes?**

Qualitrac offers many standard reports with our Case Management Solution that are available in real time and provide insight from both an operations perspective and an outcomes perspective. Our scheduling reports provide information regarding the number of cases in the scheduling workflow, volume of phone calls placed and their outcomes either successful or not, volume of face-to-face interactions with members, letters sent and many other scheduling activities. These reports provide perspective with regards to the steps taken from the point of intake to the point of meeting with the member for that initial planning meeting and the turnaround time in between each step.

Once a member is engaged and working with a Case Manager, Qualitrac has standard reports to show frequency of contact with the case manager and member, volume and outcome of services coordinated and received, progress reporting for goals and action items,

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data reporting around plan revisions and timeliness. For reports that are run frequently, Qualitrac contains a feature to bookmark and auto schedule your reports to be auto run at a frequency of your choosing and delivered to you.

**e. What type of on-screen user help is included?**

For user help the Knowledge Center in Qualitrac contains user guides, recorded trainings and various tip sheets to help guide the user in the use of our application. Additionally, to make sure Qualitrac content is accessible to users with disabilities, we utilize the UserWay accessibility product to ensure 508 compliance.

**f. Please provide your support structure ( e.g., hours of operation, methodology including email, support, online ticketing system, etc.)**

Telligen provides a unique toll-free number for each program, and real-time call center support for the Qualitrac system during business hours, 8am-5pm ET Monday through Friday. Calls received outside of business hours will be routed to a voice mail and responded to the next business day. Telligen also provides application support for Qualitrac end users directly in the application, allowing the user to send an email to our Qualitrac Support inbox, which is monitored during business hours as well. If an end user is experiencing an issue within the application, the email will capture details about the issue (specific page, date and timestamp, error messages, etc.) and include that in the message to our Support Center, allowing for easier troubleshooting from our support team.

All issues are maintained in our Support Central system. Should the State desire access to their tickets, we will provide dashboard view access, displaying current status and update notes.

**4.2.2 PLEASE DESCRIBE YOUR CMS AND/OR IMS SOLUTION CONFIGURABILITY, INCLUDING:**

**a. Is your CMS and/or IMS designed for any particular client, business, or program contexts? Please describe.**

Telligen's core modules are designed to be configurable and are not client or program specific. As part of every client implementation, we manage a standard implementation process to identify the state specific requirements and configure our solution to meet those needs.

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**b. If your solution is not designed specifically for Medicaid HCBS waivers, what configurations and customizations are needed to adapt the product for use by State Medicaid HCBS waiver programs?**

Our module was designed to support HCBS Waiver Case Management programs. Waiver programs in each state are implemented differently so we can efficiently configure the product to meet the unique needs of a specific state or specific case management program.

**c. Can any aspects of your system be configured by an appropriately trained state user? If so, please provide some specific examples, preferably from a real implementation scenario.**

Our solution contains admin tools to configure business rules, user roles, and implementation settings. Our model is for our implementation team to closely collaborate with state users to configure the system to meet the requirements of your implementation. We find that this process ensures all impacts of a change are considered and that everything is configured properly to meet the needs of the program. If desired, we could train a state user to complete that functionality.

**d. What are some of the more challenging use cases to configure? What are some examples of use cases that require customization?**

The transition from configuration to customization is usually based on the amount of uniqueness that a client wants to implement. Many of our more complex configuration use cases are built on a standard template that is configurable. We have developed standard templates that fit the overwhelming majority of business needs, and the feature can meet those needs by configuring within the template. But if a client requires unique changes outside of the template, then those changes may require customization.

Two examples of that use case are assessments and correspondence. Our system provides a library of standard assessments. Changes to the assessments can be configured easily. But if the request is to totally refactor the assessment with changes that change the core integrity of the assessment than that would require creation of a new assessment.

Our Qualitrac system also includes a library of standard correspondence or letters. They can be easily configured to include state or program specific language and logos in addition to pulling data in from the case. But if the client wants to completely retool the letter outside of the standard framework, then that would be a complex use case that may require customization.

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**4.2.3 PLEASE DESCRIBE HOW YOUR SYSTEM MANAGES USER ACCESS TO MEMBER DATA. DIFFERENT USER TYPES WILL NEED DIFFERENT LEVELS OF ACCESS. PLEASE ALSO DESCRIBE HOW YOUR SYSTEM ALLOWS FOR MEMBER TRANSFERS FROM ONE CMA OR SERVICE PROVIDER TO ANOTHER CMA OR SERVICE PROVIDER, AND HOW IT MANAGES USER DATA ACCESS WHEN A MEMBER IS TRANSFERRED.**

Qualitrac CM utilizes Okta as our Identity Access Management solution. We provide role-based access for all users of the system, managing what member information can be viewed and updated. We provide unique roles for all actors involved in the CM process: Case Managers, members, member designates, care team, community-based organizations, CMAs, etc.

If a CMA is managing the member directly in our Qualitrac CM module, a member can simply be assigned or reassigned to another CMA, also working in Qualitrac. If CMAs have their own systems, we have a standard data file extract of a member's case that can be provided to the CMA system.

**4.2.4 PLEASE DESCRIBE YOUR CMS AND/OR IMS IMPLEMENTATION EXPERIENCE, INCLUDING:**

**a. How long has the solution has been in use?**

Telligen has been providing CMS and IMS solutions for over 20 years. We've implemented multiple versions of our system across commercial and Medicaid populations throughout those years, as we continue to enhance our solution with the latest technology and innovations. The current version of our modern module was first implemented for state Medicaid programs in 2017.

**b. How many implementations of your CMS and/or IMS have you conducted? How many of those were for state agency Medicaid HCBS waiver programs?**

We've implemented multiple versions of our system across commercial and Medicaid populations over the past 20 years. Our current modernized version which is focused on configurability, interoperability, and usability has been implemented for state Medicaid programs eight times in the past five years. It has not currently been implemented for a Medicaid HCBS Waiver Program. But much of the system functionality that is used in waiver programs has been implemented and is being used in state Medicaid programs today. This includes intake, screening, assessments, reassessments, care planning, referrals, service authorizations, and many more features.

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**c. What Medicaid HCBS waiver programs has your solution been used for?**

Our solution has not been developed for any specific waiver programs. It is configurable and can be efficiently implemented for any HCBS waiver program. Examples of waiver programs we've worked with include Intellectual Disability, Brain Injury, Children's Mental Health, Elderly, Physical Disability, Health and Disability, and AIDS/HIV.

**d. Have you implemented your solution to manage multiple Medicaid HCBS waiver programs? If so, please provide examples.**

Our solution can manage multiple HCBS waiver programs. The overall workflow and functionality is consistent across any waiver program. We can configure the product to meet the unique requirements of specific programs.

**e. Some of West Virginia's waiver programs include a "self-directed care" option. Have any of your implementations included this type of program? Explain how your solution aligns with self-directed care concepts.**

We have supported self-directed care programs through our legacy case management system. Additional functionality to support self-directed care programs is on our product roadmap for the first two quarters of 2023.

**f. Have states used your system for Money Follows the Person (MFP) programs? If so, explain how your solution aligns with MFP concepts.**

Our solution is designed to incorporate the concepts of MFP. Intensive transition coordination and ongoing support is a core capability, and we can configure existing processes to support supplemental services as necessary for MFP.

**4.2.5 PLEASE DESCRIBE YOUR TYPICAL SYSTEM DEVELOPMENT LIFE CYCLE (SDLC) APPROACH.**

Based on our experience implementing Medicaid systems, we recommend the State adopt an Agile methodology approach to implementing the CM system. This allows the State to observe incremental progress and provide feedback or adjustments while the work is in-flight, versus once entirely completed, following a Waterfall SDLC. This approach will reduce rework, time and costs for the State and the project overall.

Telligen's Client Services team, responsible for the implementation of the Qualitrac module, follows Agile SDLC methodology. We have created a standard library of user stories that comprehensively identifies all activities possible with a typical implementation. We then work with the State to refine the library based on your specific situation. Stories begin in the backlog and as we progress through business requirement and technical requirement JADs and documentation, we populate stories with tasks and user-acceptance test criteria. We



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will then estimate the effort to complete the story (i.e., "points"), and schedule the stories into sprints, typically on a two-week cycle.

#### **4.2.6 PLEASE DESCRIBE YOUR SOLUTION'S HOSTING ENVIRONMENT, LEVELS OF SERVICE, AND ALIGNMENT WITH FEDERAL STANDARDS FOR PRIVACY, SECURITY, AND HOSTING. ARE ANY BROWSER ADD-ONS OR PLUG-INS REQUIRED FOR END USERS?**

Qualitrac is hosted in the Amazon Web Services (AWS) cloud platform. Telligen is an AWS Consulting Partner and collaborates with AWS to provide cloud-hosted solutions for our customers. AWS provides a secure, scalable, and flexible hosting solution that meets both immediate and long-term needs. Combined with performance monitoring tools, our infrastructure allows us to comply with standard availability and performance SLAs we manage for other State Medicaid contracts.

Telligen operates a comprehensive security program that incorporates leading practices for information security programs and encompasses all aspects of the Health Insurance Portability and Accountability Act (HIPAA) regulations, including the Security and Privacy Rules to protect the privacy and disclosure of sensitive PHI and PII.

#### **Encryption**

Telligen ensures that all data is encrypted while at rest and in transit. Data is encrypted at rest with AES-256 encryption using the AWS Key Management Service (KMS) to manage encryption keys. Data in transit is secured using transport layer security (TLS) and strong ciphers backed by a 2048-bit certificate from a trusted service provider.

#### **Other Security Practices**

*Telligen manages our firewalls and ensures controls are in place to prevent customers from punching a hole or making other changes to the firewall.*

- All communication with Qualitrac requires authentication
- Cached credentials are stored encrypted only
- Hardware/Software of the system is supported by the OEM of that hardware/software
- A vulnerability management program is in place to keep system components patched and up-to-date and help ensure secure technologies
- We will cooperate with any third-party contractor that the State engages to conduct a certification and accreditation of our system controls prior to go-live.

We outline key physical, technical, and administrative security controls in Table 1.

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**Table 1. Security Controls.** *Our data protection approach includes technical, physical and administrative controls.*

Data Protection Controls	
Technical controls include but are not limited to	
Authorized users and established access controls, including firewall, intrusion detection system, and file system access control lists.	Audit trails identify the individual user initiating the event, date, and time the event occurred, success, or failure of each event, and location where the event was initiated.
Encryption of data in transit using transport layer security (TLS) 1.2 and strong ciphers backed by a 2048-bit certificate from a trusted service provider.	Encryption of data at rest using strong AES-256-bit encryption.
Destruction of electronic information, as appropriate, via sanitization of the systems holding the information.	Anti-malware and full disk encryption of all user endpoints.
Physical controls include but are not limited to:	
Building access cards and ID badges are required in the main facility and only authorized personnel have access to the locked data center where the hardware used to process this system data is located.	Data stored in AWS adheres to very strict physical controls verified and attested to by several third parties. They maintain compliance with HIPAA, International Organization for Standardization (ISO) 27001, HITRUST, SOC 2, and many other standards.
Proper use policies and procedures for electronic media.	Locked shredders are used for document and media destruction and certificates of destruction are received from the bonded destruction company upon completion.
Administrative Controls include but are not limited to:	
A designated security officer and supporting security team that is responsible for developing and implementing Telligen’s security policies and procedures. The security team is very experienced and holds certifications from AWS, CompTIA, and ISC2.	Security and privacy training and ongoing awareness programs including regular phish testing. Appropriate sanctions are enforced when appropriate for violations of policies and procedures.
Regular and ongoing risk assessments of systems containing Electronic Protected Health Information (E-PHI).	Regular review of overall security and privacy program and its ability to meet the needs and requirements of our customers, HIPAA, and other compliance laws or standards.
Access controls, including documented termination procedures, to ensure only authorized personnel have access to facilities and systems, commensurate with their job duties and limiting disclosures of PHI to the “minimum” necessary.	

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**4.2.7 What is your experience implementing your CMS and/or IMS in a modular MES environment? Has your solution been implemented in a context that requires Centers for Medicare and Medicaid Services certification? If so, was certification obtained? If not, why? If not, are there any known obstacles or risks to implementing your CMS and/or IMS in a modular MES environment that will require Centers for Medicare and Medicaid Services certification?**

Telligen has implemented our Qualitrac suite of modules in ten States and for over a dozen commercial clients. We have extensive experience implementing and Integrating Qualitrac in multiple different State IT environments, at varying levels of maturity. We are currently in progress of implementing our Qualitrac CM and UM (Utilization Management) modules for a State in their MES environment. Telligen is supporting their efforts to achieve CMS certification for the Qualitrac CM and UM modules. The State has chosen to follow the Streamlined Modular Certification (SMC) process. We are working with the State IT and business teams to develop a Certification Plan, and identify outcomes, goals, and measurement the modules will achieve for the business services once in production.

Many of our other State implementations were procured as a Business Services, combined with our clinical services. In those situations, we have integrated with legacy MMIS and modern MES systems to share provider, member, and service authorization data.

All these experiences with multiple State implementations position Telligen well to support your own CMS certification efforts.

**4.2.8 WHAT IS YOUR EXPERIENCE WITH INTEROPERABILITY?**

At Qualitrac’s hub is our Enterprise Data Management (EDM) solution. With a library of more than 1,300 rules, Telligen’s EDM allows us to dynamically identify business rules, map and transform files from any source to our standardized data model, and implement validation and quality rules. Within our EDM framework are standard adaptors including EDI X12, HL7, DICOM, and ASTM, that enable seamless communication (both sending and receiving) with a wide variety of applications, technologies, and data sources. Our EDM provides the ability to establish data intake, transformation, and load processes, quickly and easily.

Frequency of data exchange is configured within our EDM module and can be set to receive and process data on a scheduled basis (daily, weekly, etc.) or in real-time, as files are received. Telligen has a library of API web services and continues to expand upon those services to address interoperability regulatory requirements and advances.

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**a. Does your solution align with FHIR interoperability standards, including use of standardized application programming interfaces (APIs)? Please explain and elaborate.**

Telligen expects innovation to accelerate on Internet-based interfaces by adopting Fast Healthcare Interoperability Resources (FHIR) standards. FHIR is a viable alternative, advancing the constructive, safe and secure communications between administrative and clinical information systems for prior authorizations.

Telligen is actively participating with industry payers, providers, and vendors to implement and test the new FHIR standards. As FHIR becomes more widely adopted, we envision even better exchange of a member’s case information between the State and CMAs, as well as potentially community-based organizations involved in the member’s case.

**b. What is your experience integrating your solution with the following, and using what methods [i.e., API; custom interface; extract, transform, load (ETL); etc.]**

- i. Another vendor’s or the state’s IMS**
- ii. Medicaid Management Information System (MMIS)**
- iii. Medicaid eligibility system**
- iv. Individual providers**
- v. ASO Systems**
- v. Managed care organization (MCO) systems**

Telligen has implemented our Qualitrac solution in ten States. Data interfaces is a critical component in all cases. We support two primary approaches for data exchange: batch files and APIs/web services.

***Batch Files***

We generally use our Secure File Transfer Protocol (SFTP) solution for the secure transfer of files. Unless otherwise directed by the State, we deploy the GoAnywhere Managed File Transfer (MFT) product to securely transfer data files to or from the EDM solution. This product employs Federal Information Processing Standards (FIPS) 140-2 compliant encryption. We configure connections that employ SFTP using TLS 1.2 for the connection. The connection is backed by a 2048-bit certificate using SHA-256 from a trusted certificate authority. The MFT product supports SFTP and is backed by the same encrypted communications protocols and certificates.

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The GoAnywhere MFT product workflows can be easily configured to automate the transfer of files. We can quickly configure a workflow to exchange files with other systems on a predetermined batch schedule or as soon as the data is available. All input and output file processing will occur within 60 minutes or at an agreed upon timing determined with DMS during implementation. Once the data is in our system, we automatically load it into staging tables and map the data from its source format into our standard EDM format.

#### **APIs/web services**

Telligen has developed a library of APIs and web services to support near- and real-time data exchange. While we haven't used APIs as extensively as batch files, given very few States and legacy vendors currently exchange data in this manner, we are seeing an increase in their use. We are currently working with one State to configure and implement real-time APIs with the State's eligibility system. These eligibility APIs are based on 270/271 X12 standards. We have developed a set of FHIR APIs to support workflows with EHRs, such as prior authorization and quality measurement reporting. If BMS has a set of existing APIs for data exchange, we would implement those APIs during implementation. The Qualitrac solution is designed as a Service Oriented Architecture (SOA), so extending existing business services to publicly facing APIs is fairly easy to do.

With every Qualitrac implementation, we have needed to connect with State or other vendor systems. This includes State-developed systems, legacy MMIS vendors, System Integrators (SIs), eligibility vendors, provider network vendors, EHRs, and health plans/MCOs. In all ten State implementations, we are receiving eligibility and provider data. This data is coming from multiple vendor types, depending on the maturity of their MMIS modernization efforts. Telligen also has experienced processing other data exchanges, such as service authorization determinations, risk scores, health risk assessment data, bio-metrics, member wearable device data and clinical data.

#### **c. What challenges have you encountered integrating or interfacing with other systems?**

The biggest challenge we encounter comes down to coordinating of schedules and communication. When multiple vendors are involved, all with varying priorities and project plans, getting everyone on the same page can be challenging. Having a strong PMO to coordinate meetings is critical. We recommend scheduling an in-person, multi-day session with all vendors early in the implementation phase to discuss, design and plan for data integration needs.

In some cases, we have found ourselves downstream from conversations between the State and legacy vendor, negotiating data interface needs, often through pending change orders with the legacy vendors. This can greatly delay a project. We recommend BMS proactively negotiate and set those expectations in place early if they don't already exist.

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While data exchange of information (ex. eligibility, provider networks, etc.) is not overly complex due to existing standards, data migration can become quite complex, when transitioning data from your existing legacy vendor to a new vendor. We recommend BMS understanding current capabilities of your exiting vendors for data extracts. Consider in your RFP requirements whether you will use legacy vendor file formats or rely upon the incoming vendor's file formats. And finally, account for extra time during implementation to design and plan with both vendors your data migration strategy.

**4.2.9 WHAT IS A TYPICAL IMPLEMENTATION TIMELINE? PLEASE INCLUDE KEY PHASES, MILESTONES, DRIVERS, AND ASSUMPTIONS. WHAT VARIABLES IMPACT THE IMPLEMENTATION TIMELINE, AND HOW, FOR INSTANCE, NUMBER OF HCBS WAIVER PROGRAMS, NUMBER OF PROVIDERS, NUMBER OF NAMED USERS?**

**a. IMS only, b. CMS only, c. IMS and CMS**

We recommend a 6-month implementation timeline. We have implemented our solution in anywhere from 3 months to 12 months, and we feel that a 6-month duration is the right balance of a carefully managed implementation that is cost efficient for the state. Successfully implementing in 6-months requires proactive planning and close collaboration between the state and their vendors. We provide detail to the factors that will impact the cost and timing of implementation in our responses to 4.2.10 and 4.2.14.

We don't expect the number of providers or number of named users to significantly impact the timing. Those factors would be considered in the training and communication plan and would be planned accordingly as a step in the implementation process.

The number of HCBS Waiver programs would need to be considered for impact to the requirement gathering process and business rule configuration process. Generally, we can accommodate those into the plan. If a data migration from legacy systems is required, we would need to consider whether the current solution for the HCBS Waiver programs is consistent or whether they are handled differently in different systems. If the legacy systems are different for the waiver programs, or if the waiver programs are currently being managed by multiple vendors, then that could have a large impact on the timing and complexity of the implementation.

The CMS implementation will likely be more complex than the IMS implementation. It's possible that both modules could be implemented in the same timeframe. If that's not desired, we believe it's reasonable to implement the IMS solution in 3 months following the completion of the CMS implementation. Additional factors on that timing could include whether the same individuals at the state are accountable for both CMS and IMS, or if we need to coordinate and work together with separate teams with separate responsibilities and priorities. Having one clear accountable leader with oversight of both would provide more efficiency during the implementation process.

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#### **4.2.10 WHAT CONDITIONS CREATE A FAVORABLE ENVIRONMENT FOR A SUCCESSFUL IMPLEMENTATION? WHAT CONDITIONS ADD RISK TO IMPLEMENTATIONS?**

Telligen believes the number one factor contributing to a successful implementation is working in a collaborative, partner environment. The State's leadership on the system project will set the tone for everyone else. It also requires all vendors involved to be open to transparent communication and a willingness to work together to resolve conflicts and roadblocks. Identifying risks and concerns early should be welcomed and not treated as punitive or disciplinary.

In terms of tasks, we believe the "longest pole in the tent" during implementation is data exchanges and migrations. As discussed above, it is important to set expectations between vendors early in the process, even as part of your RFP requirements. BMS should plan for multiple design sessions, with all impacted vendors present; have these meetings in-person, if possible.

Change is hard for individuals, especially when you are introducing new systems and processes that have been in place in departments for some time. Consider your organizational change management practices. States should not treat this as an IT project, but rather a business transformation. Identify strong change agent within your business services teams. These individuals should be open to change, willing to work with new vendors to identify solutions and find compromise. Without that business services champion, implementing a new system can be challenging, if not impossible.

#### **4.2.11 WHAT TRAINING AND ORGANIZATIONAL CHANGE MANAGEMENT SUPPORT DOES YOUR COMPANY PROVIDE?**

A comprehensive training program is included in our standard implementation plan. We incorporate organizational change management best practices into our training program because we know we're not just training someone on a new tool; we're changing the way they complete their work.

We offer training in multiple formats, such as instructor-led, live, recorded, web- and computer-based. We have found in both our state and federal trainings that offering client-requested trainings on multiple dates maximizes participation. Following training, we will connect with attendees to gauge satisfaction and learning retention, as well as answer questions in more detail. We ensure that our team is delivering the communications, connections, and outreach that they need – when they need it – and in the least burdensome way.

Early in the implementation process we develop a training plan. This plan takes into consideration the type of users, number of users, and location of the users, as we evaluate the need for in-person training and virtual training. The plan will include the type of training, most appropriate method of delivery, any supporting materials necessary as well as the

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required resources. We will develop a complete schedule that considers the phase of the implementation, resource availability and specific content to be delivered.

Organizational change management is vital to the success of a large software implementation project. We have a 6-step strategy we follow to ensure that users are well equipped to maximize the benefits of the change. We understand the human side of change, allowing us to address the human factors early on, ensuring the change to new software into a positive experience, driven by support and excitement.

**4.2.12 PLEASE DESCRIBE YOUR CMS AND/OR IMS PRICING MODEL, AND WHAT FEATURES, PRODUCTS, SERVICES, LICENSES, ETC. ARE INCLUDED FOR EACH:**

**a. For implementation (one-time and recurring, if applicable); what variables impact costs?**

Telligen has experience with two primary pricing models during implementation (DDI): monthly fixed costs and combination of monthly fixed costs and deliverable/milestone payments.

With the fixed monthly costs, the vendor estimates the effort to meet the State’s DDI requirements and the fees are spread out evenly for the tenure of the Implementation phase. A variation of that is to pay a portion of the implementation fee in installments. For example, 25% at start, 25% at mid-point and 50% when complete.

With the hybrid approach, one we more commonly experience, the vendor is paid a fixed monthly amount to cover core services (i.e. Project Management, key staff, etc.) and then paid a pre-defined amount when DDI milestones are met, or document deliverables are approved.

Either approach has its pros and cons for both the State and vendor. Variables that can impact cost are extended timelines or discovery of additional scope required that was not identified in the Statement of Work. To mitigate these issues, one option we have experienced is for the State to budget additional funds for the potential of these scenarios and generate work orders. This approach will reduce the potential need for the State to request additional funding outside the contract to proceed if an unexpected scenario occurs.

Ultimately, it’s up to the State which approach to take. From a vendor’s perspective, we want to ensure we have the appropriate funding at the appropriate time to staff the team at the right level to accomplish the work, which helps the State and vendor achieve their intended goals. Under-funding the vendor early in the implementation phase or withholding milestone/deliverable revenue for extended periods of time can create risk to the project.



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**b. For on-going post-implementation (one-time and recurring); what variables impact costs?**

Typically, when a system transitions from implementation to production, fees transition to a maintenance and operations model (M&O). Similar to the hybrid approach described above, the vendor would charge a fixed monthly fee for recurring services, such as Project and Account Management. In addition to that, there is a license fee for the module. This fee is to cover the hosting, support and on-going maintenance and improvements of the module.

Telligen’s software license approach is to provide a perpetual license to the State. As a multi-tenant Software as a Service (SaaS) solution, we continuously improve our solution, adding new features and addressing new government regulations and requirements. These new features are available to the State at no additional costs.

The primary variable cost impact during M&O from Telligen’s perspective is when the State requests custom features or ad-hoc requests that are not defined in Telligen’s Qualitrac roadmap. These requests, however, can easily be managed via change orders.

**c. Can system operations and maintenance be assumed by BMS or another vendor?**

As a SaaS product that we continue to enhance through our product roadmap, our operations and maintenance model is not set up to be assumed by BMS or another vendor.

**4.2.13. IN ORDER TO SECURE FEDERAL FUNDING FOR THIS PROJECT, BMS MUST PROVIDE THE CENTERS FOR MEDICARE AND MEDICAID SERVICES WITH ESTIMATED IMPLEMENTATION AND ON-GOING COSTS. WE UNDERSTAND THERE ARE MANY VARIABLES THAT IMPACT YOUR PRICING. YOUR ASSISTANCE COMPLETING THE TABLE BELOW IS MOST APPRECIATED. PLEASE IDENTIFY THE NATURE OF THE COST FOR EACH LINE ITEM, AND ADD ROWS AS NEEDED. IF MORE TABLES ARE NEEDED, PLEASE INCLUDE A SUPPLEMENTAL FILE WITH YOUR RESPONSE. ASSUME FOUR WAIVER PROGRAMS WITH THE SELF DIRECTED OPTION PLUS THE STATE’S MONEY FOLLOWS THE PERSON PROGRAM AND STATE PLAN PERSONAL CARE PROGRAM ARE IN SCOPE; AND UP TO 2000 USERS. IT IS NOT NECESSARY TO MAINTAIN THIS TABLE FORMAT IN YOUR RESPONSE. PLEASE INDICATE WHERE HOSTING IN A SECURE CLOUD ENVIRONMENT IS INCLUDED.**

There are many factors that impact the cost of implementing and operating the CMS and IMS. Cost considerations would include.

- Data migration from the current system or systems
- Data interfaces required

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- Amount of documentation deliverables required
- Deliverable approval processes
- The amount of custom state specific requirements
- Number of other vendors to coordinate with
- Change Control management of multi-tenant product
- Duration of the implementation
- Service level agreements for customer support

We describe in more detail potential risks to implementation that could impact the success and the cost of implementation In 4.2.10.

We describe a potential implementation timeline in 4.2.9. The risks and factors highlighted across these responses will impact that timeline and the cost.

In our response to 4.2.14 we provided information that would be needed to create the most accurate and cost-effective pricing.

Due to the number of unknowns and potential impacts to cost, we did not provide a table of estimated pricing with this RFI response. From our experience with other States, we have seen wide variations in costs based on all these factors. We will share that for us typically annual costs during the DDI/Implementation phase should be higher than on-going annual costs. We can keep our on-going annual license costs low given our perpetual license model and continued investment in our solution to stay current with Industry and regulatory requirements.

**4.2.14. WHAT INFORMATION DO YOU NEED FROM BMS IN FUTURE SOLICITATIONS TO CREATE THE MOST ACCURATE AND COST-EFFECTIVE PRICING?**

There are a small handful of variables we encounter during implementation and production that have an impact on price.

For implementation:

- To the extent possible, provide an expected or preferred timeline for the implementation phase.
- Provide a clear list of all deliverables required during implementation, along with which of those the vendor is responsible for providing and those documents the vendor will need to support the State or another vendor complete.
- Provide a detailed list of all data interfaces and whether any of those interfaces currently align to standards (i.e., X12, FHIR, etc.). Custom interfaces and file

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specifications will typically lead to higher costs, more rework and higher error rates initially.

- If BMS elects to pursue CMS certification, provide clear expectations of what the vendor's role is in that process. If the vendor is to provide a 3rd party security assessment, state that requirement and if there are any expectations on which security framework to align. Ideally, BMS is flexible to align to other frameworks that map to your requirement. For example, if NIST 800-171 is your preferred requirement, be willing to except HITRUST certification, which maps to the NIST controls.
- If adopting CMS's Streamlined Modular Certification process, provide clear outcomes and goals the vendor will need to measure. If the vendor is expected to assist the State in identifying the outcomes measures, make that clear in the RFP as well.
- In our experience during implementation, we will identify new scope working with BMS that was not clearly called out in the SOW. An effective approach we have seen other States take is to create a bucket of hours or dollars to fund this type of work.

Once the module is in production:

- Provide expectations regarding on-going Project and Account Management support. Also provide whether you expect any on-going resource support for certain functions, for example, custom report writing, data analytics, revised or new data interfaces, etc.
- Provide volumes of total member population and a list of programs. For Case Management, provide a count of annual members you expect to be engaged and enrolled in programs.
- Provide a list of any on-going annual certification, audit, regulatory requirements.
- State your expectation for how new feature requests will be handled. In Telligen's situation, because we provide a perpetual license of our software, where all new features on our roadmap are available to BMS when released, we can greatly reduce this cost for the State.

Finally, if you have a budget that you must work within for the project, providing that budget amount in the RFP will help ensure you receive responses that align to your budget expectation.

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#### **4.2.15. WHAT TYPES OF SOLICITATION REQUIREMENTS WOULD PREVENT YOU FROM BIDDING?**

There are a number of factors that come into play when making a bid-no bid decision on an RFP. We list a few here and suggestions for BMS to consider when constructing your RFP, which should lead to more competition.

- Staffing – listing a high number of key personnel or making it required they reside in the State may limit qualified vendors from responding. Having lived and worked with a pandemic for now over two years, States and vendors have become very effective at working in a virtual environment, making this requirement less important. Travel restrictions are no longer in place, making it easy for key vendor staff to travel for key planning and design meetings.
- Feature requirements – Should a State provide a long table of functional requirements and expect a vendor’s solution to perform exactly to those requirements, it may limit competition. Qualified Case Management vendors with multiple implementations have proven their solution will work in that environment. We recommend BMS clearly state the high-level functions and requirements, along with the expected outcomes for the program. We also recommend BMS be willing to be flexible in how a solution achieves a specific requirement. Telligen has found many times that we are able to meet the functional need, even if slightly different than the stated requirement in the RFP.
- Security certification requirements – Telligen provides our Qualitrac solution to multiple industries, across federal, state, and private/commercial. Each industry typically has their own security requirements. Achieving 3rd party annual certification for each can be time-consuming and costly to a vendor. Most of these frameworks map back to NIST. We recommend BMS provide flexibility in meeting security requirements, as long as it maps appropriately to CMS requirements.

#### **4.2.16. DESCRIBE THE MAJOR TRENDS IN THE MEDICAID HCBS WAIVER CMS AND IMS SOLUTION SPACE 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 SOLUTION ROADMAPS STAY CURRENT WITH SUCH TRENDS? IF POSSIBLE, PLEASE BE SPECIFIC REGARDING HOW THESE TRENDS AFFECT MEDICAID, INCLUDING WV CHIP, OR HEALTHCARE IT IN WEST VIRGINIA.**

As a SaaS product, we manage a product roadmap and continually release new product features that are included in our standard product license fee. We incorporate feedback from our clients into the prioritization of our roadmap, so that we’re developing the features that are most impactful to our client base. The additional features that we incorporate into our roadmap are available to our clients to use at no extra cost, which greatly reduces the

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number of change controls required to stay up to date with the most current innovations in technology and healthcare.

Trends that need to be considered in the next 12-24 months include,

- Industry adoption of FHIR enabled interfaces
- Continued growth and comfort in using telehealth
- Patient access rule
- Incorporation of social determinants of health to inform a members care plan
- New CMS HCBS Quality Measure Set issued in a State Medicaid Director Letter in July 2022.

These are just some of the trends that could impact Medicaid, CHIP, or Healthcare IT in West Virginia. Through our work in numerous states and nationally we identify trends early and collaborate with our customers to determine impact, potential, and timing of each trend or new innovation.

**4.2.17. IN THE STATES WHERE YOU HAVE IMPLEMENTED YOUR CMS AND/OR IMS, WHAT HAVE BEEN SOME OF THE NOTABLE PROGRAM OUTCOMES? WHAT PERFORMANCE METRICS WERE YOU ABLE TO PROVIDE TO SUBSTANTIATE THIS SUCCESS?**

Qualitrac offers many standard reports with our Case Management Solution that are available in real time and provide insight from both an operations perspective and an outcomes perspective. We provide more detail about our reporting capabilities in our response to 4.2.1.d.

One implementation of our CMS with notable program outcomes is the Oklahoma Health Management Program. This is a program run by the Oklahoma Health Care Authority (OHCA) where our CMS is used by health coaches, practice facilitators and resource navigators to manage the care, coordination, and quality of a Medicaid population. Notable program outcomes include net savings to OHCA of \$10.4 million over a 2-calendar year period. Metrics also include reducing emergency room visits and inpatient stays, and high satisfaction rates for members and providers.

The performance metrics were substantiated by a third-party audit completed by Pacific Health Policy Group who is an independent auditor for OHCA.

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A link to more information about the program results is included here.  
<https://www.telligen.com/independent-evaluation-demonstrates-success-of-telligen-work-with-oklahoma-health-care-authority/>

**4.2.18. IF BMS RELEASED AN RFP THAT ALLOWED VENDORS TO BID ON IMS ONLY, CMS ONLY, OR CMS AND IMS, WHICH SYSTEMS WOULD YOU BID ON AND WHY? PLEASE SHARE ANY COMMENTS ON THIS POTENTIAL RFP STRUCTURE IN TERMS OF HOW IT WOULD IMPACT YOUR INTEREST IN BIDDING.**

Telligen’s Qualitrac Case Management (CM) module is a web-based, MITA-aligned SaaS solution. Qualitrac is implemented for multiple State and Commercial customers. We are confident in our solution meeting BMS’ CMS needs. We anticipate Telligen will respond to a CMS solution.

Telligen currently has a stand-alone IMS solution. We are in the process of refactoring that solution and integrating it with our Qualitrac solution. We anticipate this new solution to be in production in early 2023. While at this point, we anticipate we would respond to an IMS RFP from the State, we would assess feature requirements and timeline to confirm. If BMS required both modules together, and we did not feel we could offer the State a competitive solution at this time, it may impact our bid decision.

One advantage for BMS on the timing of your RFP and our current IMS development roadmap is we would take into account any specific feature requirements you have and incorporate those into our current roadmap. The development of IMS is funded entirely by Telligen and would have no direct impact on costs to BMS.

**4.2.19. DO YOU HAVE A SHORT DEMONSTRATION OF YOUR SOLUTION THAT YOU WOULD LIKE TO PRESENT TO BMS? IF BMS WISHES TO TAKE PART IN A DEMONSTRATION, BMS WILL REACH OUT TO THE RESPONDENT FOR FURTHER INFORMATION.**

Yes. We would be happy to provide a demonstration of our Qualitrac solution. At that time, we can also provide more detail, and answer any further questions that you may have about Telligen, our solution, or modern product implementations.

**4.2.20. IS THERE ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE WITH BMS RELATED TO THE TOPICS ADDRESSED IN THIS RFI?**

There is no additional information we would like to share at this time.

West Virginia Bureau of Medical Services  
Request for Information – CMS/IMS System  
CRFI BMS2300000001



**Request for Information  
CRFI BMS2300000001**

**(West Virginia Bureau for Medical Services)**

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.

Telligen, Inc.

(Company)

Brian Barry, Vice President - Enterprise Solutions

(Representative Name, Title)

Ph: (315) 362-8398

(Contact Phone/Fax Number)

08/30/2022

(Date)

Revised 6/8/2018





Sep. 1. 2022 8:40AM · telligen

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September 1, 2022