

## RESPONSE 40e

9.6 – Third Party Liability Support Services	In Production? YES/NO
<b>Description Addresses Requirements (Provide the range as applicable):</b> 1634, 1644, 1770, and 1845-1849	Yes

The Colorado interChange solution fully meets Third Party Liability (TPL) specifications and includes a flexible claims and financial management business system that easily supports system enhancements and meets the changing needs of the Colorado Medicaid program, as well as the CMS' Seven Standards and Conditions (7SC). HP actively and efficiently identifies Medicaid-eligible clients who have third-party liability resources responsible for medical payments. Through our operational processes and your Colorado interChange Medicaid Enterprise system, HP seeks to cost avoid as a top priority.

HP identifies clients with TPL as follows:

- The Colorado interChange uses interfaces containing child support resource data, social security resource data, vendor resource updates, Health Insurance Buy-In (HIBI) data, voids, and provider adjustments from the vendor, and billing and recoupment data from the vendor.
- The TPL operation unit reviews and researches TPL-related inquiries from providers and clients and updates TPL resources because of the findings with these reviews.
- The Colorado interChange suspends to TPL, claims indicating the presence of TPL. For example, claims will suspend for review in the following circumstances:
  - If a TPL resource or a TPL amount is listed on the claim, but no TPL segment is on the client's file
  - If the client is covered by private insurance, but the provider has not submitted an attachment (most often an EOB or remittances advice) or indicated a third party payment
  - If the client has more than one outside insurer, but the provider has supplied only one EOB
  - If TPL is on the client's file, but no third party payment was submitted on the claim

Note—This is not an exhaustive list, just several examples of scenarios that can be configured into the Colorado interChange to cause claims to suspend for review. The Colorado Medicaid program can determine the circumstances under which the Colorado interChange will cause the claim to suspend.
- The TPL operations team researches claims that appear on the Potential TPL for the Follow Up Report. Any findings of additional TPL resources are updated in interChange.

The TPL Operational team coordinates and executes the activities related to TPL identification, verification, and cost-avoidance activities. The TPL Operational team also clears TPL-related edits that post to claims so that claims are adjudicated according to cost-avoidance principals, rather than relying on a pay-and-chase methodology whenever possible.



The TPL Systems team coordinates the activities related to processing the files, which updates TPL, HIBI, Medicare Buy-In, and carrier information. The team also is responsible for the automated workflows that allow for smooth coordination of operational processes and interactions with providers and clients.

The TPL subsystem contains systematic and operational activities related to identification of third-party resources that are liable for payment of medical services and tracks avoidance of State costs and the recovery of TPL funds. The system also provides related reporting and accounting functions.

This combination of proven operational processes and a superior interChange MMIS allows HP to cost avoid rather than rely on pay and chase for recovery, providing effective stewardship of taxpayer dollars.

#### **Operations Management, TPL (Unique ID 1634)**



HP produces TPL data and reporting to comply with federal and State rules and reports payments cost-avoided because of established TPL. To increase the percentage of claims that are cost-avoided rather than recovered by pay and chase, HP also provides data for analysis.

HP will accomplish required reporting through the TPL cost-avoidance report. The cost-avoidance report will allow the Department to comply with federal and State rules of reporting, specifically the CMS-64 report. This report executes quarterly with the quarter-end claims adjudication cycle. We will distribute this report to the Department, according to the Department's requirements.

#### **TPL Operations Management, BIDM (Unique ID 1644)**

HP's extensive experience with other states demonstrates that the Colorado interChange can capture and display cash collections, post-payment recoveries, cost-avoidance data, Medicare Buy-In, and HIBI to provide the data needed for reporting and increased cost avoidance. HP's operational processes and interChange enable the fiscal agent to work seamlessly with the Recovery Audit Contractor to maximize post payment recoveries. Additionally, the Colorado interChange is scalable so that it also can support pay and chase functions as well.

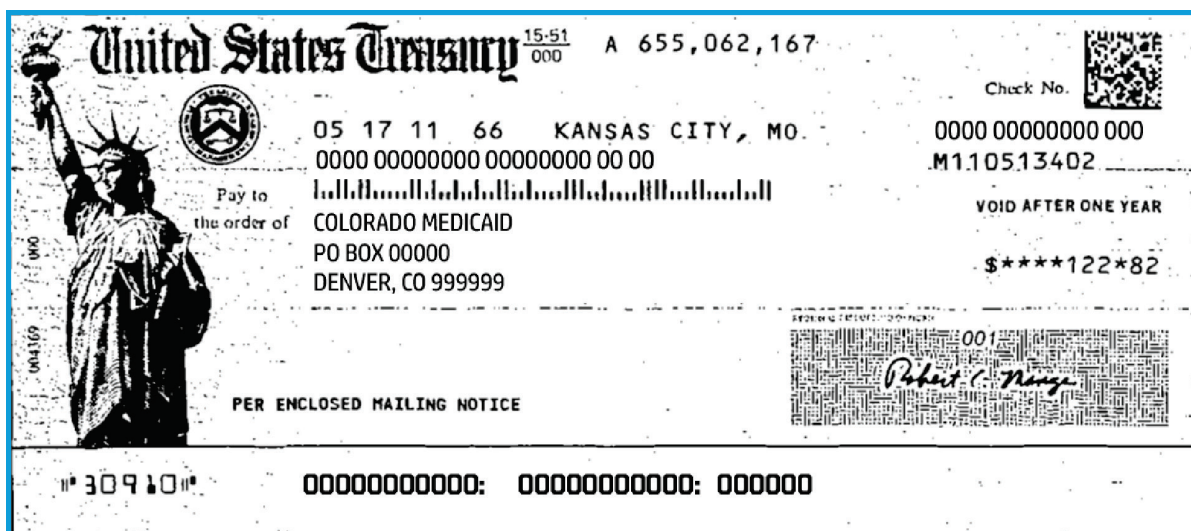
When TPL recoveries occur in the Colorado interChange, a disposition occurs against a received financial cash control number (CCN), and a balancing disposition occurs against a case or carrier recovery. When those dispositions occur, a reason code is applied and the amount is recorded,

along with other information such as the date and user. Images—such as those shown in the following figures—of the cash and supporting documents also are stored.

### Cash Received

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### Cash Received - Image of Documents



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We will provide data needed to the BIDM vendor and work collaboratively with them in a manner directed by the Department. HP will capture and provide cash collections, post-payment recoveries, cost-avoidance data, Medicare buy-in, and health insurance buy-in as necessary to provide the data needed to complete the CMS-64 and other Department reporting. We will provide the data on the Colorado interChange panels and on the reports that follow:

- Contractor payment received information report
- Contractor carrier payment received report
- Contractor carrier refund report
- Daily lockbox transaction report

- Cash receipts posted by fund code
- Partial cash dispositions
- Cash disposition postings report
- Buy-in financial summary report

The Department and the BIDM vendor will receive accurate and timely information needed for Federal reporting and for decision-making.



### **TPL Support Services (Unique ID 1770)**

The Colorado interChange workflow solution allows the TPL operations team to respond to client and provider inquiries and updates efficiently. Workflow is part of the interChange application and is integrated into each of the layers of the SOA. This connectivity transforms the business activity, simplifies the analyst's job, and standardizes the processing, resulting in improved accuracy of the stored TPL resource data and increased efficiency in updating the stored resource data. This, of course, reduces the likelihood that Medicaid will pay as primary when the client has other responsible resources.

### **TPL Review—Worklist**

When a provider sends updated information regarding a client's TPL coverage, a Workflow event is triggered. Workflow's Worklist screen simplifies navigation, facilitates data access, and increases the productivity of staff members. Workflow automatically assigns tasks and delivers them to individual or group task lists. Notifications are distributed automatically to inform users that they have work to be performed. The tasks remain in the worklist until they are completed—they cannot be lost, ignored, or deleted.

The Department also can receive notifications and participate in workflow review and approval as desired.

The following figure depicts the Colorado interChange Worklist window.

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### TPL Support Services (Unique ID 1845)



The Colorado interChange provides the ability to receive interface files from the Department's HIBI contractor for tracking purposes. Case information is automatically added or updated in the Colorado interChange through the interface file. We will capture information from the interface files that includes the following:

- Case ID
- Client information
- HIBI policy dates
- HIBI premium amounts
- Carrier ID
- Employer name
- Message or comment field

The updates from the interface file are monitored by the reports in the following figures.

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### **Support Services (Unique ID 1846)**


The Colorado interChange stores TPL carrier and resource information including historical data. Carrier data is maintained by updates through the online panels. The Colorado interChange also supports the ability to perform mass updates through the online panels.

TPL resource information is updated through the panels and through interface files between the Colorado interChange, insurance carriers, TPL vendors, and others. Clients and providers also can update TPL information using the web portal—subject to HIPAA requirements.

### **TPL Support Services (Unique ID 1847)**

The Colorado interChange provides updated eligibility information, including TPL. TPL coverage information is provided on the web portal and on the 271 response file. Additionally, eligibility information, including TPL, can be accessed by telephone through the Voice Response system.

### **TPL Support Services, System Interfaces (Unique ID 1848)**

 HP will recommend and perform data exchanges with the Department's contractors, insurance carriers, governmental agencies, and other entities as authorized and directed by the Department. HP understands that maximizing TPL collections requires a series of electronic exchanges that use specially selected multiple match keys performed on the widest network of carrier files. Each successful data exchange provides the Department an opportunity to reduce overall expenditures by verifying Medicaid is the payer of last resort. For many of our other states, HP performs the data matching activities. By performing cross matches with eligibility files from health insurance, commercial carriers, and other governmental agencies, HP can identify and verify previously unknown third-party coverage information for Colorado's Medicaid clients.

### **TPL Support Services (Unique ID 1849)**

HP will maintain and update Medicare participation information when received from external sources. Automatic updates of Medicare information will be received from CMS. This Medicare data will update the Colorado interChange. The HP Operations team also can update Medicare information using the Colorado interChange panels.

## RESPONSE 40f

9.7 – Program Integrity Support Services	In Production? YES/NO
<b>Description Addresses Requirements (Provide the range as applicable):</b> 1460, 1823, 1850-1852	YES

### Provider Enrollment Activities (Unique IDs 1460, 1850)

HP recognizes that Program Integrity addresses provider enrollment, claims review, and case referrals and that the services include providing access to data related to providers, health plans, and clients who may be suspected of committing fraud, waste, or abuse of services or billing practices. The data provided will be securely housed in the Colorado interChange that includes the provider, claim, and financial subsystems.

(1460) One way to verify the integrity of the Colorado Medical Assistance program is to prevent the enrollment of abusive or fraudulent entities and individuals. To do this, we will inform third parties of provider terminations. We will have several interfaces to third parties, such as CMS' Medicaid and Children's Health Insurance Program State Information Sharing System (MCSIS) and the Medicare Exclusion Database (MED). MCSIS allows states to upload and download information regarding sanctioned providers.

(1850) Additionally, per Department specifications, we will process, record, and track, using an automated tracking system, the sanctions against providers as initiated by CMS, the federal OIG, other State agencies, or the Department. The Colorado interChange interfaces with the MED database and does a complete replacement of the provider sanction table with the MED list. The process produces a report that compares providers on the sanction table to those providers who are enrolled, are in the process of enrolling (provider applications), are owners, or are managing employees. Separate reports for sanctioned providers, terminated license, terminated credentials, and restricted providers are then available. The following figure shows an example of a sanction report. The report shows sanctions for enrolled providers, providers with pending enrollment, owners and controlling interest, and managing employees.



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### Claims Processing Activities (Unique IDs 1823, 1852, 1851)

It is essential to the Colorado Medical Assistance program that claims are adjudicated accurately and correctly. (1823) To perform accurate claims processing and payment, we will verify that the service on a claim is consistent with the provider's specialties, licenses, trainings, certifications,

accreditations, taxonomy, or other Department-granted special permissions or characteristics. The Business Policy Administration (BPA) functional area is the heart of the Colorado interChange claims processing activities. BPA encompasses not only the reference files but the rules surrounding the definition of client plans and provider contracts. A provider contract details the services a provider is eligible to provide and the conditions of that coverage. During enrollment the provider is assigned to contracts according to their qualifications, type and specialty, certification, and licensing stipulations. HP will work with the Department to identify the specific list of contracts to be implemented in Colorado, the services to include in each contract, and which provider types should receive which contract during implementation of the system.



The Colorado interChange verifies the provider is allowed to bill the service on the claim using the provider contract. Claims are edited based on the contracts in which a provider is enrolled to validate the service is appropriate to the contract. Each contract in which a provider is enrolled is processed until a payable segment is found for the service or until the claim has been found to be nonpayable.

(1852) Additionally, the Colorado interChange enables users to edit claims or encounters based on provider referral conflict of interest as defined by the Department. In working with the Department, HP will incorporate editing, so when a conflict of interest is identified, the claim will be adjudicated according to Department policy. Examples of provider referral conflict of interest includes: the Stark Act prohibitions, the federal anti-kickback statute, or any other situation in which a physician's interests conflict with those of the client.


(1851) To validate the integrity of data, we will perform quality control on the reference file updates. The ability to update reference data exists through interfaces and update programs that allow checks and balances to be made for system and manual updates or changes. The checks and balances promote the validity of the data.

<b>9.7 – Program Integrity Support Services</b>	<b>In Production? YES/NO</b>
<b>Description Addresses Requirements (Provide the range as applicable):</b> 1840	<b>NO</b>

### Background Checks (Unique ID 1840)

HP will conduct background checks on providers' owners, officers, directors, partners, agents, managing employees, affiliates, and subcontractors for sanctions, terminations, and exclusions, in accordance with the ACA Provider Screening Rule. We will conduct background checks after the provider's application, at re-verification, and following Department request. We will, at minimum, use information from the following systems to perform background checks:

- LEIE/MEDEPLS
- NPES
- Medicare terminations
- Other state Medicaid or CHP terminations
- HHS' healthcare integrity and protection database
- Social Security Administration's Death Master File

 We will use LexisNexis to meet the requirements of Rule 6028 of the ACA for provider credentialing and background checks. HP staff members can pull information from a large database provided by LexisNexis that contains public and proprietary records to provide a detailed view of individuals or businesses and their history. This service aids in the investigation process by quickly identifying fraud and other incidents within the last five years that involve the owners, indirect owners, and managing employees.

Additionally, HP will work with licensing and sanctioning agencies to verify that providers meet federal and State enrollment requirements.

We will use electronic interfaces to provider licensing boards and regulatory or certification agencies—such as the federal register—for online, real-time verification, and validation of provider credentials, including employed by enrolled or enrolling providers. We will use the Provider Portal to link available resources. The ability to use the Provider Portal to provide automated interfaces with external systems makes it easier to obtain the required information for provider enrollments and credentialing.

For example, during the online application process, the system will electronically verify licensures. On entry by the provider, the Internet certification-site will transmit the license number to the licensing board for confirmation. License information and effective dates are uploaded to the application data, and the provider will continue the application process. After the provider completes the online enrollment, the information is populated in the Colorado interChange enrollment file.

These verification functions will occur at initial enrollment and following provider revalidation or re-enrollment. The following outcomes may result:

- The verification process identifies inaccurate, inconsistent, or missing information. If so, a return letter is created.
- The application passes the HP verification process and the provider is allowed to proceed with the enrollment process.

## RESPONSE 40g

9.8 – Client Premium Management Services	In Production? YES/NO
Description Addresses Requirements (Provide the range as applicable): 1853 and 1854	YES



HP currently administers MMISs in 20 States and understands the important role that premium and cost-share processing plays in state healthcare programs in 2013. The Colorado interChange will be fully equipped to handle Medicare premium processing and the application of different types of cost share to client claim and encounter transactions.

(1853) Medicare premium processing is part of state healthcare program coordination. The Colorado interChange will receive and process Medicare Part A and Part B billing (or Buy-In) files from CMS on daily and monthly schedules. The system stores the entire record received from CMS. Records that pass validation and are successfully associated with a client in the system are viewable through the MMIS user interface (UI) buy-in information panel. Records that fail validation or cannot be successfully matched to a client are viewable on separate UI panels and must be manually resolved by qualified staff members. HP also performs extensive reporting on buy-in data for use in resolution of failed or unmatched records and for use in financial reporting.

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(1854) The Colorado interChange also supports the use and application of different types of client cost share as follows:

- Copayment
- Spend-down

- Coinsurance
- Client liability
- Deductible

Copayments are tracked primarily in the claims subsystem, although data from client management also is used. As a claim or encounter processes, system logic determines if the client is exempt from copayments—based on demographic factors, such as a client’s affiliation with a tribe, client age, or client eligibility category. If the client is not exempt from copayment, system logic determines the appropriate copayment amount based on the service billed on the claim and the policies for the client’s health benefit plan. The appropriate copayment amount is withheld from the provider’s claim payment—or encounter payment amount—and reported back to the provider. Copayment may be reported through the appropriate electronic response transaction or by remittance advice. The copayment applied to the claim also is stored with the claim data so that users who look up the claim later can view the amount.

Spend-down amounts are tracked with a client’s case, defined as members of a household and to whom certain healthcare policies may apply as a group instead of as individuals. Spend-down amounts can be defined monthly or a single dollar amount may be stored for a range of dates. For states with multiple programs and funding sources, spend-down can be further categorized into benefit plan groups or financial funding groups. A history of claims against which the spend-down amount was applied is available using the Case Spend-Down panel, which is accessed by looking up the case and shown in the following figure.

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Co-insurance is similarly tracked at the case level. A cutback percentage is defined along with a maximum amount so that percentages are applied to the claims for a case up to the maximum amount. Coinsurance also can be categorized by benefit plan group or financial funding source and can have a date range associated with it, as the following figure details. As with spend-downs, a data list displays in the case panels with a link to each claim against which a coinsurance amount was applied.

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Client liability is stored per client with the client's record. A monthly amount is defined in the system with effective and end dates. Client liability may be further categorized into a benefit group or financial group. A data list in the client's record displays claims toward which the client liability was applied, as we highlight in the following figure.

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Deductible, as with client liability, is stored at the client level. The amount, dates, and type (inpatient or outpatient) can be defined with benefit or financial categories, as we show in the following figure. As with client liability, the panels provide a list and links to the claims that applied against the client's deductible.



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A user-configurable system hierarchy is established that determines which type of cost share to apply against a claim, depending on factors such as the type of claim, the benefit plan, or payer through which the claim processes.

## RESPONSE 40h

9.9 – Electronic Document Management Support	In Production? YES/NO
Description Addresses Requirements (Provide the range as applicable): N/A	YES

### HP's Overall Approach to EDMS



HP understands the rigorous demands of document management in the Medicaid industry and provides a robust, fully integrated document management solution to allow the Department to focus on the business of running the Medicaid program.

Until a true paperless environment is a reality, HP can move the Department closer to it than any other vendor. Our proven approach shows we excel in converting paper to electronic documents that are high quality, easily retrievable, and useful to the user. HP can successfully assist the Department in transitioning to a digital records environment.

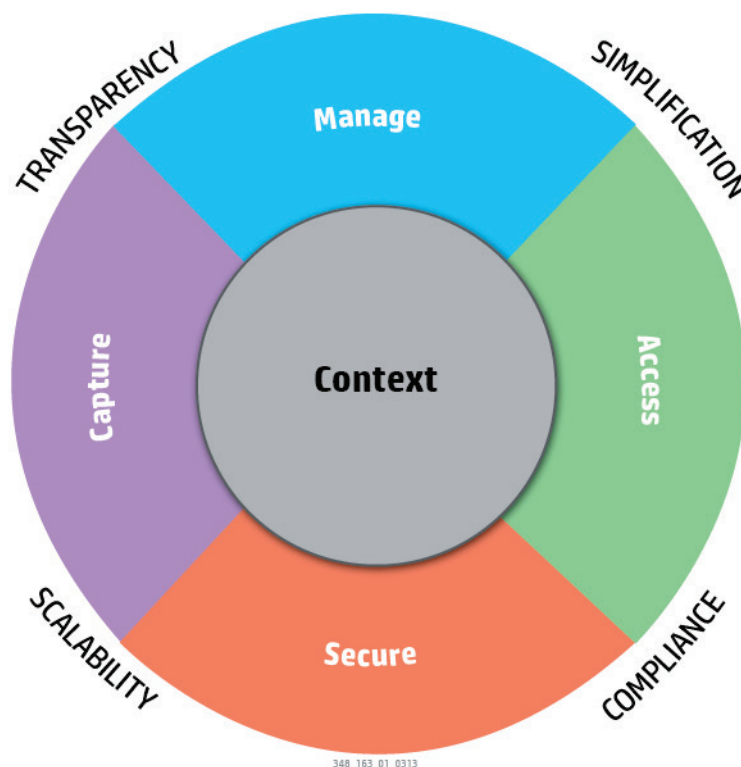
Using technology originally developed for the banking industry, HP adapted the workflow specifically for Medicaid-related document processing. Our fiscal agent states that use the solution we are bringing to Colorado are experiencing productivity improvements and image quality enhancements.

HP's approach to electronic document management support (EDMS) combines a group of market leading products into a single, cohesive solution. Each component of our EDMS solution is industry-tested and verified to be successful in its own right. Our solution paints a complete picture for today and future Department needs.

### EDMS Software Components

HP selected several leading COTS components to deliver the comprehensive EDMS solution for Colorado. The solution we deliver is scalable and compliant with federal and state regulations for document storage. We take an “all around” approach—depicted as follows—when reviewing products to make sure the products will deliver the right capabilities for the needed functional capabilities.

## EDMS Components



Each product is carefully chosen for a specific function and the ability to integrate with the other products. The following list highlights the selected COTS for the EDMS and the benefits each product brings to Colorado:

- **HP Cloud Fax Service**—Cloud-based fax collection system allows documents to be delivered quickly and processed accurately. Images received by fax are moved to the proper workflow based on document type. If data capture is needed, the document passes to the SunGard FormWorks product.
- **Mavro Imaging MavBridge Software Suite**—Scanning integration resource permits an operator to scan a disparate set of paper documents and allows the scanning solution to sort them by document type and route them to the proper workflow or data capture tool. Used mainly for scanning mail, this software allows for handling envelopes one time, regardless of the contents. The archaic process of presorting incoming mail by document type is eliminated, increasing efficiency and accuracy in image capture. As images pass through the software, we can optimize them through a variety of image enhancement tools, such as a content-based rotation, background smoothing, and advanced forms clarity.
- **SunGard FormWorks**—Automated image and capture solution is used by the mailroom and data entry units to validate captured data from paper claims and index images for storage in the repository. FormWorks allows for user-defined field edits during the data entry phase

of the capture process. This rules-based program allows Colorado-specific policy to be applied to data in transit from the scanner to the MMIS claims engine.

- **Microsoft SharePoint**—Collaboration platform for project documentation is the one-stop-shop for deliverables, system documentation, and user documentation. SharePoint is a browser-based application, easy to access, maintain, and use. OnDemand is the image and program data repository, while SharePoint is the administrative content library. SharePoint allows authorized users to collaborate on electronic files. Development and maintenance of user documentation is located on one site for easy access. Microsoft Office document types are supported, as well as other formats. Files can be locked or shared for creation and editing as needed based on roles and duties.
- **IBM Content Manager OnDemand**—Document management system for MMIS paper claim images, MMIS generated reports (including remittance advices), provider-submitted documents such as enrollment verifications, and other electronic documentation. User-friendly retrieval allows those with a business purpose to view and download images or reports. The user can export data on reports to Microsoft Excel or other spreadsheet applications. Using OnDemand reduces print, storage, and distribution costs in support of a greener content delivery solution.

OnDemand is connected to the Colorado interChange for smooth retrieval without having to open several software products independently. The following figure illustrates how easy it is to select and view a claim image in EDMS from interChange.

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OnDemand also is a leader in the EDMS market and is known for its ability to scale to the large volumes of documentation and information managed in the healthcare industry.

HP combines the SharePoint and OnDemand tools to provide the best fit for the Department's objectives in electronic document management capabilities. This solution provides flexibility to maintain accurate, comprehensive documentation online in a secure, yet accessible manner. The following figure shows how the document management workflow is fully integrated within the Business Services framework of Colorado interChange.

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### HP Support

During the Business Process Reengineering (BPR) phase of the project, HP will work with the Department to understand the current work processes, define requirements, and implement solutions to maximize productivity, while eliminating paper and manual processes, where possible.

Working with the Department, HP will perform the following high-level tasks to implement the EDMS solution:

- Identify each type of document that is or will be managed by the EDMS
- Map documents to appropriate repository or application and develop metadata for indexing, as needed
- Identify and create templates for automatically generated documents, such as provider correspondence
- Integrate and test EDMS applications and impacted processes with the rest of the Colorado interChange MMIS
- Submit deliverables for testing, review, and acceptance by the Department
- Import legacy documents and templates into the new document management system

Through efficient document management capabilities, the HP EDMS solution will maximize the Department's productivity in claims processing and program management.

## RESPONSE 40i

9.10 –Workflow Management Support	In Production? YES/NO
<b>Description Addresses Requirements (Provide the range as applicable):</b> N/A	NO

When identifying aspects of the interChange MMIS as “In Production,” HP employs a conservative approach. We have elements of the solution identified as not in production even though aspects of those components have been running in production in multiple states for years.

For example, HP has been integrating workflow for years in multiple states including BPEL workflows for business processes and paperless document management workflows. We also have delivered workflow as part of our Wisconsin MMIS since 2008. We are integrating the K2 workflow engine with interChange because it offers the best features of our previous workflow experiences; however, this is an enhancement to our base MMIS and we accordingly label it as not in production.

The interChange MMIS, as its name implies, is all about change, or continual evolution as MITA envisions it. The proposed Colorado interChange is a production-proven application that has been certified by the latest CMS checklist. It is that core that is shared for the Department’s benefit and enhanced through the proposed workflow improvements.

### Simple, Integrated, and Flexible Workflow Framework

Our approach to workflow management transforms the work task experience. Our proposed solution makes it easier to learn and apply the standard, repeatable business processes needed to provide first-class support to the client and provider communities.

Workflow and the interChange Services framework make supporting business processes easier and measurable. Managers can manage processes at the granularity of a single instance or review the metrics aggregated across months. Through the Core MMIS services framework, integration with the correspondence management, document management, content management, and business rules engine is smooth. The Colorado interChange workflow solution can generate a letter, store an attachment, or escalate tasks. The workflow design studio supports authorized users to easily change the defined workflow processes as needed to improve performance and increase process maturity.

Workflow technology supports users by transforming almost every facet of daily work with the Colorado interChange MMIS. Successful workflow is more than just having a piece of software.



**CLICK FOR VIDEO**

A video demonstration of workflow is included in RESPONSE 47.

The use of workflow technology needs to standardize and enhance business steps, make it easier to route information, track stages of a workflow, automatically send correspondence, and track the detailed metrics of each of these steps throughout the process. Workflow must support users by making their tasks easier, faster and more consistent. A highly effective workflow solution must also support management by turning statistics into process knowledge that can be used to continually refine and improve processes. We understand the full potential of workflow and have designed a holistic solution fully integrated into the interChange User Interface (UI) and interChange Services framework depicted in the following figure.

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Throughout this section, we will examine the following business processes—provider enrollment, imaged document upload, and third-party liability (TPL) review—as examples of how analysts will manage them in the Colorado interChange MMIS with full support of workflow. We take this approach because at the heart of workflow is the ability to transform processes. Investigating the improvement in these three scenarios is the best way to illustrate that the interChange workflow engine is the optimal solution for the Department.



## Workflow Engine

The HP Colorado interChange Medicaid Enterprise system focuses on using COTS integration into the interChange system to create one integrated view that poses high value and efficiency to the user and increases configuration in the feedback loop. Standard application workflows will not suffice for the type of transformation the Department requires and as such, we have focused on integrating high-quadrant, enterprise-capable COTS tools to achieve the Department's goals. For the Colorado Medicaid Management Innovation and Transformation (COMMIT) project, we will use K2 blackpearl as the COTS workflow engine fully integrated with the Colorado interChange. K2 blackpearl meets the Department's requirements for COMMIT to support workflow access, assignments, and execution of business processes. During the DDI, we will gather business process requirements from Department subject-matter experts (SMEs) to tailor essential components of the business process specifically to the Department's policy.

The framework not only supports but streamlines business processes by providing visibility into detailed metrics and facilitating consistent quality and productivity to promote optimal performance. The HP workflow management solution will standardize practices into processes supported by a COTS workflow engine. Workflow will provide visibility into the status and issues of business processes, allowing supervisors to identify, resolve, and prevent bottlenecks to produce higher-quality business outcomes.



Our workflow solution is part of the Colorado interChange. It is not a stand-alone tool but is integrated into each of the layers in the SOA. This includes data, presentation, services, and the processing engine. This connectivity between the MMIS, the workflow engine, and supporting COTS tools transforms the business activity, simplifies the user's job, and standardizes the processing. Our solution provides a single workflow management view that allows specific work configurations by the MMIS business areas.

A business event—such as receipt of a provider enrollment application—will trigger a call to a web service that will start a new workflow process. The engine will generate work items and assign them into appropriate workers' work lists tailored to reflect departments, business areas, or even individual task specialization. Security services integrated within the interChange Business Services framework associate user IDs to groups by their profiles to manage access to data, screens, or applications and work lists. Based on the association of user IDs to workflow items, automated alerts are generated to individual users or group user lists when new items or changed items require a specific action from the user.

Based on predefined actions or data, the engine will traverse the appropriate set of tasks to complete the workflow. Tasks are automatically updated in real time based on user response through the interChange screens or automatic adjudication by the workflow rules engine. Metadata regarding elapsed time between steps is dynamically captured at each step and available for business activity reporting and trending. Each of these interactions continues until the task has reached the end of the process and is considered “complete” as defined by workflow.

As part of workflow configuration and ongoing process tuning, authorized workflow users can assign weights and priorities to workflow items and indicate whether completion of an item requires either HP or the Department's approval. Weights and priorities will be used to automatically prompt users to work the most critical workflow items from the work list before less critical items. As tasks are completed, they are removed from the work list. A single workflow may have multiple paths, include escalation for issues, and involve multiple users drawing tasks from different work lists. Additionally, the integrated workflow engine manages multiple simultaneous processes as workflow items progress throughout the MMIS.

We will take advantage of our extensive Medicaid business process knowledge while incorporating the Department's key business drivers to configure efficient workflows for each of the required workflows requested in the RFP. During DDI, we will work with the Department to configure weighted workflow processes to support cases, program integrity requests, and PAR requests—including factors of complexity, priority, and other key business factors—to support the most timely and efficient automated distribution of workflow items. Additionally, during DDI we will configure training workflow to integrate with the COMMIT knowledge management system to support key training business processes such as training registration and the collection of survey feedback. We will configure workflow to support security profile requests to enable authorized users to initiate security requests. When required by business policy, each workflow will include applicable levels of approval within HP and the Department.

The transferring or escalation of tasks can occur between participants from multiple organizations, such as HP staff members and State staff members. Tasks can be distributed to individual users or a group list of users who fulfill a particular role or have a certain approval authorization. When users are created, authorized administrators associate various parameters to the user such as department, workflow roles, and authorizations. Capacity levels for each user can be assigned to case managers at the agency or program level and PAR or program integrity reviewers for related tasks managed by the MMIS workflow.

Additionally, the interChange Business Services Workflow engine can make web service calls to kick off external processes or request data through the ESB as necessary in the process. This can include integration with other State agencies and the Department's office productivity applications. Based on business requirements, workflow services can be exposed to external organizations. Additionally, the workflow engine can make calls to services within other organizations when they are available for completion of specific parts of a workflow.

The workflow engine's use of the ESB is best demonstrated by the creation of workflow items in support of a request received through the COMMIT web portal. During the DDI, the Department and HP staff members will establish automated workflow processes for transactions processed through the portal. Portal activity will be brokered through the ESB and cause a trigger action to the workflow engine. Based on the specific update, the workflow engine will generate a corresponding notification or initiate a supporting item to a designated workflow.

The COMMIT workflow will allow authorized users to configure workflow management to sort, route, and create alerts to the proper work group based on the web portal actions. For example, if an update is received through the portal indicating a beneficiary has supplied TPL data, the automated workflow can use that data to alert the TPL analyst of the update for verification with the insurance company. Depending on the level of automation, the resulting workflow trigger action also could prompt the ESB to perform a TPL validation automatically.

Users do not need to navigate to a separate workflow application. Rather, they perform workflow tasks as part of their daily interaction with the interChange MMIS. We present the following scenario involving TPL to demonstrate how intuitive and easy it is to use workflow.

The presence of TPL or other insurance can lead to the rejection of a claim. Sometimes, the TPL record in the MMIS database is out of date and requires investigation by specialists. For this scenario, the Colorado interChange provides a workflow that supports the user by navigating them through the tasks necessary to complete a TPL review. The call center analyst receives a call indicating improper claim denial because of incorrect TPL information on file. With a few clicks of the keyboard, the analyst can initiate a TPL review, which will immediately show up in a TPL analyst's work queue. Proper validation procedures can be followed and the TPL policy information updated as appropriate, leading to a quick turnaround and appropriate claims payment.

### interChange Integrated Workflow



As part of the simplification of healthcare management, the HP team has added MITA process triggers as part of the @neTouch family of features to the Colorado interChange. The MITA process triggers are context- and role-based—sensitive links that enable one click to initiate a business workflow.

Workflow triggers will be on the left-hand navigation column within interChange under the heading “MITA Process Triggers,” as depicted in the following figure.

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Different UI screens can act as the initiation point for different workflows, allowing the user to trigger the proper workflow based on the activity performed. It is not necessary to navigate away to a centralized “Workflow Initiation Screen.” Business analysts can define any number of process triggers in the Smart Form Builder. Workflow forms allow users to enter workflow-specific data such as case notes or attachments that support the business process. Within the Smart Form Builder, we can select from predefined workflows configured through our COTS solution, K2 blackpearl. The following figure depicts the workflow initiation form that will pop up when the call center representative selects the “Request TPL Review.”

The form contains data fields, such as priority and reason, representing the information necessary to complete a transaction of this type. The user will input available information before submitting the request.

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Some fields will have a special icon next to them. These access buttons provide instant access to the data necessary for the analyst to perform their tasks. This quick access feature increases the efficiency and accuracy of Colorado interChange users. The preceding figure depicts the additional tabs included with the workflow form. Besides the main data page, users can navigate to additional pages to include notes and attachments. If desired, we can create additional tabbed windows that can display information such as instructions to the claims adjuster.

Submitting the Request TPL Review form triggers workflow, saves form data into workflow databases, and sends it to the work list queues of the group assigned to TPL investigations.

### **TPL Review—Work List**

The primary UI for workflow participants is the Work List screen. This primary interface simplifies navigation, facilitates data access, and increases the productivity of staff members. The following figure depicts the Work List window within the Colorado interChange.

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Workflow automatically creates tasks (cases) and delivers them to appropriate staff whether that is an individual user or a group task list. Notifications are automatically distributed to inform users that they have work to be performed. The tasks remain in the work list until they are completed—they cannot be lost, ignored, or deleted.

The Work List webpage presents the user with a list of assigned tasks. In the preceding figure, the analyst has grouped the work list items by the carrier ID to better facilitate a call to that company and through one call take care of the set of follow-up items specifically for that carrier. By dynamically changing the organization of the work list data, users can configure the list to optimize their work efforts. Each list item represents the next workflow step to be completed. Tasks are assigned to users based on that specific user's group memberships, which can be tailored to reflect departments, business areas or even individual task specialization.

Staff members can view and update workflow tasks in the familiar environment of the Colorado interChange. Additionally, staff members also can receive notifications and participate in workflow review and approval as desired. The TPL Review task is now on the work list of TPL investigators with a status of "Available." When a user accepts a task, it is removed from the work lists of other users.

### **Coordinated Workflow Processing**

Accepting and opening up the workflow task will open the Work Task Detail window, detailed in the following figure. The data entered by the claims adjuster is available along with notes and attachments. Data collected to support a workflow—for example, the provider application and

enrollment data—is held with the specific workflow instance in a workflow database until the workflow is completed. Then the data is persisted into the Colorado interChange database. This approach allows the data to be reviewed, updated, and approved before it is written into the production database. Data is retained in the database for historical research and playback of the workflow execution.

At the top of this window is a bar with a menu of actions that the investigator can select while working through this workflow. The workflow engine dynamically presents the available actions appropriate for the current workflow step. The system guides users through the process to support consistent business processes in the users’ work. Additionally, HP’s workflow solution accelerates new user training because the system restricts choices to the logical next steps and provides a graphical road map of the process in the ViewFlow screen.

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The following is a list of the workflows included within COMMIT that provide features similar to the TPL workflow described on the preceding pages. As illustrated in the table, the interChange workflows align to the many MITA 3.0 Business Processes.

#### **MITA 3.0 Business Processes**

<b>MITA 3.0 Business Process</b>	<b>interChange Workflow Processes</b>
<b>Case Management (CM)</b>	
CM02 Manage Case Information	Case Management Plan Tracking

MITA 3.0 Business Process	interChange Workflow Processes
<b>Eligibility and Enrollment Management (EE)</b>	
EE04 Inquire Client Eligibility	Eligibility Communication Tracking
EE05 Determine Provider Eligibility	Criminal Background Checks Count
EE05 Determine Provider Eligibility	Sanctioned Provider Audit
EE05 Determine Provider Eligibility	Federal Eligibility Status Mismatch
EE05 Determine Provider Eligibility, EE06 Enroll Provider	Provider Approval of Content
EE06 Enroll Provider	Provider Initial Enrollment
EE06 Enroll Provider	Provider Re-Enrollment
EE06 Enroll Provider	Provider Information Updates
EE07 Disenroll Provider	Provider Disenrollment
EE08 Inquire Provider Information	Provider Monthly Review
<b>Financial Management (FM)</b>	
FM01 Manage Provider Recoupment	Incomplete Adjustment Notification
FM02 Manage TPL Recovery	Insurance Company payment Resubmission
FM02 Manage TPL Recovery	Tort Casualty Cost Tracking
FM02 Manage TPL Recovery	Custom TPL Tracking
FM03 Manage Estate Recovery	Estate Recovery Processing
<b>Client Management (ME)</b>	
ME01 Manage Client Information	Historical Plan Audit
ME01 Manage Client Information	Client Update Review
ME02 Manage Applicant and Client Communication	Client Communication Management
ME02 Manage Applicant and Client Communications	County Eligibility Determination



MITA 3.0 Business Process	interChange Workflow Processes
<b>Operations Management (OM)</b>	
OM07 Process Claims	Suspected Fraud Claim filter
OM07 Process Claims	Claims Data Tracking
OM07 Process Claims	Dental/Vision PA Discrepancy
OM07 Process Claims	Inpatient Procedure Code Filter
OM28 Manage Data	Central Data Merge
OM28 Manage Data, OM07 Process Claims, OM04 Submit Electronic Attachments	Enterprise Data Management
<b>Plan Management (PL)</b>	
PL02 Maintain Program Policy	BPA Rules Submit
PL04 Manage Health Plan Information	BPA Rule Submit/Approval of Content
<b>Provider Management (PM)</b>	
PM02 Manage Provider Information	Possible Collection Notification
PM02 Manage Provider Information	Feedback Routing Response
PM02 Manage Provider Information	Provider Communication Management
PM02 Manage Provider Information	EPSDT Participation Notification
PM02 Manage Provider Information	IVR Mapping flow
PM02 Manage Provider Information	Approval of Content

As evidenced by the MITA table, interChange workflow includes inherent functions for several key processes that will simply need to be aligned to the Department's policy.

### Interaction with EDMS

The workflow management function is integrated with the EDMS through interChange Business Services. Workflow will upload imaged documents to the EDMS through a web service call. The same interoperability and interaction is available to any service-enabled application such as the correspondence generator or the contact tracking management system. This availability allows workflow to extend far beyond the user interface and into a network of configured applications and processes.



Besides having access to information, the workflow management tool also is integrated with imaging because attachments that are attached to individual workflows are packaged and stored within the document management solution after the close of individual workflow tasks. Finally, we recognize the value existing documentation stored within EDMS may have in assisting in the development of business process and supporting sub-process workflow. We will review EDMS during DDI to consider how that documentation may ultimately add value to related business process workflows.

### Workflow Monitoring and Management



A key feature of the Colorado interChange is the process flow view of workflows in progress. Users can view workflows that are in progress, see what steps have been completed, and determine what steps remain. This interface is available within the workflow window through the ViewFlow action button on the menu bar. This is helpful to allow a participant with a task in the middle of the flow to see what has happened in previous steps.

### ***Integrated Workflow—Process Standardization With Visual Tracking of Progress***

The interChange MMIS workflow solution is a market leader because the workflow tools naturally integrate within the overall framework of the MMIS. We built the workflow tools on the same software platform as our MMIS UI.

While other workflow solutions are a clunky collection of disparate parts bolted on to an MMIS, the interChange MMIS workflow solution directly integrates with the UI for an optimal user experience through a single application. Workflow adds value as follows:

- Standardized business processes
- Processes designed to support users
- Visual tracking of task progress
- Transparency to efficiency metrics

Because we base the interChange MMIS on a business service framework, many MMIS tasks such as attaching supporting documents, creating and tracking correspondence, and analyzing detailed business process metrics to drive efficiencies flow together naturally in a universal, next-generation approach to healthcare management.

The interChange MMIS workflow solution transforms workflow from an abstract concept to a user-centric, high-business-value capability. ViewFlow mode provides the “big picture,” showing what has been completed and what will occur next. The interChange workflow engine provides support for priorities, security alerts and the multi-routing of tasks. The routing of task configuration includes the ability for escalation to multiple layers of management as defined by local business rules.



As depicted in the following figure, ViewFlow is available for in-process and historical workflows, allowing reviewers to determine exactly what path a given instance of a workflow followed, even months later. Processing data is retained for every work instance. The interChange workflow engine documents and stores the results of each workflow as part of the overall

MMIS history database. The storage of this detailed metadata enables the business users to recall any workflow and see the defined ViewFlow path of activity and view the detailed metrics of each step of the business workflow, seeing the duration of the process and who performed the work. This data supports research or dispute resolution should the need arise.

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This view flow depiction of the workflows provides an innovative method of visual guidance to the business users to see how the business process steps relate to each other. The workflows and their respective view flows can be configured and customized to meet local business policies. This single workflow engine, integrated with the Colorado interChange is flexible enough to provide comprehensive workflows across the COMMIT project business areas.

### **Management Console and Reporting**

The interChange Business Services Management Console allows supervisors or other authorized users to create, configure the routing, escalation, and notification policies of workflow tasks. Using this web page, authorized users can view work lists, adjust priorities, delegate activities and re-route tasks when a user is unavailable. For example, authorized users also can make ad hoc detour assignments—such as, “Jane Doe needs to look at this before I finish my part”—or initiate workflow reassignments in exception situations.



At the managerial level, the interChange workflow engine provides in-depth reports and ad hoc abilities that provide information about staff workload and productivity at an enterprise level. Such data will help managers identify bottlenecks in processes. Managers can drill down to the individual level to determine productivity measures or compliance to service-level agreements (SLAs). The workflow web services store key performance metrics in the Workflow Business Activity Monitoring (BAM) repository database, allowing transparency into business processes.

At predetermined steps along the way, logging points built into the workflow services collect and store information. This allows the dashboard to graphically present the key process indicators and SLA categories related to timeliness, throughput, approval, and denial percentages for workflow-enabled business processes. The Core MMIS workflow drives efficiencies by presenting real-time or historical metrics in the form of graphs, pie charts, and more. It also provides the key inputs to improve workflow processes based on that information. Analysis of these reports can help identify exactly where business processes can be improved, enabling evidence-based enhancements in the business process.

Managers and key Department staff members can use the following five predefined workflow reports:

- Activity statistics
- Process statistics
- Process information
- User performance
- Process overview

The Department will have access to workflow monitoring that includes indicators and statistics by sub-process, organization, or individual staff member. The following figure depicts the Process Overview report that drills down into a single workflow instance. The report details the statistics such as completion time for each step of the workflow process.

One of the most powerful features of our workflow solution is the ability to visually analyze workflow information in real time. This will allow HP and the Department to adapt business processes in response to data gathered from daily operations.

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The following figures depict the Activity and User Performance statistics reports. These reports display the productivity statistics associated with an individual step in a workflow process or a user. Managers can use this information to determine easily which workflow steps may be a roadblock in business processes and update to increase efficiency.

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Managers also can identify individuals who may need additional training or support to complete certain workflow steps. Users may drill down into key data and customize reports providing ad hoc information to aid in business process management.

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The ability for the interChange workflow solution to provide transparency into the real metrics of the business processes and the team members working the processes is one of the main benefits of HP's offering. MITA revolves around continual evaluation and improvement of business processes striving for continued maturity of those processes. Through the interChange workflow and business rules solution, the Department can make informed decisions based on real metrics. These metrics are what enables the MITA approach of continual improvement of business results.

As the workflow management tools affect many processes in the COMMIT project, it is critical that the workflow processes are thoroughly tested before placed in production. The workflow tools will be integrated with the Colorado interChange testing environment. This provides the ability for changes to workflow managed processes to be evaluated and tested independently or alongside other changes to the MMIS. The capabilities of the test environments enable the creation of workflow changes and performing a what-if analysis on the results to determine the potential effect of changes without impacting production processes.

Each time a workflow is changed a new version number is assigned. As changes are introduced, there may be a need to revert to a prior version of a workflow process. A version may be backed out when required and a prior version restored. As changes are made, an audit trail of changes is maintained. This audit trail includes the name of the deploying user, description of the version, and the date and time the version was deployed.

One of the many strengths of the interChange workflow engine is the audit trail capability. Each step of each workflow process captures the key metadata that enable a full audit trail picture of the workflow. This includes the start and end dates for the detailed tasks as well as the individual authorized user who performed the work.

The audit trail information is easily accessible by simply clicking on the process step in the view flow. A summary of the audit trail metadata pops up with the information needed.

The workflow management tool supports features to recall historical workflows and display those flows to show the run of historical recreation of that unique workflow instance. The historical workflow presentation enable the analyst to see a snapshot of the playback in a step by step fashion with color coded view flow that illustrates the exact path the workflow has taken and which analyst performed the individual steps.

## **Workflow Integration**

A single workflow may have multiple paths and involve multiple users. The transferring or escalation of tasks can be between participants from multiple organizations, such as HP staff members and State staff members. Effective and efficient workflow should support users by taking on the burden of automatically routing issues or collecting data on the user's behalf. The interChange Business Services Workflow engine can make web service calls to kick off external processes or request data through the ESB as necessary in the process. This can include integration with other state agencies as well as the Department's office productivity applications. Based on business requirements, workflow services can be exposed to external organizations.

Additionally, the Workflow engine can make calls to services within other organizations when they are available for completion of specific parts of a workflow.

During the DDI the HP team will work with the State to define the integration of the interChange workflow management processes with the Department's office productivity applications. Additionally, during DDI, we also will gather additional requirements from the Department to configure workflow to support communication tracking and document collaboration between the Department and HP.





- More than 500 customers

Our healthcare experience includes inbound and outbound high value, complex interactions with clients, providers, and the general public. We operate 21 state and local government healthcare contact centers in the United States. Calendar year 2012 volumes are as follows:

- Inbound Provider calls – 3,592,256
- Inbound Member calls – 3,434,623
- Outbound Provider calls – 47,143
- Outbound Member calls – 33,004
- Provider Written correspondence – 899,663
- Member Written correspondence – 216,077

Each call center and contact response model is individually tailored to our customer's specific program and requirements. Our experience includes both inbound and outbound high value and complex interactions with our customers, their providers, and clients. The Department will benefit from our deep experience, summarized by five major points:

- HP has deep Medicaid Contact Center experience unmatched by others bidders.
- A Global Leveraged Contact Center Platform, with industry-leading tools, processes, and technology, supports us.
- We support multiple interaction channels for both voice and non-voice, chat, instant messaging and monitoring social media as a feedback channel.
- Our solutions are designed to provide flexibility to efficiently handle peak volumes, changes in business needs and disaster situations.
- Most important, we value our relationship with the providers and members who participate in the programs you offer.

Our people are the main reason for the success of our call centers. We have a Medicaid-experienced results-oriented contact center management team leading the call centers across the country; sharing best practices and implementing lessons learned from one account to another. Our recruiting processes select, train, and retain the best customer service professionals. We have invested in year-over-year process improvements in efficiency and effectiveness.

HP will develop, implement, and operate a successful provider call center for the Department with toll-free access to assist providers as they interact with the Colorado Medicaid Program. Through operational readiness training, our provider call center staff will be knowledgeable with Colorado Medicaid-covered services. Besides receiving training on the system and Colorado services, the staff will be well-versed in each aspect of providing high-quality, compassionate customer service.

The Department's solution from HP uses commercial off-the-shelf (COTS) products to provide a call center technology solution that integrates seamlessly with the CO MMIS. Each product was chosen for the quality and integration capability it provides, including:

- **Computer Telephony Integration (CTI)**—Otherwise known as screen-pop technology, CTI takes the National Provider Identifier (NPI) entered by the provider in the automated voice response system (AVRS) and integrates it with the Colorado interChange. With this integration, the customer service representative (CSR) receives a screen-pop, or pop up window, with the provider's information before the provider and the CSR are connected on the telephone. The CTI technology eliminates the time the provider has to wait on the telephone for the CSR to re-enter the provider's NPI to pull demographic information.
- **Avaya Call Management System**—A call center statistics tool built into Avaya's telephony product allows for reporting of hundreds of call center statistics. Reports are available real-time, half-hour, daily, weekly, monthly, or annual intervals. Avaya's Call Management System also has more than 100 historical reports on call center and CSR performance. We will create reports as needed by the Department and the Call Center Management team. Avaya's Call Management System exports reports to standard spreadsheets or database programs such as Microsoft Excel or Microsoft Access. The Avaya Call Management System also enables users to develop CSR and operational dashboards. Additional features include administration of CSR skill assignments, queues, and resource usage.
- **Verint Systems Quality Management**—This quality assurance and call recording tool provides voice recording and real-time monitoring. HP leaders often use real-time or recorded monitoring to perform quality assurance checks on CSRs, as well as a training tool for new CSRs. The Department may find it helpful to listen in on calls to gain more in-depth insight on the types of questions providers are asking about the program. This tool enables the Department and HP to develop helpful and focused communications and training for providers.
- **Verint Systems**—This work force management tool provides scheduling and real-time adherence reporting for CSRs. Scheduler features provide scheduling of breaks and lunches based on historical call volumes and handle times. We collect the data from the Avaya Call Management System to forecast call volumes and optimize CSR productivity.
- **Interactive Voice Response (IVR)**—The Colorado interChange AVRS automatically answers client and provider inquiry calls 24 x 7, except for the Department-approved and scheduled maintenance downtime. When clients need additional information, they can speak with a call center CSR during regular business hours. There is no limit to the number of calls a provider can make into the AVRS or to the call center for assistance.
- **NICE Real Time Integration (RTI)**—This desktop consolidation tool provides integration at the desktop level between separate systems, windows, or programs. The tool is programmed to pull data needed to answer the most commonly asked caller questions from separate

windows into one consolidated view. This tool helps reduce training time of CSRs and can reduce the need for copying and pasting and the need for duplicate work or data entry.

- LiveHelpNow! —Our third-party solution for Live Chat facilitates live online conversations. A full discussion of this solution is found in RESPONSE 38s.
- Certified Languages International (CLI) —More than 160 languages are supported through CLI Language Line Services, which offer agents an accurate and complete first-person interpretation regardless of country of origin or level of education of the speaker. This service will be supplemented by using Spanish/English bilingual HP employees in the call center as well.

The following Call Center Technology figure illustrates how the HP CRM tools and system integrate. This design allows the contact center representatives to provide a seamless customer service interaction to the caller with the information that is needed to complete the call effectively and efficiently.

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Our local CO MMIS call center staff and leaders will receive support and resources from our corporate Call Center Capability Management team. The Capability team will assist with custom reporting, call center analytics, CSR scheduling, and general call center consulting expertise.

### **Call Center Reporting (Unique ID 1792)**

Our telecommunications system integrates the call management system and Automated Call Distribution (ACD) systems. This integration provides enhanced reporting for monitoring telephone performance and standards. The reporting capabilities allow for extensive review of call activity, similar to, but not limited to:

- Incoming calls answered
- Length of calls
- Hold time
- Total calls abandoned
- Abandoned rate percent
- Average calls (inbound) per full-time equivalent
- Average calls (inbound) per hour
- Average wait time per minute
- Average hold time in queue
- Average talk time
- Agent active and available percent
- After-hours calls
- Cumulative calls answered

The detailed reporting availability can be structured to meet many needs depending on the audience. Current and historical information is available daily, weekly, monthly, and quarterly. Several different mediums and formats are available to the Department for each report type. These types include graphics and trend line charts. We also produce several real-time, daily, weekly, quarterly, and annual reports for internal use in the call center to achieve greater CSR and service-level performance consistently and to monitor improvement over time. Examples of these reports follow.

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Besides these reports, call center performance is monitored through the inSight KPI Dashboard. The Contact Management Dashboard provides desktop visibility of performance, as shown in the following figure.

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Within this Contact Management example the many advantages of the interChange solution become apparent. First, the top half of the screen lists the many interactive dimensions that the reviewer has access to such as Frequency Description, Contact Date, Contact Reason Description and Contact Method Description. Managers can change these dashboard filters to drill into the specific metrics they elect to focus on.

The exciting part of this process is that by changing the filters the reporting displays of the dashboard change dynamically, eliminating the need to rerun a report and wait for a response. The presentation of the results is completed in real time, making the interChange inSight KPI Dashboard more than a reporting tool. The bottom half of the screen shows historical data. In the multi-presentation method illustrated in the previous figure, line charts complemented by the two pie charts provide quick and visually meaningful information.

We detail inSight in RESPONSE 38j and provide a video demonstration in RESPONSE 47.

#### **Client records (Unique ID 1797)**

The HP solution for call center services provides access to client records during calls. The Contact Tracking Management System (CTMS) and MMIS are integrated, allowing provider

inquiries regarding claims, eligibility, and other client information to be answered from one system. The outmoded practice of maintaining a separate client database for call center agents is eliminated in the state-of-the-art call center solution the Department will receive. Call center agents will be reviewing current, live data in the MMIS while answering provider inquiries.

#### **Online tracking and reporting tool (Unique IDs 1856, 1860)**

(1856) Provider service representatives use the HP CTMS to track provider complaints and other correspondence. We can organize tracking by target population, issue, purpose, date of distribution, and method of distribution. This online tracking solution keeps inquiries from the provider in one location, whether by telephone, email, or paper.

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(1860) CTMS data is used for weekly or monthly reporting as defined by the Department, showing the nature of inquiries and HP's timeliness in replying.

This same data is used by HP to provide information on trending topics in the Frequently Asked Questions (FAQs) feature in the provider portal. The Department may also have access to this tool to make comments, review comments, and provide consistency in tracking and management.

#### **Provider Relationship Management (1838)**

Provider Relationship management is a specialized queue in the call center. Trained agents that understand provider contracting—including help with Registration and Attestation, and State Level Registry—will answer this queue. HP will implement and manage this important piece of business providing the same high quality of service as in each of the call queues.



### **Client Tier-one Support (Unique ID 1857)**

HP has experience with both provider and client calls. We will gladly work with the Department to exercise the option of expanding the call center to accept tier-one client calls. In 2012 we answered 3,434,623 client calls in our Medicaid-specific call centers. We are well positioned to support the Department in this area. HP's AVAYA telephone system is scalable and can therefore easily be expanded to accommodate more call center agents and T1 telephone lines.

During the Design and Define Phase, the HP will work with the Department to review current call flows and call routing processes. We will develop the appropriate processes and expectations on how to handle the tier-one support. Our goal is to handle each call at the lowest possible level, tier-one. In the event HP agents are unable to assist the caller, they can warm transfer the call to the Department's call center based on the transfer procedures that will be established. Operating hours of 8:00 AM to 5:00 PM, Monday through Friday will be incorporated into the call center services.

### **Technical and Operational Support (Unique ID 1855)**

The HP call center delivery model uses exceptional products that have a proven history of successful integration to deliver services for Medicaid customers across the country. The call center's telecommunications infrastructure is supported by an Avaya ACD to deliver calls and voice mails using Voice over Internet Protocol (VoIP).

Our locally based call center consists of well-trained agents who have access to online resources, subject-matter experts, and their leadership team to assist them in resolving questions. Call Center agents also use HP's Enterprise Knowledge Management System, which enables agents to quickly access stored content, including the Department's business rules, needed to respond to calls.

The AVAYA telephone system allows agents to be assigned to queues based on their skill sets and knowledge. Using call routing queues allows callers to choose the appropriate trained agent based on their question. Presented with topics at the onset of the call, callers choose an appropriate menu option to indicate the topic of their call. Their selection routes them to an agent prepared to give appropriate help, whether technical or operational.

### **24/7 IVR (Unique ID 1858)**

The front-end of our call center consists of an Interactive Voice Response (IVR) system that provides a standards-based voice portal enabling cost-effective customer interactions 24 x 7. Beyond traditional interactive voice response (IVR), our solution provides touch-tone access to applications and incorporates speech recognition technology for conversational exchange to identify and resolves customer requests.

The Colorado IVR will be set up with diverse call flows to streamline the menus into applicable, easy-to-understand, and concise options so that the caller is directed to the information that satisfies their needs quickly and effectively. Every menu level has an option to go immediately to an agent during call center hours. These options improve customer service by enabling the

provider to get the answers they want quickly and automatically, or to opt out to an agent for more information without going through multiple forced menus.

### **Provider Email Correspondence (Unique ID 1859)**

HP will provide a dedicated inbound email address for provider correspondence. Incoming emails will be handled similar to incoming telephone calls and will follow the defined processes set up during the Design and Definition Phase. Emails will be documented in the CTMS software.

### **Centralized Database for Calls (Unique ID 1861)**

In a Call Center and Help Desk environment, identification and further management of call records is vital and therefore critical to a successful operation. The help desk will use HP-developed tools to collect the data into a database for client and provider tracking. Key tasks and procedures involved in the successful operation of the Call Center/Help Desk unit include:

- Accurate keying/coding of the call information
- Entering clear, concise and precise remarks describing the nature of the problem/inquiry
- Escalating the call to the correct entity within the operation in case it needs further action and follow-up
- Resolution of the call effectively and quickly, at the lowest level of escalation possible
- Transforming the raw call data to be aware of trends through reporting, so that we can perform a deep-dive analysis to find the causes of issues and fix them permanently
- Providing timely and accurate feed-back to the caller
- Providing 100 percent correct answer to the caller

We have instilled this culture and the principles above in our healthcare account procedures for more than four decades. We consider these to be best practices in the operation of an effective and efficient help desk operation.

HP will implement the Contact Management Tracking System (CTMS), a customer contact tracking subsystem that is tightly integrated with other modules such as claims processing, and part of the Colorado interChange solution. This system allows the entry of vital information about the call received from the providers and customers.

Agents are required to accurately enter important information during a call. If the call needs to be escalated to another unit within the account for further review and processing, subsequent actions taken on the call by the other units are also properly documented on the contact record. Because of this process, the contact record created during a call carries an accurate representation of each action taken. After data is accurately entered, we can generate queries and reports to identify trends. For example:

- “Claim-ID” on the call, can access the claims database to explore whether there is an increasing trend in calls received regarding specific denial codes (that is, a new benefit

introduced in the beginning of the year but the providers have not implemented correct procedures to file the claim)

- “ID of the Source” or “ID of the Subject” on the call, can narrow down the investigation to find those providers that failed to implement correct procedures, as stated above.

### Call Center/Help Desk Operation Hours (Unique ID 1862, 1863)

HP will staff and operate the call center/help desk from 8:00 a.m. to 5:00 p.m. MT, Monday – Friday. We also can operate the call center/help desk between 7:00 a.m. to 7:00pm MT should the Department choose this optional service.

### Customer Relationship Management (CRM) (Unique ID 1865)

HP will implement the Contact Management Tracking System (CTMS), a customer contact tracking subsystem that is tightly integrated with other modules such as claims processing, and is part of the Colorado interChange solution. Therefore, the system will be accessible to Department staff members to incorporate their comments for documenting provider communication and interactions without further licensing. This allows for a single source of provider inquiries, questions, and subsequent responses from the Department and HP staff members. CTMS can generate reports for trending and point-in-time data analysis purposes.

The Department will receive from HP a proven CTMS solution.

9.11 – Call Center Services	In Production? YES/NO
<b>Description Addresses Requirements (Provide the range as applicable):</b> 1864	<b>NO</b>

### Help Desk Support for Data-Merge (Unique ID 1864)

The Department will receive HP Exstream as the data merge tool for letter generation with pertinent, custom information for delivery. This tool will be used to extract data from the Colorado interChange database based on the ad hoc queries. The output of the queries will be used to generate letters using Microsoft Word.

This tool is user-friendly and intuitive to use. It does contain online help for users. The COMMIT help desk agents will be trained on HP Exstream and can support authorized users of this innovative data merge tool.

For more details on HP Exstream, please see RESPONSE 40a.

## RESPONSE 40k

<b>9.12 – Help Desk Services</b>	<b>In Production? YES/NO</b>
<b>Description Addresses Requirements (Provide the range as applicable):</b> 1807, 1839, 1855, 1861-1863, 1866	<b>YES</b>

HP supports the healthcare industry and serves as the leading provider of Medicaid fiscal agent services. In this role, HP is recognized as a company that provides outstanding customer service, high-quality services, and maintains an excellent reputation with the providers, clients, and other key stakeholders within the community. The call center and help desk services are a visible part of our service to providers and clients. We take significant care to make sure these areas are performing to meet the expectations of those we serve.

As the primary contact for clients and providers who have questions about the program or the applications and systems supporting the Colorado MMIS, the HP help desk team is the voice and frontline of support. We are committed to delivering a positive experience through warm, professional, and responsive service.

With our experience in the government and commercial healthcare industries, our staff members are truly centered on the well-being of their clients and devoted to treating each one with care and respect. We understand that our customers are busy; clients and providers do not have time to sit on hold waiting for an agent to assist them. When our agents receive a call, they understand the caller expects to have an accurate response quickly. HP staff members set the customer-service bar high, striving each day to recognize these needs and provide premier customer service to the clients and providers who contact us.

The following chart depicts other State Medicaid programs similar to the Colorado Medical Assistance Program that are supported by HP call centers or help desks and the number of years we have supported their operations.

### HP Medicaid Help Desk/Call Center Operations and Years of HP Service

Project	State	Number of Years Supporting the Current Customer
Alabama Medicaid	AL	33
Arkansas Medicaid	AR	20
Connecticut Medicaid	CT	32

Project	State	Number of Years Supporting the Current Customer
Delaware Medicaid	DE	23
Florida Medicaid	FL	3
Georgia Medicaid	GA	2
Indiana Medicaid	IN	22
Kansas (Medicaid)	KS	10
Kansas Premium Billing and Collection	KS	4
Kentucky Medicaid	KY	7
North Carolina Medicaid	NC	24
Nevada Medicaid	NV	1
Ohio Medicaid	OH	5
Oregon Medicaid	OR	7
SoonerCare (Medicaid)	OK	10
EGID (State Employees Insurance)	OK	5
Pennsylvania Medicaid	PA	18
Rhode Island Medicaid	RI	20
TennCare (Medicaid)	TN	17
Texas MEHIS	TX	3
Vermont Medicaid	VT	21
Wisconsin Medicaid	WI	35

During the Operations and Maintenance phase, HP will prepare a detailed Help Desk Support Plan.

### Provider Relationship Management (Unique ID 1807, 1839)

Provider relationship management is a specialized queue in the call center. This queue will be answered by trained agents that understand provider contracting—including help with Registration, Attestation, and State Level Registry. HP will implement and manage this important piece of business, providing the same high quality of service as in each of the call queues.

In this section, we discuss our solution, which includes technology components from HP and Avaya. Additionally, HP employs technical experts in the respective areas of network, infrastructure, and operations who will bring these pieces together to implement a technical solution that meets the State’s business requirements. The following table shows just a few of the benefits the HP solution will bring to the State.

#### Benefits to the State

Solution Feature	Benefit
Call tracking throughout the entire operation	Enables the operations team to track the status of customer requests across units
Help Desk performance reports	Enables timely tracking of Help Desk performance by units and by agent for resource optimization, quality improvement, and agent performance assessment
Tight integration between various systems	<ul style="list-style-type: none"><li>• Minimizes duplication of data entries</li><li>• Helps eliminate “islands of information”</li></ul>

The following graphic depicts the Help Desk call routing flow.

**RESPONSE HAS BEEN GRANTED CONFIDENTIAL TREATMENT BY THE DEPARTMENT AND HAS BEEN REDACTED**

**Design for Efficiency:** The system is configured to accurately track the number of calls arriving at each queue. Besides enabling timely and accurate reporting, the system will allow the correct number of agents with appropriate expertise to be placed in each queue. For example, an agent who is recently hired and completed Phase-I of the training will not receive complicated calls, but merely help the callers on relatively straightforward inquiries. This will result in:

- Calls being directed to an agent with the appropriate level of expertise
- Agents with the appropriate expertise and training being available to respond to the caller

- Reduced handling time for the call, positively affecting resource utilization
- Increased caller satisfaction

Additionally, this practice helps keep the waiting time at a minimum.

**Performance-Based Evaluation:** Performance metrics consisting of objectively measured key indicators are defined for Help Desk agents in our healthcare accounts. These metrics include:

- Time spent on the incoming calls
- Time spent on “Hold” (research time while the caller is waiting on “Hold”)
- Total number of calls handled per day
- Proper escalation of incidents
- Customer compliments
- Customer complaints

Agent performance is communicated to employees and appropriate training given to fill in any knowledge gaps to provide the best customer service available.

**Monitoring the Help Desk Calls:** HP has implemented proven practices to monitor and track call center performance. This confirms that the contractual requirements are met or exceeded. Our approach includes the use of advanced recording tools that provide information for proactive agent feedback and training. It also provides help desk management with near real-time feedback for situations requiring prompt attention. The following table identifies the tools and corresponding processes in place to monitor performance.

### Help Desk Agent Tools

Function	Online Tool	Description
Monitoring Calls	<ul style="list-style-type: none"> <li>• ACD/PBX</li> <li>• Call Recording System</li> </ul>	Both the ACD/PBX platform and call recording system allow real-time monitoring of calls by the leadership team.
Reviewing Calls	<ul style="list-style-type: none"> <li>• Call Recording System</li> </ul>	Voice calls will be recorded on a random basis for training and quality improvement purposes. Calls can even be exported to industry-standard file formats (including *.WAV) so that they may be played back virtually using any tool.
Auditing Calls	<ul style="list-style-type: none"> <li>• Call Recording System</li> <li>• Contact Tracking Subsystem</li> </ul>	The Quality Assurance Unit performs random auditing of calls based on well-defined criteria. If any discrepancy with the procedures is found, these will be communicated to the Help Desk leadership for correction, training, and coaching.
Real-Time Performance	<ul style="list-style-type: none"> <li>• Call Management</li> </ul>	The Help Desk is monitored by at least one leader using real-time reports generated by the call management

Function	Online Tool	Description
Monitoring	System	<p>system. The following information is always displayed on the monitor of at least one leader:</p> <ul style="list-style-type: none"> <li>• Status of agents</li> <li>• Number of calls waiting in each skill (Queue)</li> <li>• Maximum wait time in each skill (Queue)</li> </ul> <p>In the unlikely event that any Help Desk agent extends a designated break period, forgets to logoff after his/her shift, seems to have extraordinarily long after-call work, or is seen on any unexpected status, the unit leadership will intervene and correct the situation.</p>
Call Statistics	<ul style="list-style-type: none"> <li>• Call Management System</li> <li>• Spreadsheet</li> </ul>	Daily, weekly, and monthly reports on agent performance are generated by the call management system. These reports are used to provide timely and accurate feedback to the agents regarding their performance toward meeting or exceeding their individual performance goals.
Auditing of Incidents (Customer Contact Records)	<ul style="list-style-type: none"> <li>• Contact Tracking Subsystem</li> </ul>	After receiving any communication from a client, provider, or the Department about a call in the past or by randomly checking the call records, the Help Desk leadership may perform a thorough audit on the quality of the agent's notes on the call. Regardless of being escalated to another department or not, the unit leadership verifies the agents properly enter legible and clear notes about the incident.

**Importance of Human Interaction:** HP will encourage and stress the benefits of self-service access and tools for program participants, such as Frequently Asked Questions (FAQ) and Self-Help sections of the user interface of the applications supported. To support this strategy, HP will continually develop, customize, and update the procedure guides as well as FAQ lists. This way, Colorado providers and clients can access easy-to-understand procedure guides and the most common questions easily using an intuitive interface. However, when clients or providers need help from a live agent, the system will prompt the caller for their particular concern or type of question so that they can talk to the appropriate agent with the expertise required. Our guiding principles are developed so that the:

- Caller is connected to a live agent as soon as possible
- Call is routed to the correct center of expertise based on the function desired
- Caller only keys a minimum amount of data on the telephone when requested by the prompts before the call is routed to a live agent



**Provider Relationship Management:** The Help Desk will be an important contact point for Colorado MMIS providers in their daily operations. Through the Help Desk, HP will assist providers on systems, applications, and interfaces that it maintains, runs, and manages.

Because the Help Desk will be the main source of raw data on the nature of the calls, we can transform these individual transactions into meaningful information through queries, reports, and trending analyses. As shown in the following figure, we can use this meaningful information to proactively plan for actions that lead to enhanced relationships, such as:

- Systems maintenance and enhancement
- Provider training
- Agent training
- Procedural changes



**Coordination with Other Contractors:** The CO MMIS will be provided, maintained, and supported by HP as the system of record for the Colorado Medical Programs. Hence, there will be a substantial amount of data regularly transferred and reconciled between the responsible contractors and the Colorado interChange. These transfers may include incremental updates, full data loads, exception reports, or reconciliations, depending on the nature of the business. Naturally, there will be a need for other contractors, such as the BIDM or PBM, to contact and obtain support from HP regarding a provider enrollment issue, electronic transaction, or SLR inquiry related to the data that HP will maintain; to accommodate these requests, the Help Desk will provide Tier-1 support for other contractors to facilitate a smooth-running operational environment for the State.

### Help Desk Support for System and Provider Enrollment (Unique ID 1866)

HP will fully support the MMIS that we will implement, configure, operate, and maintain to the Colorado program specifications. This system, alongside the other functions, will include the Provider Enrollment function with the user interface open to authorized stakeholders. Any provider who has a question, is experiencing an issue in interacting with the user interface, or has a question regarding Provider Enrollment can call the Help Desk, which we will operate for support. Questions or issues that can be resolved through the first tier support agents over the telephone will be resolved within the shortest amount of time possible, under regular operating conditions, and during business hours. As the first tier Help Desk agents will be trained on the

Colorado Provider Enrollment Process, as well as the technical aspects of the online portal and the Colorado interChange MMIS, they can assist providers with their questions on the system user interface and the enrollment procedure.

Besides live call center/help desk support, HP offers the Colorado providers a web-based knowledge forum through LiveHelpNow!, which offers live chat options and live desktop support. This tool provides extended search functions in the knowledge database, which can support various file formats such as text, pictures, and video. Through this tool, the help desk agent can see the same information on the provider's screen, which will result in efficient and prompt handling of calls. A full discussion of this solution is found in RESPONSE 38s.

### Overlapping Unique ID's

To avoid considerable repetition of information that applies to numerous RESPONSES, we have placed the requirement in one RESPONSE and cross-referenced it in the other RESPONSES.

### Unique ID Cross-References

ID	Requirement	Detailed Response Provided in
1855	Provide the appropriate technical or operational support based on call issue, and provide the appropriate staff to answer the question(s).	RESPONSE 40j
1861	Provide a centralized call center and help desk database or reporting capability that creates, edits, sorts, and filters tickets or electronic records of calls made to the call center and help desk categories that can be accessed and used by the Department for provider and client tracking and management.	RESPONSE 40j
1862	The Contractor will staff a Call Center/Help Desk from 8:00 a.m. to 5:00 p.m. MT, Monday - Friday.	RESPONSE 40j
1863	The Contractor will staff a Call Center/Help Desk from 7:00 a.m. to 7:00 p.m. MT.	RESPONSE 40j
1864	Provide call-center, help desk, web knowledge based forum and other support to users of data-merge functionality.	RESPONSE 40j

<b>9.12 – Help Desk Services</b>	<b>In Production? YES/NO</b>
<b>Description Addresses Requirements (Provide the range as applicable):</b> 1864	<b>NO</b>

### Overlapping Unique ID's

To avoid considerable repetition of information that applies to numerous RESPONSES, we have placed the requirement in one RESPONSE and cross-referenced it in the other RESPONSES.

### Unique ID Cross-References

ID	Requirement	Detailed Response Provided in
1864	Provide call-center, help desk, web knowledge based forum and other support to users of data-merge functionality.	RESPONSE 40j

## RESPONSE 40I

9.13 – Mailroom Services	In Production? YES/NO
<b>Description Addresses Requirements (Provide the range as applicable):</b> 1867	YES

### Mailroom Services (Unique ID 1867)

Mailroom operations are a basic function of our fiscal agent service offerings. The Department will benefit from the comprehensive experience we have in provider and client communications through the innovative use of efficient and well-planned software and equipment, modern and automated processes, and skilled resources. HP will maintain mailroom staff to prepare and control incoming and outgoing program-related mail, claims, client and provider inquiries, and other communications. Because of the protected health information contained in Medicaid communications, we handle mail in a secure HIPAA-compliant manner. Our proposed equipment for mail handling is both right-sized and durable for efficient and reliable operations. We also apply standard tools and methodologies to automate processes that have proven successful for our other MMIS customers.

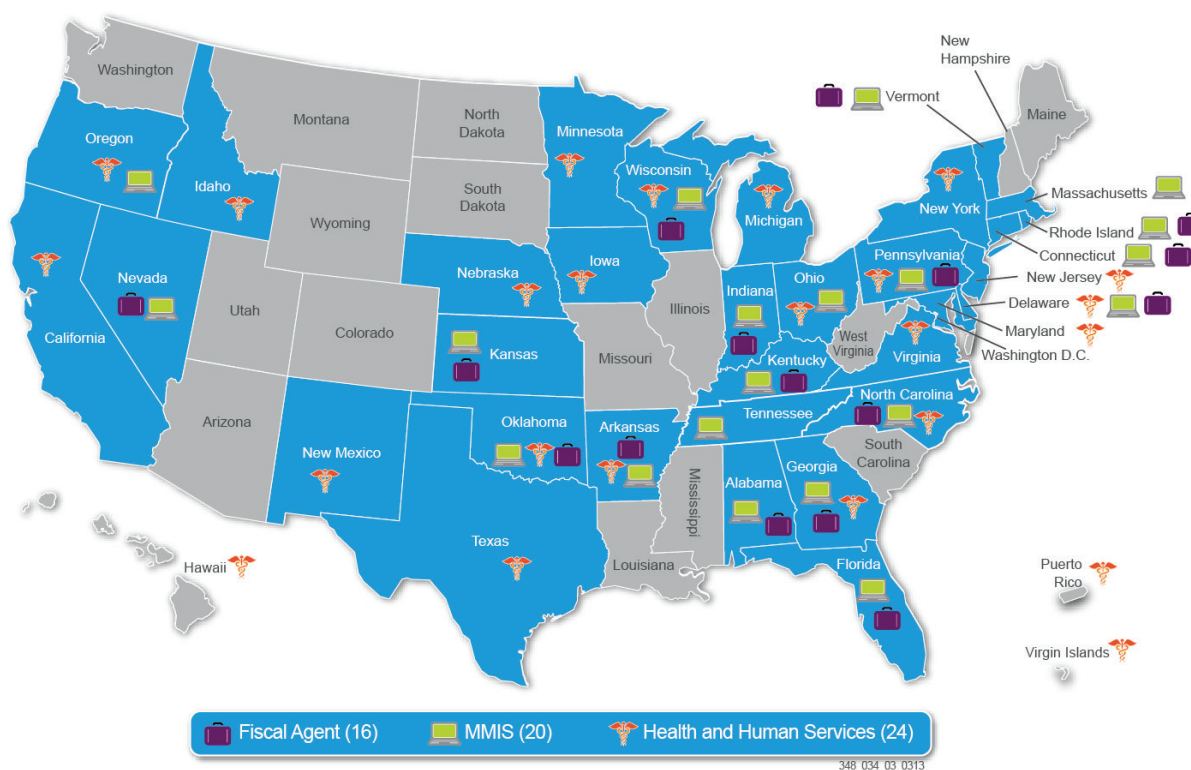
Paper printing and processing is an area that is often ripe for process improvements through the implementation of workflows and business rules to apply automation. We understand the business today and know where improvements can be made to alleviate cumbersome and time consuming processes. Using this knowledge and experience, we will identify improvements moving the maturity path forward by automating manual processes.

The mail and print center will comprise the following:

- Opening and sorting incoming mail
- Scanning paper claims
- Full-time courier services
- Provider publications responsibilities
- Print and materials management
- Provider manual and subscription services
- Forms management
- Publications; print and distribute reports

HP provides the best possible solution to achieve the most efficient means of processing incoming mail and outgoing documents. The following figure documents the breadth of experience that our team has in support of our customers.

## HP Healthcare Footprint



## Incoming Mail

Even in today's electronic age, some business functions still require paper or need to support paper receipts. Until a time that the Medicaid program can be 100 percent paperless, HP will successfully manage mailroom functions.

Each morning the incoming mail sent to our fiscal agent P.O. Box at the local U.S. Postal facility will be picked up by our courier and delivered it to the HP Denver facility. HP places mail delivered to or picked up from the post office in a locked mail transport container to provide proper control of the protected health information (PHI), personally identifiable information (PII), and checks en route.

The HP mailroom team will open the mail using an automated mail opener, extract the contents, and process the mail using the OPEX DS2200 scanner. This machine will allow HP to scan incoming mail in a single pass, reducing the staff hours needed to manually sort, screen, and scan mail thus enhancing accuracy and consistency. Our solution includes the Mavro document identification software which is integrated with the OPEX scanner. Built with business rules, Mavro can identify and categorize documents without manual intervention.

By using the OPEX system, our HP Oklahoma Medicaid account experienced an **85 percent reduction** in the time it took to open and sort mail—going from a daily effort of 40 work hours to six work hours to prepare the mail for scanning.

The OPEX scanner, depicted in the following figure, practically eliminates the additional preparation and post-processing tasks associated with conventional document capture.

### **OPEX DS2200 Scanner**



348\_164\_01\_0313

Documents that do not meet the established Mavro business rules will be handled by our mailroom staff. Downstream from the scan operator, staff members classify, route, and release images to the proper functional business area—to a workflow tool, the data entry operation, or the image repository.



Mail not passed through the OPEX scanner is stamped with the calendar date of receipt using a rubber self-inking stamp labeled as “HP Mailroom.” The OPEX scanner sprays mail with the Julian date of receipt as a component of the control number assigned to each item. Each document is assigned a unique document control number (DCN) that includes the year and Julian date of receipt. Paper claims and adjustments are assigned an Internal Control Number (ICN) that includes the year and Julian date, batch number, and sequence of the claim or adjustment. This ICN will track the claim through the entire claim life cycle. The ICN numbering logic contains a two-digit region code that is used to indicate media type and the presence of attachments for hard-copy claims. This code also is used to denote special handling—for example, for timely filing overrides or other Department-requested special

handling. The ICN region code is entered in the edit/audit disposition tables to control the action of the edits and audits during claims processing.



The OPEX scanner images paper claims, classifies them, and categorizes them into folders by claim type. A mailroom operator classifies unrecognized images using a one-stroke hot key while viewing the image—for example, classifying UB-04 forms into inpatient and outpatient or long-term care. They also can adjust the claim image to correct items too dark or too light, which affects the final image in the repository. After passing through the OPEX scanner, HP staff members place paper claims in batch folders and on shelves in DCN order. We maintain paper claim and other hard-copy batches according to the specifications outlined by the Department for archival and destruction. Claims that do not meet the minimum data requirements are routed to be returned to the provider (RTP). Before mailing the RTPs, a cover letter is added to identify the missing or incorrect data, giving providers the information they need to correct and resubmit their claim.

Claim output from OPEX will be sent to the SunGard FormWorks package for data capture and clean up through the OCR engine. This will upload claim information to interChange or route non-claim documentation to the appropriate department for processing. Hard-copy documents are converted into optical digital images and stored in the IBM OnDemand solution for access by authorized users, as illustrated in the following figure.



**RESPONSE HAS BEEN GRANTED CONFIDENTIAL TREATMENT BY THE  
DEPARTMENT AND HAS BEEN REDACTED**

### **Print Center and Outgoing Mail Processing**

HP will deliver to the Department and pick up at the Department items including contractor mail, reports, and other deliveries. Although there will be a mutually agreed-on “standard” schedule of pickups and deliveries, we understand that there will be occasional emergency situations that will require extra or immediate service.

Our HP mailroom and courier personnel are trained in privacy and data protection, and also security awareness to protect the confidentiality of Medicaid mail. The courier follows strict procedures to verify PHI and PII are not compromised from the paper claims and correspondence being picked up or delivered.

HP operationally supports the production and distribution of notifications to clients, providers, and other stakeholders in many Medicaid states today. The team uses leading technology hardware and mailroom processes to verify that notifications are produced accurately and distributed appropriately.



The Colorado interChange supports the direct transmission of electronic, HIPAA-compliant 835 Remittance Advices (RAs). Electronic transmission of RAs speeds the communication of payment and denial information to providers and allows them to systematically reconcile adjudicated claims to services billed. Instead of waiting a week to receive a paper RA, providers using the 835 format can receive their payment and denial information more promptly.

For providers who cannot accept an 835, the MMIS creates RAs with the claim and financial activity processed during the week. The RA process generates a comprehensive document that provides weekly and year-to-date provider earnings information and detailed claims adjudication information, including, claims in process, third-party liability information and multiple error messages per detail for denials,.

Our Denver facility includes on-site computer operations with a high-speed production printer for printing provider RAs, client explanations of medical benefits (EOMB) and other hard-copy documents for mailing.

HP prepares, produces, and distributes client notifications as approved by the Department. These notifications can be produced and sent to the entire client group or a specific subset of clients within the Medicaid program. HP uses the following methods to distribute Department-approved notifications:

- **Web portal notification**—Messages are posted to the secure Healthcare Portal on the client notification web page.
- **Paper notification**—Messages are produced on paper using a bulletin style format. The client's address and the notification title are printed on the back of the notification to save paper and postage. In cases where the notification is multiple pages long, the client's address information will be printed on a cover page.
- **HP Exstream Letter Generation application**—Fully integrated with the Colorado interChange is the COTS product HP Exstream Letter Generation application (HP Exstream). This application systematically produces a notification letter based on actions taken in the Colorado interChange. For example, following a prior authorization decision for client services, a notice is generated. These letters are machine-inserted into a windowed envelope and mailed through the U.S. Postal Service (USPS).

Client mailing coversheets are produced using a mail merge process. This process interrogates the client eligibility file for client addresses and moves the client addresses to the HP print solutions center where they are downloaded to a print job. Cover sheets are systematically produced and used for a paper mailing and when appropriate include the unique bar code used to identify the clients in the event the mail is undeliverable.

HP prepares, produces, and distributes provider notifications as approved by the Department. These notifications can be distributed to the entire provider community or to a subset of

providers, including provider type and specialty. The methods of communication to notify providers of changes or updates to the Medicaid program include the following:

- Secure web portal notifications or alerts
- Remittance advice banner page broadcasting
- Email
- Provider bulletins



The preferred method of communication to the provider community is through the secure Healthcare Portal. The portal provides information to providers immediately while saving the Department significant dollars on postage expense. For example, a 35,000 single-page provider bulletin at a negotiated reduced postage rate of \$.44 would cost the Department \$15,400.

By posting bulletins on the secure web portal along with other provider notifications normally mailed through the USPS, the Department would save a substantial amount of money.

The following is a sample of our Healthcare Portal web page.

**RESPONSE HAS BEEN GRANTED CONFIDENTIAL TREATMENT BY THE  
DEPARTMENT AND HAS BEEN REDACTED**

Providers are required to indicate during enrollment and reenrollment how they would prefer to receive communications – by email, postal mail, or provider portal. After we generate correspondence, we send the approved document to providers through the media channel

selected during enrollment. Unless otherwise specified by the Department, provider communications will comply with preferred methods of communication.

Our proposed robust Provider Portal will allow for more information to be readily available at a click of the mouse. The advantage to disseminating information on the portal is prompt delivery and continual availability of the most current information.

## RESPONSE 40m

9.14 – Online Document Repository	In Production? YES/NO
<b>Description Addresses Requirements (Provide the range as applicable):</b> 1868-1870	YES

The following response answers Unique IDs 1868-1870.

### Online Document Repository (Unique IDs 1868-1870)



With four decades of experience supporting multiple state Medicaid programs, HP offers our knowledge to manage documents, reports, and information to support the Department's programs. Our electronic document management support (EDMS) solution provides an online, real-time

communications tracking tool with role-based access to monitor and document system updates, daily business, and exchanges between organizations and the Department.

HP and Microsoft share 100,000 customers, with HP managing 2,000 Microsoft engagements every year.

HP will implement a complete EDMS solution for scanning, storage, and retrieval of images. EDMS includes document storage and retention capabilities with easy access from users' desktops with role-based security. The project and contract documents, along with other document types determined by the Department, are available within the EDMS solution including their current and prior versions necessary for retention purposes.

The proposed Colorado interChange EDMS combines proven software COTS products into a cohesive solution for Colorado. We detail the complete list of EDMS software components in RESPONSE 40h, incorporating the COTS necessary to capture the files and information into the EDMS. The following two components provide our robust online document repository capability within Colorado's EDMS solution:

- IBM Content Manager OnDemand is the core document management solution—**Information is the lifeblood of any organization. Taking advantage of this critical corporate asset through competent records management can enhance the Department's ability to meet governance and regulatory compliance obligations. This paperless component increases business efficiency and staff productivity. Automated rules, classification, and workflow capabilities enable the easy capture, secure management, and discovery of business information. It serves as our repository for scanned claim and provider-related documents.
- Microsoft SharePoint is the project repository and communications management component—**Communications management is critical to the success of any project. Managing the project communication documents, including revisions, is imperative to the

project. Microsoft SharePoint is a powerful collaboration environment that enables users to quickly and easily create, use, edit, and share information. It serves as our repository for project-related documents including business processes, manuals, and communications. SharePoint provides an intuitive, familiar interface for business users, and most users can begin using the repository without extensive training.

### **IBM Content Management OnDemand**



The OnDemand software is a proven enterprise records management system that simplifies the capture, lifetime management, security, and access to the Department's information in business context. OnDemand delivers proven records management for enterprises and will enable the Department to add secure enterprise records management to your environment.

### **Security**

OnDemand applies stringent security for managed content. It meets the rigorous records management and security certification requirements for claim and partner documents. The document images that are imported into OnDemand are read-only and cannot be changed. When a document requires an edit, a copy of the original image is generated to capture the edit. Direct edits to the source image is strictly prohibited. This copy is then archived as a read-only image and linked to the original to build a version history. Each image is indexed based on metadata to associate it with identifying information, such as claim or provider number. Only the indexes may be changed to refresh corrections. These indexes are used to provide fast search results when requesting a document image. OnDemand provides strict security and access control to managed records.

Each image is categorized into a folder. A user group is assigned to a folder. Every user is assigned to a group to grant him or her permission to view the images within the group's folder. Only authorized users may access these records, thereby protecting information from inappropriate access and misuse. An audit trail is retained of what image each user views.

With OnDemand, the Department also can manage security at the organizational level by building protection into processes and reinforcing overall organizational security. If the Department chooses to extend the EDMS outside the original scope for the Colorado MMIS RFP, the tool can segregate and secure information by organization if needed.

### **Prepared for e-Discovery**

OnDemand is built on the principle that the documents and records life cycle, including related information and activities, are records of business transactions. Data is captured and managed as business records according to corporate policies. With OnDemand, business records are proactively captured, managed, and secured according to corporate classification, retention, and disposal policies.

OnDemand helps the Department prove the authenticity, reliability, and integrity of its records to reduce risk during litigation as follows:

- Best practice information management
- Strict security and access controls
- Extensive metadata management
- Information managed in business context

Organizations that use OnDemand can demonstrate their records management procedures, easily respond to investigative requests, and reduce their financial, legal, and operational risks.

### Feature Summary

OnDemand can help the Department put information management into a business context, regardless of the application for which it is being employed. OnDemand searches and retrieves metadata and content for a single view of your information in its business context as follows:

- Make informed decisions by working with the most relevant information
- Achieve document authenticity with one authoritative document or record
- Control who can access documents and records with a rigorously enforced security structure
- Secure integration with the HP Healthcare Portal and the Colorado interChange user interface
- Reduce risk by applying compliance policies to information across the enterprise
- Increase operational efficiency by capturing information within its business context
- Protect electronic evidence and long-term records with automated rendering
- Publish authoritative records automatically from OnDemand, maintaining security and privacy
- Simplify process automation with high-volume scanning that captures documents and metadata

### Benefits Summary

OnDemand drives business efficiency and records integrity by providing a scalable, policy-driven foundation for the Department's information governance strategy. Specifically, OnDemand enables the Department to accomplish the following:

- Increase compliance and prepare for e-discovery
  - Apply compliance policy management across enterprise content
  - Manage the complete information life cycle of the Department's corporate records
  - Prove the authenticity of information with version control, access control, and audit trails
  - Support long-term information access in appropriate formats
  - Reduce risk by implementing global certification standards and best practices
  - Support Freedom of Information Act (FOIA) requests by easily finding, redacting, and rendering information for secure release

- Increase security
  - Help protect the Department’s information with rigorous yet easy-to-manage security access controls
  - Apply default security across the enterprise to reduce the risk and burden of maintaining confidentiality
  - Integrate with HP single sign-on solution

### **Microsoft SharePoint 2010**



Microsoft SharePoint 2010 is a proven collaboration environment, employed to publish and manage project-related material. SharePoint provides the ability to collaborate on system, project, and communication documentation with easy-to-use, intuitive editing methods. It tracks and maintains version history of documents and edits to their related attachments. SharePoint allows users to manage, finalize, relocate, and archive content categories according to established business rules including the following:

- Blogs
- Wikis
- Discussions
- Documents
- Forms
- Published pages

Managed content is delivered through SharePoint resulting in minimal training requirements and improved staff productivity.

### **Best Practice Records Management for SharePoint**

The success of SharePoint in facilitating collaboration has increased the ability to meet information governance and regulatory compliance obligations while enabling the project team to efficiently consume and contribute information.

Good corporate governance and regulatory compliance require records management policies and processes be applied throughout content’s life cycle, including SharePoint content. Compliance policies are applied as transparently as possible, enabling users to work most effectively in Microsoft Office and SharePoint environments.

### **Records Management**

The Records Management module manages the life cycle of SharePoint content according to Department-defined business rules, thus providing records management to SharePoint content as follows:

- The Department defines that the rules and business records must be managed for life to fulfill compliance goals.
- Centrally defined and managed security permissions and access controls protect corporate records from inappropriate access and misuse within SharePoint.
- Users enhance their productivity by searching within SharePoint.

### Feature Summary

- Control document drafting, approval, and publishing processes with enterprise security
- Collaborate securely across the enterprise with a unified, scalable enterprise repository
- Manage emails with drag-and-drop to file folders
- Send declared emails and attachments as an email link, preventing needless duplication
- Enhance security with email recipients authenticated before viewing records
- Open documents for editing directly from a browser in a secure manner while maintaining version control
- Easily share information among virtual team members across the enterprise
- Use the existing IT architecture with smooth integration with Microsoft Office and other industry-standard authoring tools

### **HP Information Management**

OnDemand and SharePoint software are key components of the HP Information Management portfolio addressing today's most critical information issues, while simplifying the management and governance of enterprise information. They provide a holistic approach and framework that enables the Department to capture, protect, monitor, retain, and find information. The HP solution delivers the right information to the right person at the right time.