Technical Approach

Technical Approach

Paramount to the success of any system implementation is the selection of an experienced team with a proven history of success in design, development, and implementation (DDI) of projects. Working with HP Enterprise Services (HP), the Department will benefit from a team that has a proven technical approach supported by a reliable framework and methodology used throughout the project phases.

Why the HP Approach is the Best Solution for the Department

HP understands that the Department seeks a flexible and adaptable solution that supports enhanced automation across the program.

The interChange Medicaid Management Information System (MMIS) directly addresses the forward-looking needs of the various stakeholders. Using the guiding principles of the CMS Seven Standards and Conditions (7SCs), the interChange MMIS drives the users to effective business results. From extensive user configuration options to immediate self-service capabilities for clients and providers, interChange promotes flexibility and adaptability for a state's transformative business needs. Highlights of the solution include self-service, workflow automation, program management, and an advanced user interface.

Self-Service Healthcare

The interChange MMIS leads the state healthcare market in providing self-service features:

- Built on the framework that gave providers the first real-time web adjudication portal for each claim type, HP continues evolving our solutions to maintain the highest benchmarks in member and provider self-service.
- Healthcare Portal features give providers and clients greater independent action—from finding a dentist to submitting a claim to jointly managing a diabetic's care management plan.

- HP's Health Insurance Portability and Accountability Act (HIPAA)–compliant portal solution lowers costs by sharing standardized web services across multiple states.

Standardized Workflow and Rules

The interChange service-oriented framework orchestrates staff efficiency and consistency, making training easier and quality management measurable:

- Integrated workflow streamlines business processes and facilitates consistent quality and productivity.
- Most claim adjudication decisions are configured within a purpose-built business policy rules engine.
- These rules are human-readable and can be exported to an external repository in compliance with 7SCs.
- Out-of-the-box reporting and dashboards deliver control and enhanced visibility to the workflow solution efficiency.

Simplified Program Management

The interChange MMIS provides enhanced visibility to the critical information required to evaluate and shape the administration of the state healthcare program:

- The interChange MMIS inSight Dashboard supplies instant access to key metrics in easy-to-read charts and graphs.
- The comprehensive interface consolidates multiple business processes into a single, easy-to-navigate library of metrics that measure program effectiveness.
- Operational reports are made extendable through direct data file access.

Advanced User Interface

The advanced business features of the MMIS user interface simplify daily tasks through quick and direct access to information:

- The User Interface (UI) has been redesigned "for users by users," maximizing the effectiveness of each interaction with the system.
- The flexibility of user-configurable settings personalizes the work experience.
- @neTouch family of features enhances productivity with improved navigation, personal Favorite links, Medicaid Information Technology Architecture (MITA) Process information, profiles, and context-sensitive help.

HP has been working with commercial off-the-shelf (COTS)–based integration and enterprise service bus (ESB) technology since 1995. HP employs more than 1,900 service-oriented architecture (SOA) consultants and architects and more than 9,000 employees with experience using SOA and web service–oriented tools, delivering enterprise integration and SOA services to more than 1,000 customers worldwide.

HP also understands that the Department seeks a solution built on an SOA for ease of integration and data sharing.

Closer to healthcare, we have implemented SOA technology as part of our interChange MMIS implementations since 2003. Additionally we manage or share ESB environments for five of our MMIS accounts—Georgia, Florida, Kentucky, Massachusetts, and Ohio.

A healthcare enterprise in this decade needs more than just "SOA." Although MITA has begun to standardize business processes and encourage the use of COTS tools, it has not yet provided any technical standards to help customers or vendors build true SOA services. To help guide our customers into an increasingly interconnected healthcare world, HP has developed interChange Connections, a full-featured, healthcare-specific, business services framework that is a foundational component of the interChange Medicaid Enterprise solution. The interChange Connections framework allows HP to help our customers implement true SOA concepts in a logical, systematic manner based on the leadership HP is providing at national healthcare and standards bodies such as HL7, CAQH, X12, and WEDI.

interChange Connections brings consistent SOA governance, methodology, modeling, standards, and processes to our healthcare accounts. interChange Connections is not the ESB itself—it contains the discipline to design, build, and publish or consume MMIS services and to support a standard exchange of data with external trading partners. interChange Connections also contains standard web service message formats and ESB design patterns for MITA-related service implementations. Besides offering experience with the tool in our healthcare organization, we have a deep repository of best practices and active code and design patterns in our shared corporate repository.

HP was the first vendor to implement a non-mainframe–based MMIS in 1965 and has continued to evolve and advance our interChange MMIS solution. Thirteen states are now successfully using our interChange solution to support their Medicaid programs.

HP understands that Colorado seeks a vendor with a proven record of successful modern MMIS implementations.

Since 2002, HP has implemented 13 innovative MMISs—more than our competitors combined. Nationally, seven of the last 10 MMIS implementations were HP interChange implementations. From lessons learned through our experience and success with multiple large implementations, HP has a repository of more than 250 proven practice assets. We have assembled these proven practices from previous implementations. We use them to speed configuration and development. This repository provides a starting point for our implementations that reduces risk and accelerates "go-live."

Meets the Department Objectives and Goals

HP and the Department share common objectives that enable success. Our goal is to successfully deliver your top priorities for this MMIS implementation. The framework supporting the effort must be firmly established at the onset of the Design and Define phases. The ability to quickly establish this framework is an HP strength. Our team members have the technical skills to facilitate on-time delivery and the customer service skills to effectively communicate every step of the way.

HP will deliver a flexible and adaptable solution, built on an SOA for ease of integration and data sharing, by using our proven Healthcare Enterprise Enabling Delivery and Global Excellence (EDGE) process framework Systems Development Life Cycle (SDLC) for use as a cornerstone to manage the DDI phases of the Colorado Medicaid Management Innovation and Transformation project (COMMIT project).

HP's Healthcare Enterprise EDGE SDLC is a comprehensive, methodology that can integrate waterfall, iterative, and agile-based approaches. Our EDGE SDLC is HP's core SDLC used throughout every industry and is aligned with the Software Engineering Institute (SEI) Capability Maturity Model Integration (CMMI), the Project Management Body of Knowledge (PMBOK®) Guide, and ISO/IEEE 12207-2008 System and Software Engineering—Software Lifecycle Processes for Quality Management approach. The EDGE SDLC process framework improves consistency, quality, and overall business performance for HP by using common processes and shared lessons learned. Each industry within HP tailors the core SDLC to support industry-specific standards.

We have proven this SDLC methodology during our previous MMIS projects for development and subsequent enhancements. The outcome has yielded outstanding results for our Medicaid customers, which we will deliver for Colorado. The SDLC methodology contains the entire process of using systematic steps to analyze, develop, test, implement, and maintain resources. These include software, applications, integrated systems, and implementation processes. Our Healthcare Enterprise EDGE SDLC is well-defined, traceable, and structured and will provide the Department with confidence that modifications and enhancements follow a prescribed methodology from inception to completion.

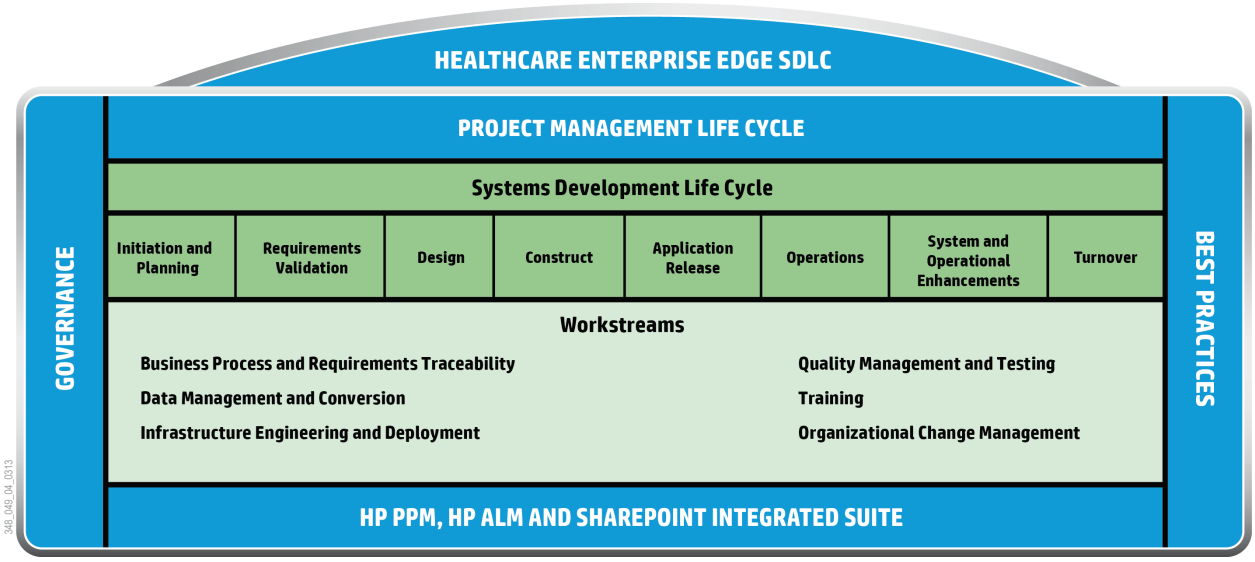
We customized our Healthcare Enterprise EDGE SDLC to support various work types such as new application development, infrastructure engineering, system maintenance, enhancements, and systems integration. We encompass the work streams across the software development life cycle and into operations for system enhancements. Additionally, we incorporate lessons learned from our many previous MMIS implementations.

HP will continue to use, and consistently follow, the SDLC through the life of the contract to enhance and change the COMMIT project. This approach combines the work stream components and parallel activities for each software development phase, with oversight by project

management. A benefit and control feature of our Healthcare Enterprise EDGE SDLC is that the workflow is automated in the HP PPM tool, delivering more standards and consistency across the various enhancement steps. Microsoft Project schedules align to the SDLC workflow, which are uploaded into HP PPM. They provide integrated dashboard views of the project status for each SDLC phase. The Department will gain full visibility of modification status and enhancement work.

We depict the SDLC steps in the following figure.

The Healthcare Enterprise EDGE SDLC



Our Team

HP has selected Sellers Dorsey and McKesson as proven team members in the state and local healthcare arena to provide the following professional services and meet the requirements requested in the SOW. These subcontractors were chosen specifically for their deep knowledge and specialty in their perspective areas of work. In the following pages, you will see their ability to carry out the work explained in detail. Pulling together a solution for Colorado involves choosing the right tools and technology, but just as important, choosing the right services contractors. That means HP vetted vendors for specific service enhancements and reviewed their experience and ability to perform the work. Through this due diligence, we are confident this is the right team for the job. The subcontractors are listed in the following table.

Subcontractors to HP

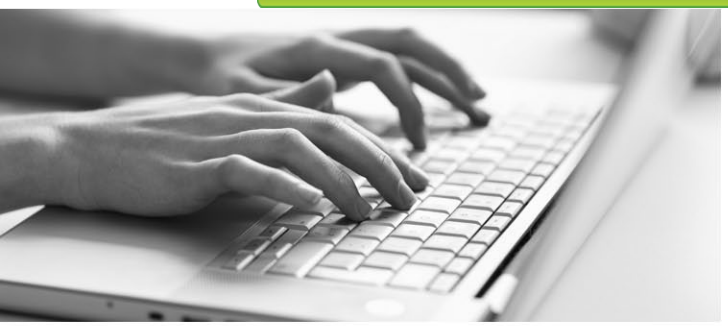
Subcontractor	Services	Benefit
Sellers Dorsey	BPR	Sellers Dorsey brings the strategic planning acumen of a recognized healthcare consultancy to assist the Department in driving the evolving healthcare delivery model for Colorado.
McKesson	Case/Care Management	McKesson's Case Management Tool integrates utilization, disease, and case management into a smooth process to improve communication among care managers and provide a platform for a unified program that closes gaps in care, enhances care team coordination, and streamlines authorization and medical review processes.

HP offers our response to the Department's request for our technical approach follows:

- Understanding of Solicitation and Project Goals
- Understanding Contract Stages
- Approach to Project Phases
- Contract Personnel
- Approach to Contractor General Requirements
- Approach to Core MMIS Statement of Work
- Approach to Fiscal Agent Operations Statement of Work
- Scenarios to Illustrate the Offeror's Proposed Solution
- Business and Technical Innovation

CLICK ABOVE FOR EMBEDDED VIDEO

CLICK HERE FOR FULL RESOLUTION VIDEO



Understanding of Solicitation and Project Goals

Understanding of Solicitation and Project Goals

Through this solicitation, the Department has stated its goals as the following:

- A modern system
- A modern service delivery model
- Excellent customer service
- Operational automation for providers and the Department
- An ability to quickly adapt and support the next decade of healthcare administration
- MITA maturity level growth

These overarching goals also describe those of HP's proposed modern, innovative MMIS solution and proven service delivery excellence model. The Department's goals and objectives are our own. An alliance between the Department and HP will benefit Colorado's Medicaid and Child Health Plan Plus programs by having a fiscal agent that shares your deep desire for a technologically advanced, user-centered MMIS.

With the solicitation's required responses emphasizing guiding principles, goals, experience, and success, the Department has shown it is more focused on outcomes and service rather than the nuts and bolts of an MMIS. While the nuts and bolts are important, this RFP clearly demonstrates that the Department is not just interested in a system that can pay claims and manage providers, but in a fully developed, state-of-the-art transformational fiscal agent system and service approach.

HP understands what the Department is looking for, and we are ready to successfully deliver as we have for numerous other states. With a State and Local Healthcare business unit comprising approximately 10,000 information technology and medical professionals, we have heavily invested in the research and development of our interChange MMIS to comprehensively address MITA, CMS Seven Standards and Conditions, and a user interface that aligns with the specific user's assigned tasks.

The RFP states the Department is looking for "…a suite of applications or components to serve as a 'best of breed' MMIS." We have a flexible, configurable solution that maximizes COTS technology and is built on a foundation of proven practices.

The RFP states the Department is looking for the ability to "…administer and modernize the Colorado medical Assistance program without significant changes to the underlying technology and coding…" Our solution puts change in the hands of the users.

The RFP states the Department is looking for a solution that can "…adapt payment methodologies that encourage quality services and healthy outcomes." Our Business Policy Administration feature allows payment methodologies to be configured quickly and accurately.

The Department will have the creative, innovative solution it is looking for by choosing HP to install and operate its new Colorado interChange Medicaid Enterprise system. As you read RESPONSES 17 through 24, you will see how our vision aligns with yours.

RESPONSE 17

RESPONSE 17: The Offeror shall describe their interpretation of and their general ability to help fulfill the Department's Guiding Principles as provided in Section 2.2.3 of the RFP Body. The Offeror shall provide specific examples to illustrate how their solution will support each of the following COMMIT Guiding Principles. In circumstances where the Offeror's solution is inconsistent with these Guiding Principles, please describe inconsistencies, and propose alternatives to address any gaps.

a. Adaptability.

b. Support of Business Intelligence and Data Analytics (within the scope of this Contract).

c. Service Focus.

d. Performance-Based Contract.

e. Information Sharing.

f. Realistic Project Schedule.

The COMMIT project's leadership clearly defined its guiding principles and vision. The Department's vision is in direct alignment with the vision we had when developing our state-of-the-art MMIS. We are excited to present a proposal that is aligned with the Department's goals and guiding principles. Our proven success and vast experience in multiple states allows us to present Colorado with the best solution available in the market today and to mitigate risks throughout the project.

While we prefer to focus on why we are the best vendor rather than on the shortcomings of our competitors, we would like the Department to reflect on two key questions about the bidders:

- Have they had customers cancel any of their implementations?
- Have they had customers require a system back-out?

HP's answer to both of these questions is a resounding "No!" Since 2002, HP has successfully implemented 13 real-time MMISs—more than our competitors combined. In that time, we are proud to note that customers have *never* canceled any of our implementations nor have we *ever* required a system back-out. By choosing HP for this project, the Department will gain a vendor it can rely on now and into the future.

Choosing HP as your MMIS fiscal agent will give the Department a successful, prompt transition with minimal effect on the clients, providers, and other stakeholders.

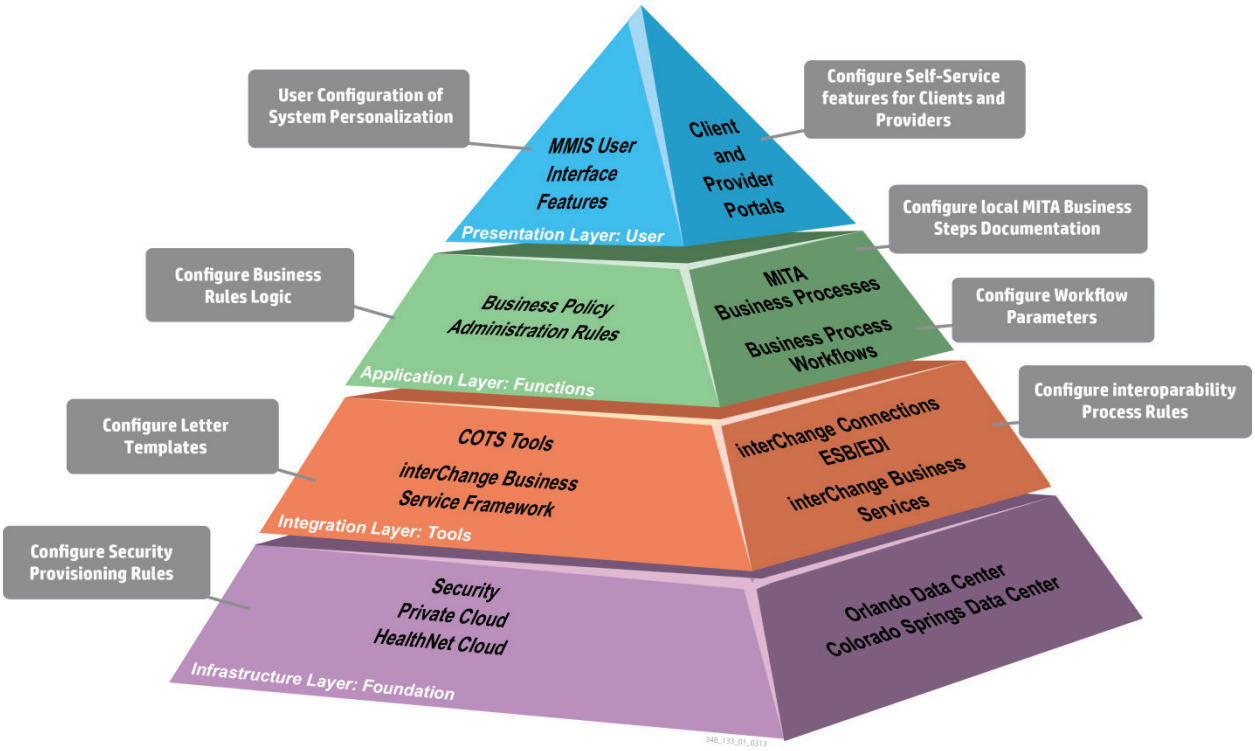
HP has irreplaceable understanding, experience, and hands-on knowledge of the programs and policies that have shaped the modern CMS requirements for MMIS compliance. We can deliver to the Department a system that meets your vision and a staff that shares your goals.

To outline our interpretation and general ability to meet your goals and principles, we will address them each individually.

Guiding Principle: Adaptability

Through the Colorado interChange solution's architecture, the Department can respond faster to regulatory, programmatic, and technology changes because HP's proposed technical solution is flexible, rules-based, modular, and configurable. A combination of proven approaches to security and privacy and the technical and business architecture provides secure and easier access to data and information across the MMIS. Our approach and capabilities lead directly to our many successful implementations and set the stage for innovation and adaptability throughout the life of our contracts. Our approach delivers high-value service—improved through lessons learned from multiple projects. Most important, the interChange MMIS approach is proven and certified in more states than any of our competitors combined. The HP solution delivers innovation with reduced delivery risk as shown in the following figure.

Adaptability at Every Level



The Colorado interChange solution aligns to your goals and best positions the Department for long-term program management and continued process maturity throughout the contract. The interChange MMIS has true service-oriented architecture (SOA) at the granular level of the solution. Our approach is not a bolt-on use of services but rather a carefully planned and efficient use of a service environment to orchestrate transactions and services within the MMIS.

At the core of the interChange MMIS is our business services framework that enables an enterprise approach to COTS integration such that the workflow, electronic document management, and correspondence management packages are engaged through service calls, allowing the full use of those specialized COTS packages throughout the solution. The Colorado interChange enables users to configure business rules, and workflow processing allows for adaptability of the solution to evolve with the changing State programs. This configuration approach to the interChange MMIS accelerates the adoption of new programs and enables business analysts to quickly engage in the definition and deployment of the rules that define the alterations within the framework of the MMIS.

Our proposal contains details of each feature in the Colorado interChange MMIS we will deliver, so you can understand exactly how our solution fulfills your guiding principles, objectives and goals for the state's innovation and transformation project. In the following table, we amassed an overview from the detailed response elsewhere in this document to present a high-level road map of our solution.

Summary of Features and Benefits

Features of the HP Solution	Benefits to Colorado
• Business Rules Engine—user configurable business rules organized by rule type • Integrated workflow • Business user personalization of the user interface	• Aligns with CMS Seven Standards and Conditions • Maximizes efficiency in evaluating the lowest number of rules to achieve the right results • Maximizes state and federal funding • Optimizes outcomes • Enables consistent application of policy
• Dedicated and logical MMIS environments • Established change management processes to manage the environments	• Quality controlled management of system releases to predefined environments • Ability to support multiple testing activities with controlled processes
• HP FlexNetwork Architecture • HP TippingPoint Security	• Standards-based, scalable, agile and highly available • HP DVLabs security research lab, proactive security model, high-performance and automated updates with leading zero-day protection
interChange User Interface contains: • @neTouch family of features	• Personalized flexibility • Maximum navigation efficiency

Features of the HP Solution	Benefits to Colorado
• @neTouch MITA business process steps • Integrated workflow	• Business user driven adaptability • Streamlined standardized business processes • Enhanced efficiency
• HIPAA transaction management • COTS integration for transaction set management evolution across time	• The ability to perform high-volume, accurate translation of healthcare transactions • Ability to upgrade across time as transaction sets evolve
• Role-based security that meets state requirements • BusinessObjects for ad hoc reporting • Technical support on MITA	• User groups can test functional capabilities. • Users design parameters to develop desired reports. • Users will receive education and training about SOA. • This will help the Department reach a higher MITA maturity level.
• Training aligned to MITA business area framework • Adaptable training delivery formats including instructor-led, WBT, and CBT • Self-paced user training available 24 x 7 through the Internet • Scalable, flexible, and easy-to-use Learning Management System (LMS)	• User groups receive specialized training for their specific roles and responsibilities. • Users benefit from training strategies and approaches developed and perfected for Medicaid. • Users have access to training around the clock. • Administrators can easily manage training functions.
• Secure data exchanges to and from the MMIS • interChange Connections configurable management of interface processing rules	• Provides the required data protection of healthcare transactions and related reference files • Provides authorized business managers insight into the status of interface processing
• Easy to use web-based tools • Integrated with Microsoft Office products • Integrated workflow for revisions or	• Productivity increase • SharePoint offers a familiar Microsoft Office experience • Efficient, consistent electronic

Features of the HP Solution	Benefits to Colorado
approvals	distribution of user manuals and other documentation
• Business analysts drive rule configuration • Business Rule approach aligned to CMS 7SC	• Increased program flexibility through rule management • Ability for healthcare program adaptability across time
• The dashboards measure and track key performance indicators (KPIs) • We provide dashboards and performance reports to the users' desktop in near real time	• The Department can monitor performance using the dashboards. • The dashboard is configurable to each user.
• Measure and report system response time • Maintain security measures to support confidentiality of sensitive data • Maintain an available system 99.9 percent of the time	• HP promotes fast system response times for employees to maintain a steady workflow. • Role based access control restricts data to "as needed" for each user. • The system is monitored continuously to confirm a fast, working system for the Department.

The overall result of our technical architecture planning efforts is a web-based, rules-driven, service-oriented, transactional table-driven application that has set the standard for highly trusted transactional processing and data reporting. The interChange MMIS eliminates barriers for the provider and client community while providing efficient support of the many business processes enhanced through the MMIS.

Guiding Principle: Business Intelligence and Data Analytics

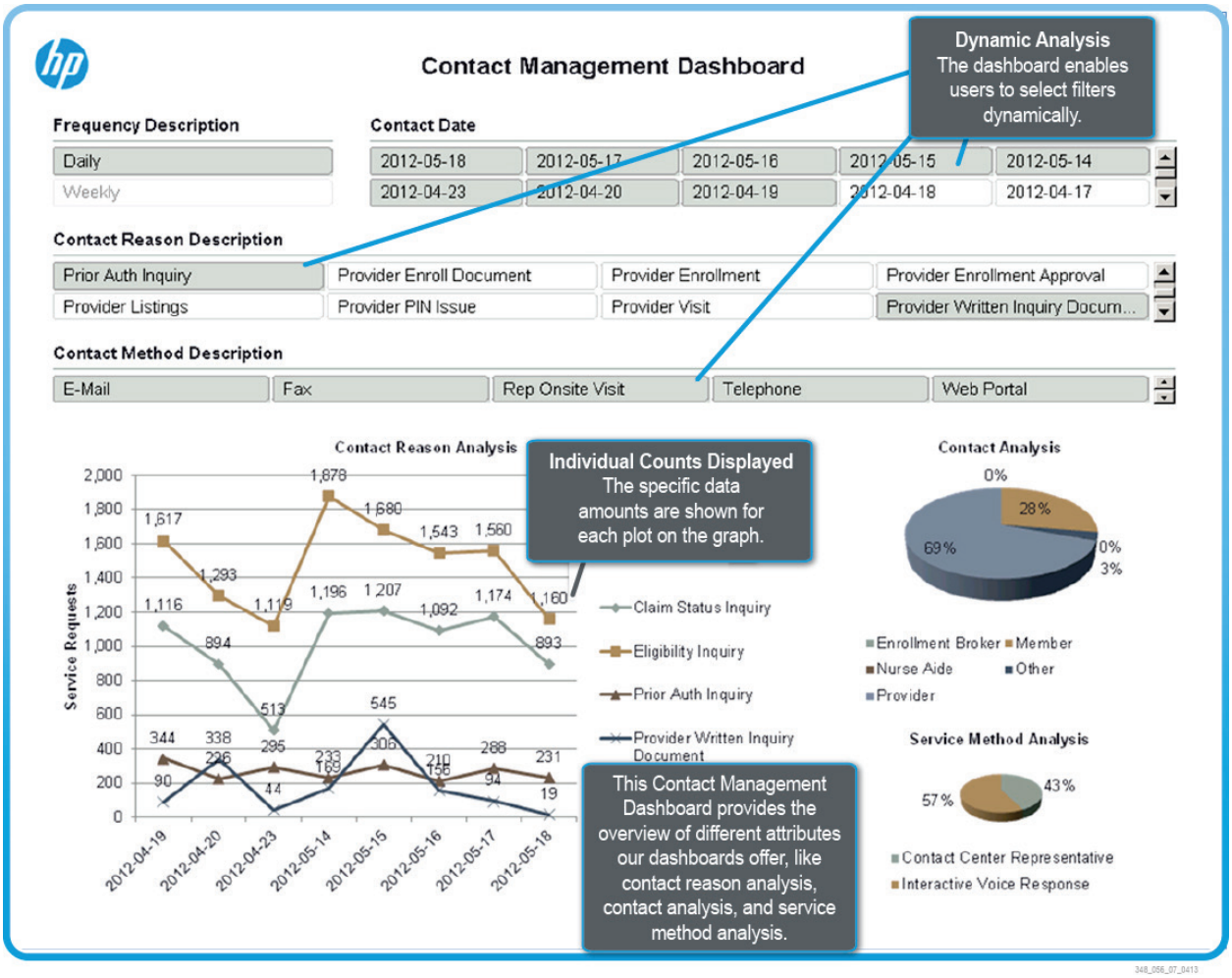
Supporting the Department and the BIDM vendor with accurate data is achieved by the smart design of the comprehensive solution HP plans to deliver to Colorado. The plethora of data available in the base system is unmatched in the market. Our ability to deliver that data to the BIDM vendor is enhanced through our HP Connections solution. The interChange Connections framework enhances the healthcare enterprise environment through robust infrastructure capabilities. HP delivers increased maturity of the MITA business functions through an SOA framework supported by interChange Connections, which includes a top-tier Enterprise Service Bus (ESB) and services-enabled interfaces.

The interChange MMIS solution includes a production reporting capability that provides standard operational reports available through our document management system. Operational

reports are easily retrieved, being indexed in the document management system for permanent storage and easy navigation to the recent and historical copies of the reports. The interChange MMIS production reporting solution provides easy access to the information needed.

Our production reporting solution also includes the interChange inSight KPI Dashboard where the key metrics that are aligned to service delivery excellence are captured and reported. The HP solution exceeds expectations by going beyond static dashboard presentation and enables the users to have a true analysis tool on their desktop to evaluate, drill into the details, and filter the metrics to better understand the business drivers behind the KPI numbers. We will provide our inSight Dashboard through a centralized content management system of Microsoft SharePoint. Through the inSight KPI Dashboard—shown in the following figure—the technical and operations performance data is directly available to the Department and HP leadership team for real-time, meaningful analytics.

Contact Management Dashboard



These tools will be available to the Department for an enterprisewide view of data and metrics going beyond the scope defined. inSight provides more data than is typically available, which is

more easily retrieved, than in any legacy system. The business intelligence features of interChange are second to none.

Service-Focused

The implementation of a replacement system is an exciting milestone for Colorado, but it can be of considerable concern to the user, client, and provider communities that rely on the MMIS to facilitate providing services to the most vulnerable members of our society. Providing a smooth transition is one of HP's strengths. The transition to a new MMIS and operations requires a careful choreography and focused collaboration by stakeholders. We share lessons learned and best practices from other implementations to verify the focus is always on quality service to the Colorado Medicaid community.

HP has been a market leader in delivering MMIS services directly to the stakeholders. interChange was the first MMIS to delivery real-time claim submission for each claim type more than a decade ago, and HP has led the way in delivering self-service features for the client community to experience a 21st-century healthcare experience.

Our implementation approach, developed across multiple projects and refined with the lessons learned from each engagement, is critical to the Colorado interChange's success.

HP's unmatched record of success drives our approach to implementation planning for Colorado. This experience enhances HP's approach to implementation of the Colorado interChange by keeping focused on services, minimizing disruptions, and reducing stakeholder anxiety. We analyze issues identified in previous implementations to improve our overall implementation approach. HP healthcare teams collect lessons learned and act on these lessons for continuous improvement and success in MMIS implementations.

HP has gathered proven practice assets from our healthcare implementation experience. These assets speed development by providing starting point work patterns, templates, guides, and resources. A solid development process leads to solid service delivery to clients and providers. We learn from each engagement and drive that knowledge back into our delivery capability through clearly documented processes. For example, HP has learned from recent projects in the marketplace that it is important to build technology on a solid base that meets business needs. Too often, system development efforts—without a strong, mature base platform—result in implementations that ultimately fail. That failure leads to service disruption and provider dissatisfaction, making the client the ultimate loser. HP will work with the Department, the incumbent fiscal agent, and stakeholders to diminish the risks and provide service excellence to give the Colorado Medicaid community an enhanced experience.

When in operation, the Colorado interChange we deliver will be user-centric whether that user is a client, provider, Department staff member, or other stakeholder. Each of our products is designed around the ultimate user. From the single sign on, to the ability to customize the

appearance, to the navigation ease, interChange panels and web portals are focused on providing the best user experience possible.

The HP Healthcare Portal supports the Department's growth along the MITA maturity curve while lowering the cost of operations.

The HP Healthcare Portal creates a true win/win situation for the stakeholders. The Department benefits by shifting to a faster and lower-cost channel of communication with its stakeholders while providers and clients can access current information 24 x 7. We detail the portals in other sections of our response. We present here a high-level overview to point out how our solution fits the Department's vision and goals. The HP solution focuses on the delivery of service and giving the customer a quality experience when conducting business with Colorado Medicaid.

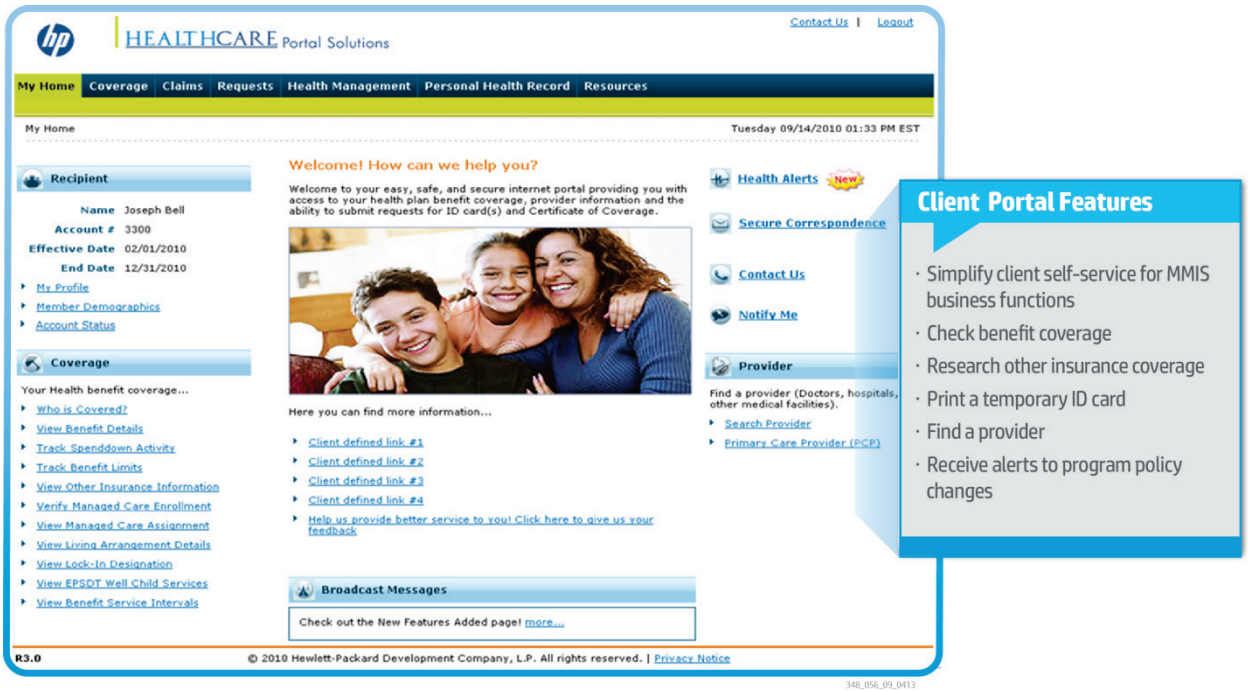
Providers and clients benefit from having access to real-time information and tools that streamline key daily business transactions such as claims submissions and prior authorization requests.

Client Portal

HP introduced the first healthcare portal for client self-service. Our offering meets the Business Results Condition of the CMS 7SC, which supports effective communication with clients. It also provides compatibility with Americans with Disabilities Act (ADA) Section 508 and meets Web Content Accessibility Guidelines (WCAG) 2.0.

As the following figure details, clients can view their benefits and coverage details through the portal, reducing work hours spent on a routine call center request and allowing the client to get the information on their schedule.

Client Portal



The Client portal user interface has a simple structure. The pages are consistent in their design and layout and enhanced with colors and icons making navigation simple for even novice users. Text in the portal is configurable; default text is geared toward a sixth-grade reading level. Medicaid clients' needs were the focus as we designed the portal. They will have a positive customer experience while surfing the web pages to transact their business.

Provider Portal

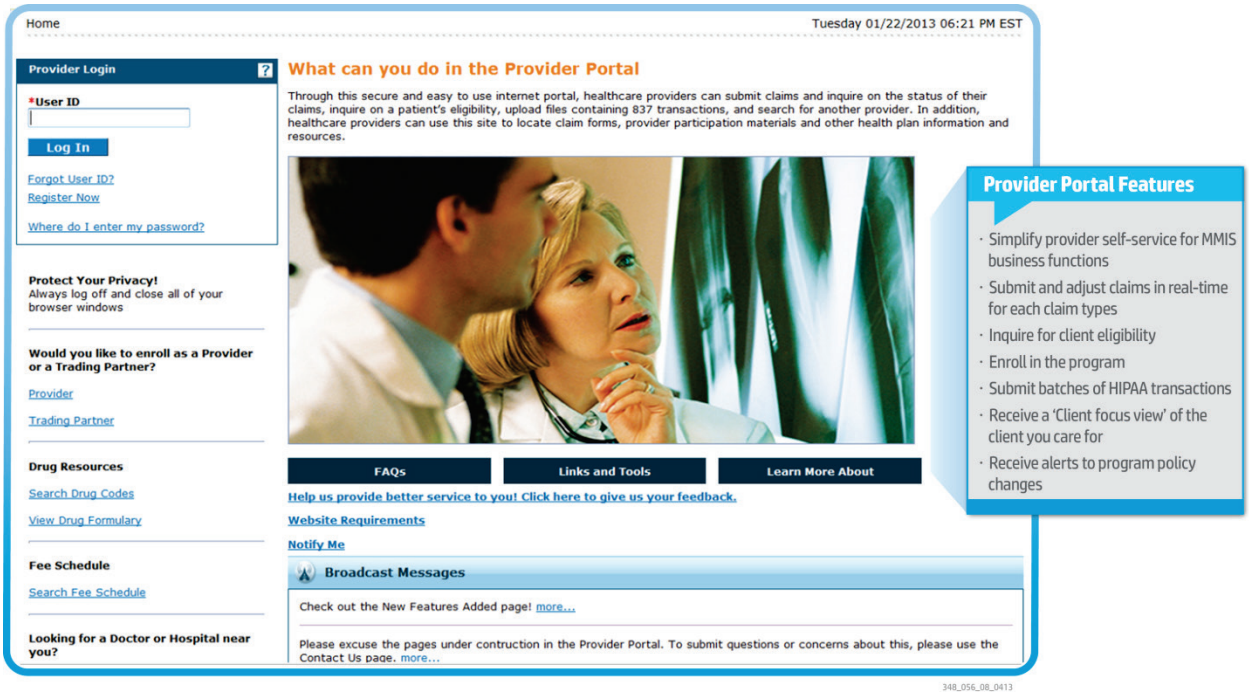
For the HP Provider Portal, we have used specific features to make tasks as simple as possible. Tasks users can perform on the portal include the following:

- Enrollment
- Eligibility and coverage
- Medical and dental claims
- Prior and service authorizations and prior approvals
- Payment history
- Remittance advice (RA)

The Provider Portal, shown in the following figure, also will be the central source for provider materials such as the following:

- Training and educational material such as upcoming workshops, billing guides, or FAQs
- Contact Information for the Customer Service Center, links to other sites, and self-service quick reference guides
- Provider enrollment information, forms, and manuals
- Prior approval information and forms
- Trading partner and security agreements, ETIN, and EFT information, enrollment forms, and instructions

Provider Portal



We hope you spend some time reviewing the details of the features and functions of the portals as you read further in our proposal. The tools provide a focus on the user to allow them to have a positive experience while visiting the site.

Performance-Based Contract

HP welcomes the use of performance-based contracting. Providing incentives for quality and achievement of enterprise-level performance objectives will allow the Department to focus on the outcomes rather than the step-by-step processes through each stage of the project. By allowing the vendor the freedom to define their own solution delivery approach, you allow HP to follow our proven, successful methodology.

The Office of Federal Procurement Policy's *A Guide to Best Practices for performance-Based Service Contracting* states: "Incentives are especially useful in efforts that are complex, have a high-dollar value, or have a history of performance or cost overrun problems." This is completely applicable in a MMIS procurement. HP manages performance and budgets by following our Healthcare Enterprise Enabling Delivery and Global Excellence (EDGE) Process Framework Systems Development Life Cycle (SDLC) to drive the decision-making processes that directly address technical, operational, and support objectives.

Our framework for the COMMIT project will allow for the following:

- Proven processes and standards to achieve quality and control
- Integrated project management plans to provide oversight throughout the project
- Work streams working with the SDLC phases from start-up through closedown

- Quality that is maintained throughout the entire SDLC

Our Healthcare Enterprise EDGE SDLC is a systems engineering methodology developed across time, through our experience with other customers, that shares HP's global strength and experience. We have used this SDLC with our other MMIS projects for development and subsequent changes and enhancements, and the outcome has yielded outstanding results for our Medicaid customers, just as it will for Colorado.

In the Business Operations phases, our focus on quality continues. The account team will focus on structured procedures, a proven approach to quality management, integrated with an enterprise project management methodology that produces outstanding results that will meet the Department's expectations of quality, scope, time, and costs across the system.

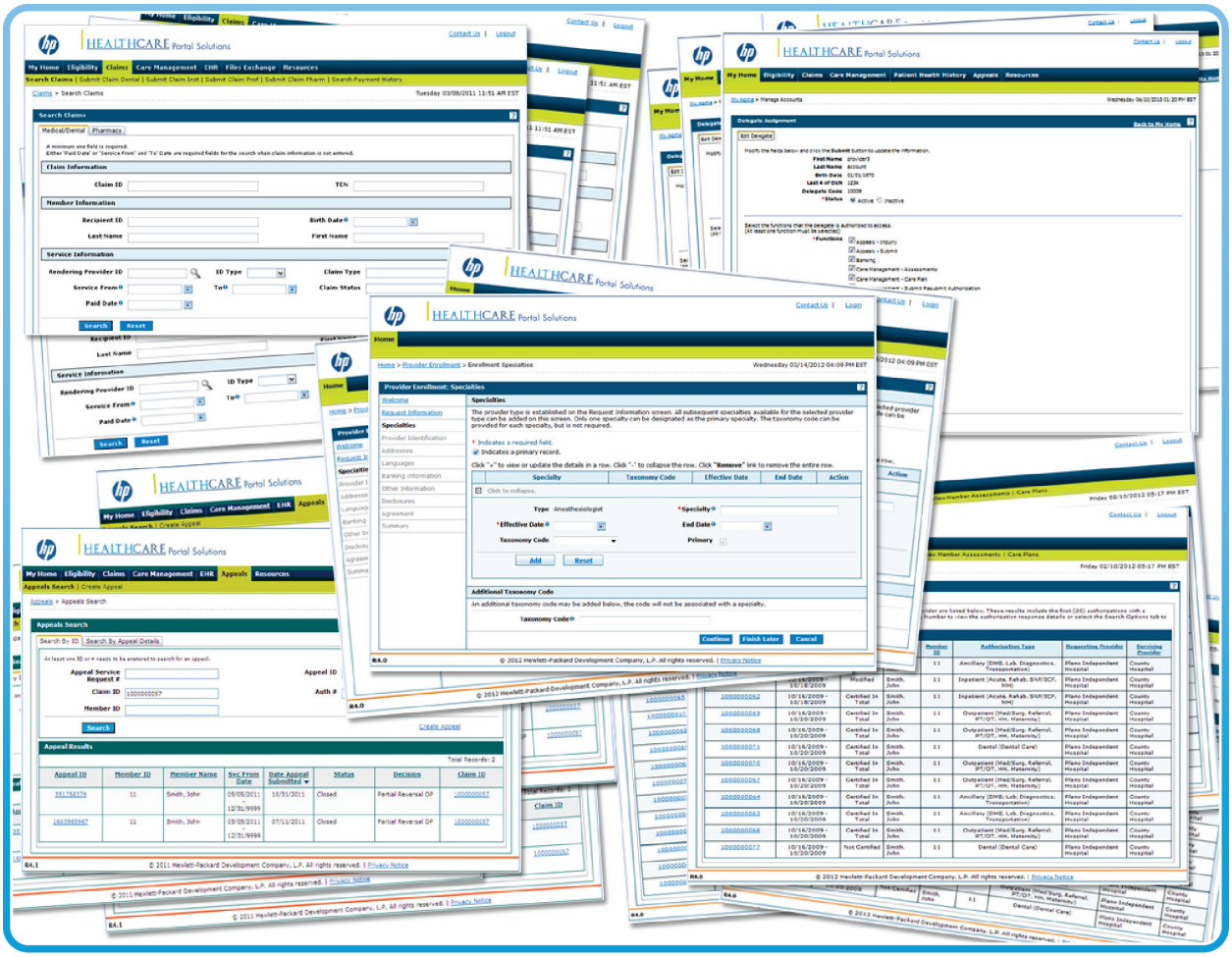
HP will manage the project according to the approved project management plan and subsidiary plans. Our project management plan provides a structured approach that integrates standard Project Management Institute's (PMI's) *A Guide to the Project Management Body of Knowledge (PMBOK® Guide fifth edition)* processes into and across the entire project implementation and operational life cycle. This integration supports the solution for the Colorado interChange project that reduces project risk and promotes the following:

- Sharing successful MMIS project management experiences
- Consistent use of repeatable processes and documentation across the project
- A common understanding of project responsibilities in the organization
- Greater assurance that critical tasks are being monitored and controlled
- Effective project management communication and reporting
- Ability to achieve planned project schedules
- Predictable project performance achieving a common project management approach and tools for DDI and operations

Our interChange inSight KPI Dashboard tracks performance measures and service levels through where the key metrics that are aligned to service delivery excellence are captured and reported. We detailed this tool earlier in this section of our response and further in later sections. This innovative tool has transformed the way our contracts are monitored by states and internal quality assurance staff members. We will meet each contract requirement and strive daily to earn each incentive agreed to in the COMMIT project.

Information Sharing

The Department will be proud of the Provider Portal that HP will deliver to the Colorado providers. We detail the Provider Portal, shown in the following figure, and in RESPONSE 39l of this proposal. In that response, the Department will read about the state-of-the-art tools for claims, eligibility, prior authorization, and other aspects of serving clients and billing for those services.



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[redacted] The proven HP Healthcare Provider Portal offers a self-service model for authorized program stakeholders. 24 x 7 access and intuitive design encourages users to navigate the site to locate necessary information without needing to call a help desk or refer to training documentation. Reducing natural resource consumption by replacing paper-based claim processes, the provider web portal also offers a green, sustainable way to do business, while also saving the Department on mailing paper RAs and other provider communications.

HP's Healthcare Provider Portal solution can act as the web-based front end to multiple back-end payer systems. It consumes the web services these back-end systems provide, taking existing

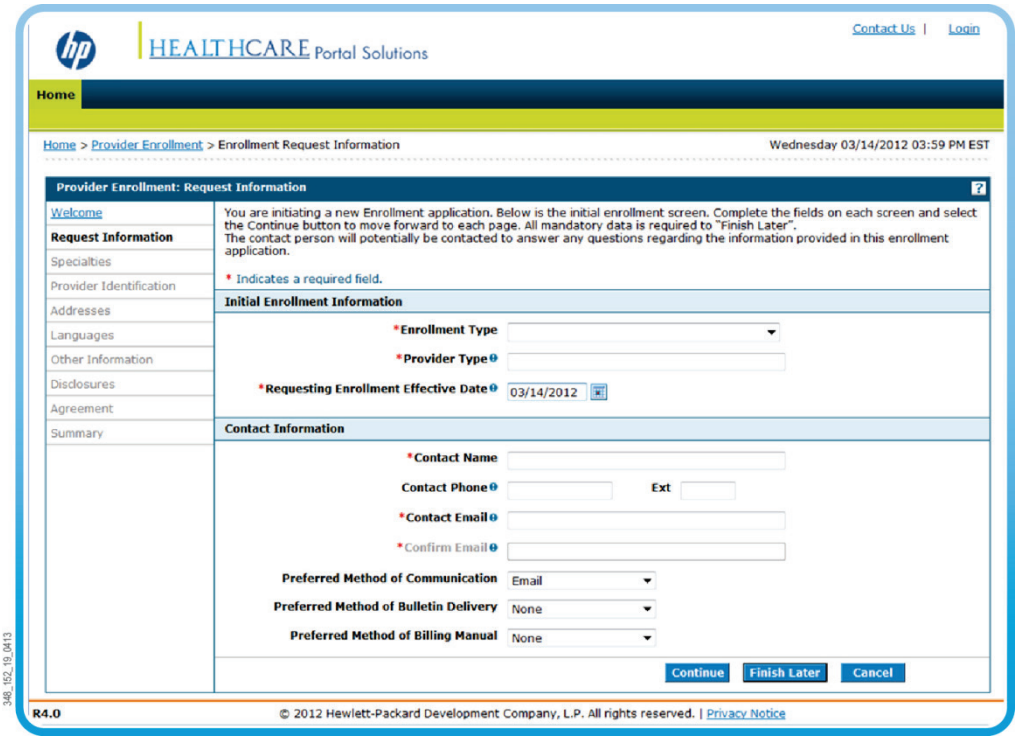
information and presenting it in new contexts, creating added value from the feature-rich functional capability and personal healthcare content in these systems.

The Provider Portal offers an easy-to-use enrollment wizard to any provider who is interested in submitting an application. A wizard guides the provider through collecting important information for creating the provider record and submitting it to the back-end system. When enrolled and registered, providers can use the Provider Portal to view and update their respective information, including service location addresses, telephone and fax numbers, enrollment data, and other contact and demographic characteristics such as languages spoken at a given location. Information gathered by the provider enrollment wizard is configurable at the Department's discretion—for example, the information can be set to be displayed, hidden, required or optional. Providers can efficiently maintain their enrollment by submitting updated credentials and licensures through the portal when they are available.

The portal captures enrollment information optimized for provider type and taxonomy from initiation through to disclosures with a wizard that guides the provider through collecting important information and online submission, replacing paper-intensive, manually driven processes.

Some of the information gathered by the wizard can be configured by the Department. The following figure indicates what information is gathered and configurability options.

Information Gathering and Configurability Options



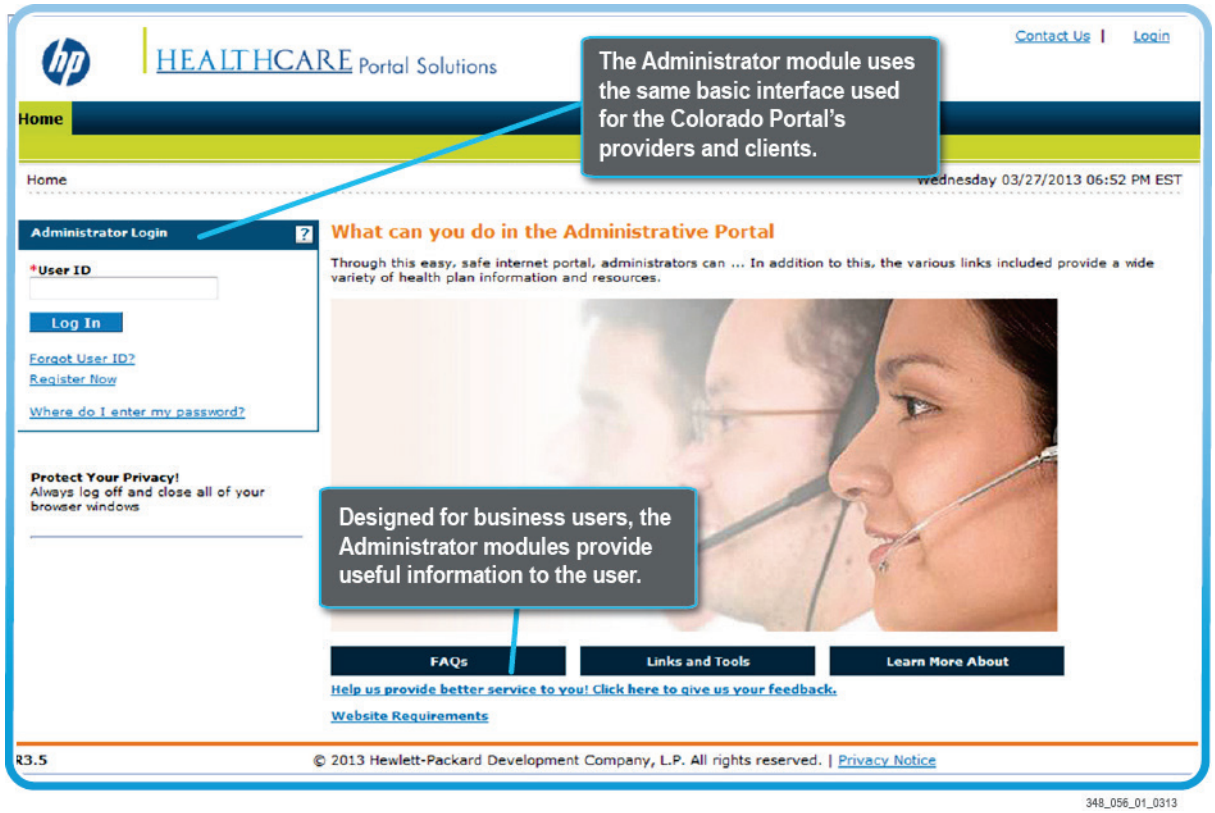
One key capability of the HP solution is the member-focused view. The Member-Focused View feature enables providers and their delegates to view, navigate, and perform actions in the provider portal with a focus on a specific client. From the Member-Focused View, the provider can select links to submit new claims or authorizations and view summarized details, such as client demographics, coverage, claims, and authorizations, in one place. They also can select an individual claim or authorization and review details. We will prefill subsequent screens that need client search criteria with the details for the client in focus.

When a provider opens a member-focus view and selects the client to bring into focus, the system automatically performs an eligibility inquiry on the current date. The provider can navigate to the client's care management record by simply clicking on the Care Management link. Because a specific client is in focus, the Healthcare Portal will pass the client-specific data and the provider data to the McKesson VITAL care management system, eliminating the need to re-enter it. Additionally, the provider can open the client's Electronic Health Record (EHR) while the client is in focus.

Because this guiding principle is titled Information Sharing, we will focus here on specific examples of how this one-stop-shop for providers delivers the best opportunities for sharing information with the provider community.

The Provider Portal reserves certain sections of the site to post alerts specifically targeted at clients or providers. The authorized users, or administrators, can easily post alerts and broadcast messages in these sections through the secure Administration Web page, as shown in the following figure.

Administrative Portal Login



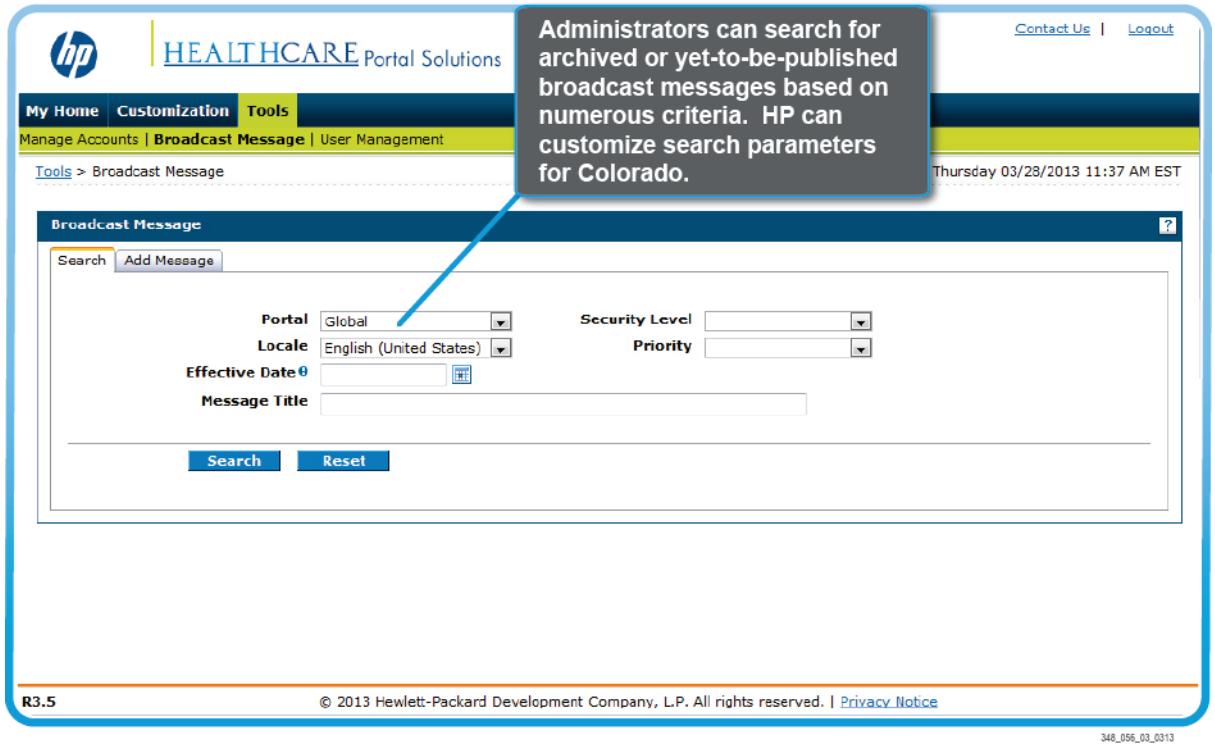
The portal administrator can select posting parameters such as the following:

- **Immediate**—Display the alert as soon as submitted
- **Future start date**—Display the alert at a date in the future
- **End date**—Remove the alert at a date in the future

Posting parameters will enable Department managers to post immediate alerts on the portal or schedule broadcast messages operationally without code changes. Managers can set up a queue of alerts and messages, and the portal will display or remove them according to start and end dates. At any time, the administrator can override date-driven postings to display an emergency message.

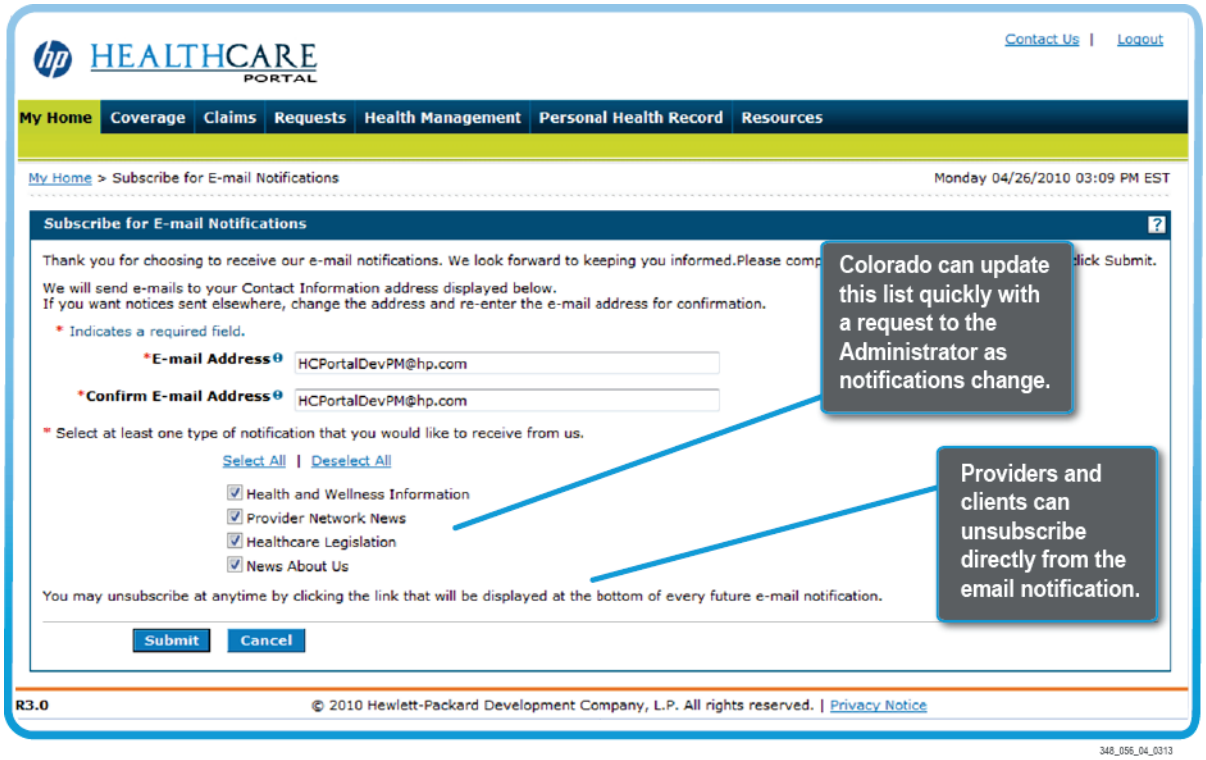
The administrator also can search for unpublished, future-dated, or archived broadcast messages. As shown in the following figure, administrators can search for messages on various parameters such as priority and date.

Portal Administration: Broadcast Message Search



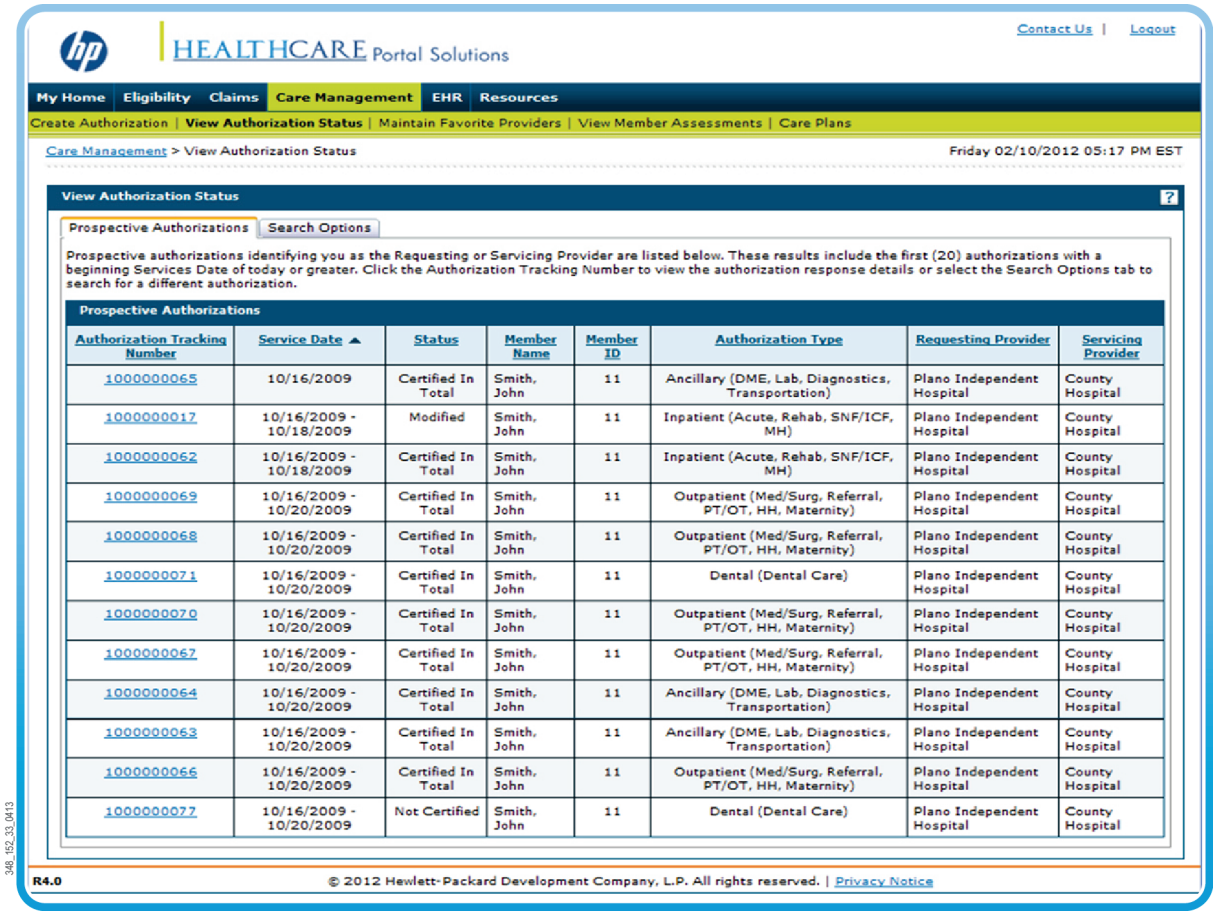
The portal will store messages within its own local databases indefinitely. Most Department program alerts will be available on the Client Portal, but stakeholders can sign up for email notification for public or private program alerts on the portal by selecting the option on their profile. The following figure depicts the notification subscription Web page for providers and clients.

Provider and Client Notification Subscription Management



When inquiring on authorization requests, providers can access a “dashboard” view, which immediately presents them with a list of their most recent authorization requests and the at-a-glance status we detail in the following figure.

Authorization Status



Authorization Tracking Number	Service Date	Status	Member Name	Member ID	Authorization Type	Requesting Provider	Servicing Provider
1000000065	10/16/2009	Certified In Total	Smith, John	11	Ancillary (DME, Lab, Diagnostics, Transportation)	Plano Independent Hospital	County Hospital
1000000017	10/16/2009 - 10/18/2009	Modified	Smith, John	11	Inpatient (Acute, Rehab, SNF/ICF, MH)	Plano Independent Hospital	County Hospital
1000000062	10/16/2009 - 10/18/2009	Certified In Total	Smith, John	11	Inpatient (Acute, Rehab, SNF/ICF, MH)	Plano Independent Hospital	County Hospital
1000000069	10/16/2009 - 10/20/2009	Certified In Total	Smith, John	11	Outpatient (Med/Surg, Referral, PT/OT, HH, Maternity)	Plano Independent Hospital	County Hospital
1000000068	10/16/2009 - 10/20/2009	Certified In Total	Smith, John	11	Outpatient (Med/Surg, Referral, PT/OT, HH, Maternity)	Plano Independent Hospital	County Hospital
1000000071	10/16/2009 - 10/20/2009	Certified In Total	Smith, John	11	Dental (Dental Care)	Plano Independent Hospital	County Hospital
1000000070	10/16/2009 - 10/20/2009	Certified In Total	Smith, John	11	Outpatient (Med/Surg, Referral, PT/OT, HH, Maternity)	Plano Independent Hospital	County Hospital
1000000067	10/16/2009 - 10/20/2009	Certified In Total	Smith, John	11	Outpatient (Med/Surg, Referral, PT/OT, HH, Maternity)	Plano Independent Hospital	County Hospital
1000000064	10/16/2009 - 10/20/2009	Certified In Total	Smith, John	11	Ancillary (DME, Lab, Diagnostics, Transportation)	Plano Independent Hospital	County Hospital
1000000063	10/16/2009 - 10/20/2009	Certified In Total	Smith, John	11	Ancillary (DME, Lab, Diagnostics, Transportation)	Plano Independent Hospital	County Hospital
1000000066	10/16/2009 - 10/20/2009	Certified In Total	Smith, John	11	Outpatient (Med/Surg, Referral, PT/OT, HH, Maternity)	Plano Independent Hospital	County Hospital
1000000077	10/16/2009 - 10/20/2009	Not Certified	Smith, John	11	Dental (Dental Care)	Plano Independent Hospital	County Hospital

The portal also provides a search feature that allows a provider to request authorization information based on authorization ID or tracking number, authorization type, client information, servicing or referring provider, or date range.

The portal also provides information such as training and educational material, including upcoming workshops, billing guides, or FAQs; secure email for the individual provider; and letters and notices available in PDF. The HP Provider Portal is a one-stop-shop for provider information sharing.

Realistic Project Schedule

HP recognizes that the success of the Colorado interChange implementation depends on our ability to assess and address the Department's requirements and outline a realistic project schedule. HP brings to the estimating process key advantages, including the following:

- A large interChange MMIS installed base and historical metrics
- More than 40 years of Medicaid and information technology experience
- Proven estimating algorithms and models
- Lessons learned built into the project schedule

Time management is closely aligned with scope, risk, and cost management. These knowledge areas directly affect time management based on the information identified in their outputs, such as the scope of work, requirements, constraints, assumptions, risks identified, and resource types and quantity.

HP developed initial estimates through requirements analysis, initial estimation of work, and the creation of the project schedules for the Colorado implementation.

HP responds to an RFP only when we know with absolute certainty we can meet the requirements, including the schedule demands.

We first identified historical estimates and a project schedule used in several of our other successful interChange projects that are similar to what is required for the Colorado implementation. These estimates and schedules were used as the base for the Colorado interChange activity resource, duration estimates, and the schedule. We then reviewed and documented RFP input, identified historical information, and analyzed Colorado interChange assumptions, risks, and constraints for inclusion in the estimate and schedule development effort. All the other vendors combined do not have the implementation history that HP possesses. No other vendor has sufficient historical information from previous projects to confidently build a realistic project plan as shown in the following table.

HP MMIS Certification History

State	Type of Contract	Actual Months	Certified
Alabama	FA	29	Yes
Connecticut	FA	27	Yes
Florida	FA	26	Yes
Georgia	FA	31	Yes
Kansas	FA	21	Yes
Kentucky	FA	26	Yes
Oklahoma	FA	27	Yes
Pennsylvania	FA	24	Yes
Tennessee	FA	24	Yes
Wisconsin	FA	47	Yes

As discussed previously, HP's Healthcare Enterprise EDGE SDLC is a systems engineering framework developed across time, through our experience with other customers, that shares HP's global strength and experience.

HP's EDGE SDLC is the core SDLC used throughout every industry within HP and aligns with the Software Engineering Institute (SEI) Capability Maturity Model Integration (CMMI), PMI's PMBOK Guide, and International Organization for Standardization/Institute of Electrical and Electronics Engineers (ISO/IEEE) 12207-2008 System and Software Engineering – Software Life Cycle Processes for Quality Management approach. The EDGE SDLC Process Framework improves consistency, quality, and overall business performance for HP by using common processes and shared proven practices. Each industry within HP tailors the core SDLC to support various industry-specific standards.

The SDLC methodology provides a road map to deliver high-quality solutions and facilitate a level of control required for the development of a service-oriented, component-based system.

The Healthcare Enterprise EDGE SDLC also includes the project management life cycle that governs and provides oversight to the software development phases, the vertical towers of the software development life cycle and the horizontal work streams—such as conversion, requirements traceability, training, and quality management—that run across the phases of the software development life cycle. The project work plan links major milestones from the work stream tasks for a comprehensive picture of the entire SDLC work progress, issues, and risks. The HP team developed a listing of deliverables and milestones for each phase of the Healthcare Enterprise EDGE SDLC.

Our project management methodology covers the entire project from start-up to closedown—with special focus on clarity, communication, and coordination—as we transition between phases. We accomplish this through strict adherence to the methodology laid out in our schedule. These processes provide clear standards for managing and controlling activities, tasks, deliverables, work plans, budgets, staffing, issues, and milestones for a given unit of work.

The ability to launch our framework quickly is one of HP's strengths. Our management team has extensive experience, unparalleled MMIS knowledge, and the organizational skills needed. These management qualities have and will continue to facilitate our unmatched record of successful, quality delivery of the interChange MMIS. By combining our vast MMIS experience, our work breakdown schedule (WBS), and our knowledge of the Department through the RFP and other research, we have built a comprehensive work plan by which to drive the Colorado interChange implementation project.

We created the draft project work plan from similar plans we've developed for other MMIS implementations using Microsoft Project. During the Initiation and Planning Phase, the project management office (PMO) will review and update the project work plan to align with the Department's schedule. We document key milestones in the project work plan to align our schedule with the timing of the Department's schedule.

Each project is unique; however, we are confident with this project plan, as we have applied our experience and proven methods and processes to verify that the required checkpoints and safeguards are in place.

The PMO will use this master work plan to track schedule performance. We will track actual effort against the tasks to show progress against the scheduled work. Project work plan milestone and deliverable status progress also will be available through the weekly and monthly status reports. Project managers use the critical path method (CPM) to focus management attention on timely completion of activities to prevent overall project delays. Using a collaborative approach, the Department and HP staff members confirm that project plans incorporate inputs from participating organizations into the critical path. The team also will integrate the plans and verify common assumptions. Our disciplined and thorough approach promotes order and control to a complex project, facilitates communication to stakeholders, and mitigates risk.

Our detailed draft project work plan includes the following:

- Comprises more than 8,000 tasks, subtasks, and most activities broken down into the detail level with no task greater than 30 calendar days in duration
- Contains business functions grouped by MITA categories
- Assigns State staffing resources to tasks where their attention is necessary
- Highlights Project plan deliverables in green to make them stand out
- Highlights Project milestones in blue to make them stand out
- Brings the implementation to a successful conclusion to start operations on time, as scheduled

The Microsoft Project Work Plan summarizes the level of effort to accomplish the scope of work for the entire project. It outlines the start and end dates of every task. It also encompasses the plan deliverables, reports, and milestones as requested in the RFP, and also additional proposed tasks. The “Resources Names” column shows the staffing level of effort needed to accomplish each task.

Besides Microsoft Project, we use Steelray Project Analyzer to evaluate our schedule. Steelray facilitates creating, maintaining, and delivering quality schedules. We can evaluate the project schedule for quality and performance. This tool also allows us to analyze our schedule.

Our project work plan will assist the project managers in assigning resources to tasks, tracking progress, managing budgets, analyzing workloads, and defining critical path schedules. The work plan will include proposed initial and draft deliverable due dates to facilitate the Department’s review of project deliverables. We address each of the deliverables outlined in the RFP within the project work plan, including time for deliverable reviews. We have customized the project work plan to meet the Department’s specific project requirements.

HP is confident that our project schedule is realistic and will result in the successful implementation of a quality MMIS for Colorado.

Objectives

HP can support the Department in meeting these four stated objectives. We are well positioned to help the Department achieve these objectives because of our directly related MMIS implementation experience, knowledge, lessons learned and proven practices we bring to every project.

The project tools and techniques we bring to the Colorado project align our solution with the Department's stated goals and objectives, especially those of maximizing FFP, validating federal standards compliance, gaining CMS certification, and integrating with the statewide IT systems. Our repeated use of these tools and practices has helped each of our fiscal agent states achieve these same goals.

RESPONSE 18, which immediately follows, delves into these four stated objectives and how the HP solution consistently aligns with the Department's philosophy.

RESPONSE 18

RESPONSE 18: The Offeror shall describe their interpretation of and their general ability to help fulfill the Department's Objectives as provided in Section 2.2.4 of the RFP Body. The Offeror shall provide specific examples to illustrate how their solution will support each of the following COMMIT Objectives. In circumstances where the Offeror's solution is inconsistent with these Objectives, please describe inconsistencies, and propose alternatives to address any gaps.

a. Maximize Enhanced Federal Funding.

b. Ensure Federal Standards Compliance.

c. Obtain Federal Certification.

d. Integrate with Statewide IT Systems.

HP has helped federal, state, and local governments serve the needs of people for more than 40 years. Today, the government industry is a key component of our business portfolio, representing approximately 30 percent of our Enterprise Services business. We bring a wealth of experience in understanding the complexity of meeting regulations in the State and federal sector.

Understanding that any growing structure or program can only advance when its foundation is sound, HP continues to refine the interChange MMIS solution across years of implementations to deliver a solid solution for our customers. The Department will have this solid foundation—a proven, certified MMIS on which it can move forward and build a growing and evolving enterprise solution.

The following are specific examples of how our solution is fully consistent with the Department's stated objectives.

Maximize Enhanced Federal Funding

Maximizing qualification for enhanced Federal Financial Participation (FFP) is the goal of every state. We advise and assist each of our customers in the areas that will most help them gain additional federal funds. Whether in the area of Eligibility and Enrollment, External Quality Review (EQR) efforts, or Program versus Administrative functions, we work with our Medicaid customers to help them get every possible dollar.

The vital goal is to obtain the maximum allowable federal dollars for the Colorado Medicaid programs.

One good example of HP helping states increase federal funding in recent years is adding the Business Policy Administration—detailed in RESPONSE 38l—functional capability to interChange. Allowing rules to be configured by authorized users in a simple point-and-click fashion has sped up the process for implementing program changes, including population expansions. The configurability of interChange allowed Wisconsin to implement a full benefit plan for Childless Adults within 60 days of going live. The state also implemented 47 cost containment projects in a nine-month time frame.

Today, the best way to increase Federal Funding Participation (FFP) through Initiation and Planning and on into Operations is to focus on the CMS Seven Standards and Conditions (7SCs). The Colorado interChange must meet these requirements to receive enhanced funding. The HP solution meets each of the 7SC requirements.

Modularity Standard

The Colorado interChange employs a demonstrated n-tier architecture that places an emphasis on reuse and flexibility. The Colorado interChange's framework facilitates the use and reuse of modular solution components, saving development time. This approach reduces long-term investment cost because we can share and reuse solutions across business areas within the Colorado interChange. Addressing the goals of maximizing reuse and business service flexibility, the Colorado interChange makes extensive use of specialized COTS packages and HP-developed components including the Provider and Client Healthcare portals.

MITA Condition

HP understands that business requirements drive technical solutions. Our teams take the MITA principles to heart when enhancing the interChange solution—aligning and advancing business, architecture, and data in MITA maturity. The new interChange MMIS user interface closely aligns with MITA business processes, presenting the most common MITA Business Process functions performed through a specific business Web page.

Industry Standards Condition

This condition defines the alignment to and incorporation of industry standards (HIPAA, 508 of Rehabilitation Act, 1104 and 1561 of Affordable Care Act). Industry standards provide a common and transferable language that government entities, health plans, and providers can use to communicate healthcare services and information—enabling interoperability. HP team member participation on industry-standard boards through the years has positioned HP to best understand the standards and their evolution moving forward. interChange meets the industry standards today. Please see RESPONSE 38g for details on federal requirements and standards.

Leverage Condition

The base interChange MMIS, which was the first to be certified under the new CMS worksheets, is exactly what CMS had in mind with the Leverage condition. The Department and CMS do not need to pay for ground-up development but can take advantage of the tens of thousands of hours in development and testing spent proving the operational effectiveness of the base system. The Leverage condition is about applying documented, proven processes, and lessons learned from earlier MMIS implementations. These make the subsequent project more efficient avoiding delay or failure. The Colorado interChange is such a system—an MMIS with the built-in configurability necessary for sharing across programs and states.

Business Results Condition

To achieve desired business results, the technology must support the users' needs and simplify their work processes, and not just merely replace manual processes with no added benefits. We have enhanced our interChange MMIS user interface to enable customer and HP account staff members to enhance productivity significantly by simplifying tasks in the Colorado interChange. These enhanced features, known as interChange @neTouch, provide users maximum efficiency, exceptional productivity, and personalization. @neTouch features include user configuration settings, including Favorites, Search, Print Profiles, Help, and Access. Now, the information most critical to each user is literally available at the touch of the button. For information about @neTouch and other user interface and navigation features, please see RESPONSE 38r.

Reporting Condition

The reporting condition is to define the generation of transaction data, performance information, and other reports through open interfaces to designated federal repositories or data hubs with appropriate audit trail. Included in the base interChange solution are predefined MAR reports, meeting the requirements of Chapter 11 of the SMM and the MECT. By using the point-and-click online access to the parameter-driven MAR reports, the program data is accessible at the user's desktop and allows the user to see the requested report information and produce reports on the selected media.

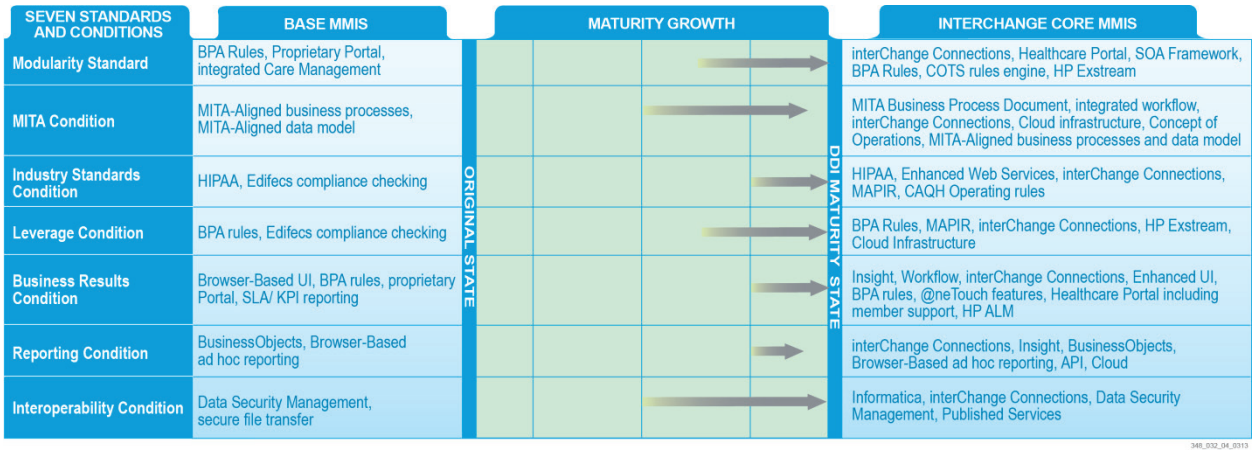
Interoperability Condition

The Interoperability condition sets the vision of how the MMIS engages with the broader healthcare ecosystem in a defined and service-oriented manner. The interChange Connections

EDI and ESB simplifies sharing standard transaction sets with trading partners through an integrated ESB, file-tracking system, and service monitoring framework. For example, the file-tracking system web application allows users to view file events that have been logged into the database. The authorized user can look at the processing of the file and see the path the file has taken through the system. The HP Help Desk staff can look at the file tracking system to help determine the status of the files going to or coming from MMIS stakeholders. Although most states do not purge the file-tracking system information, the capability exists to configure the amount of retained information in response to the question "how long do you want to keep the information?" Some configuration will occur to set up the file-tracking system; otherwise, it requires minimal customization.

The following figure shows our Colorado interChange's framework components and COTS applications. This is a graphical representation of the level at which our base MMIS solution meets the 7SC and the growth in maturity through the DDI efforts. The base system will evolve as it is enhanced to meet even more of the 7SC.

Colorado interChange Framework



From end to end of the 7SC, the HP team is set to perform the technical coordination that will make the interChange MMIS a success for the Department and maximize the FFP.

Support Federal Standards Compliance (CMS requirements)

HP will implement the most advanced MMIS for Colorado, meeting federal compliance standards. As stated in our Industry Standards condition response, the core of interChange meets the federal and industry standards today. The details of how we comply with federal requirements are outlined in RESPONSE 38g.

As earlier discussed, the core interChange system meets the CMS 7SC requirements. The core system also has been certified multiple times, with one certification being the most expedient in CMS history to date.

Federal reporting and Payment Error Rate Measurement (PERM) data are in the core product. The base approach and templates have already been established, tested, and CMS-approved

many times. The Colorado interChange will support federal reporting using these existing processes and updating them to the specific values related to the Department's healthcare programs. The Department can be confident in meeting federal reporting standards by choosing HP implement and operate interChange Medicaid Enterprise Solution.

HP recognizes that the State has modularized the MMIS and the BIDM RFP will contain the responsibility for much of the federal reporting. We understand the critical role that the MMIS and our operational support teams play in getting BIDM the quality data attributes needed for that funding. interChange Connections allows us to tightly manage and control delivery of files to other stakeholders such as the BIDM vendor. We outline interChange Connections later in our response to 2.2.4.4.

Obtain Federal Certification

HP has implemented and certified more MMISs than all other vendors combined. HP has unparalleled experience certifying MMISs under the latest certification rules. HP was the first fiscal agent in the nation to use the new CMS MECT and checklists for our Wisconsin customer.

We have received positive comments for our recent certification efforts. During the Certification Exit Conference and in the official CMS Certification approval letter, CMS communicated that the HP Wisconsin system and business processes demonstrated several industry best practices beyond those within the CMS Medicaid Enterprise Certification Toolkit (MECT) Checklists. They commented positively on the design and efficiency of the system, and that the business process coordination across business functional areas is geared toward cost savings and continuous improvement.

[redacted]

We followed with certification for Massachusetts, Oregon, and most recently, Georgia. We have applied that experience as a series of tools and proven practices that we now bring to Colorado.

The Wisconsin certification was approved by CMS with no findings and approved for enhanced funding retroactive to the first day of operations. This is the same base system we are bringing to Colorado.

The following outlines why the HP approach to CMS certification is so effective:

- We start certification activities as soon as we sign our contract and embed activities into the requirements validation sessions. The process creates a stable implementation environment so that technical and operational staff members can focus on what it takes to go-live.

- Our approach to system documentation fully opens the MMIS to CMS reviewers so that the review team can see each production example operational at the first day of Go Live. We "prove" every checklist item was met beginning with the first day of operations.

In Georgia, we requested and were prepared for certification within 12 months of go live. The CMS On-Site Certification Visit occurred within 13 months of go live and interChange was certified back to day one with no findings—the quickest successful certification CMS had encountered to that date.

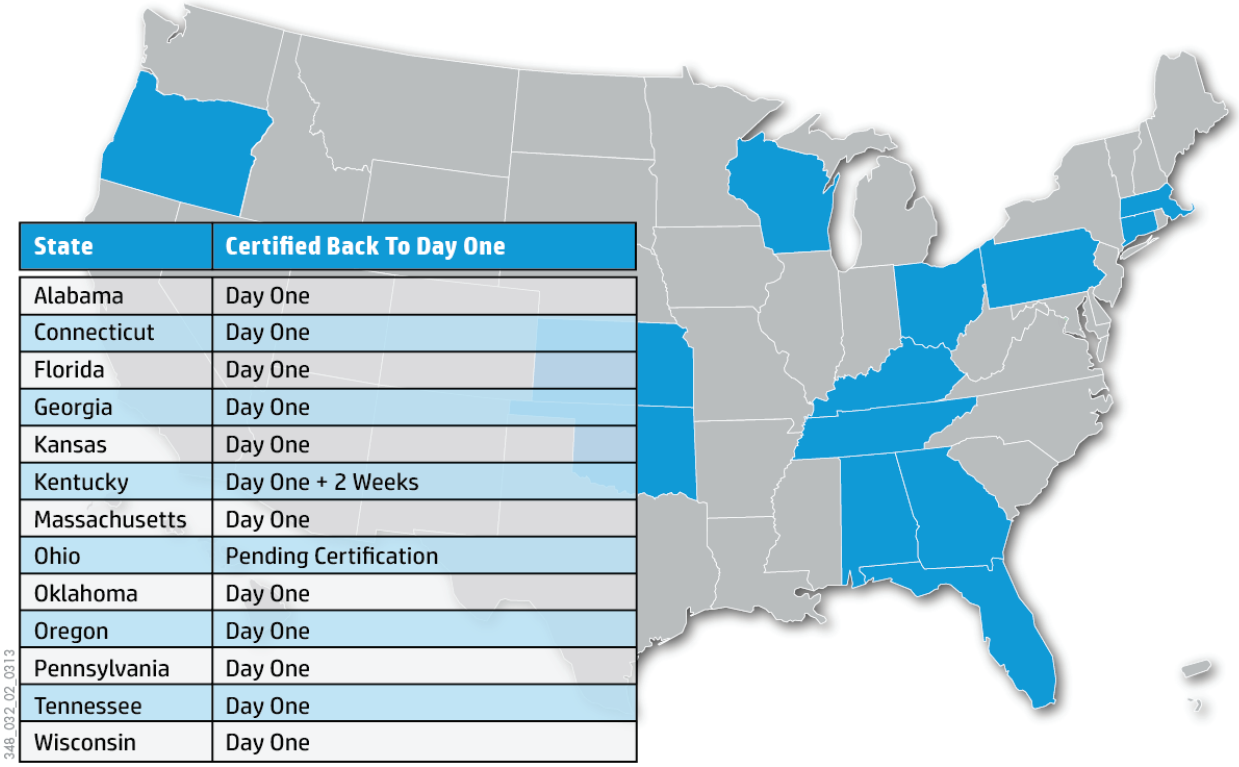
Our approach to the Certification Phase is the same as for the other phases: using the right tools, right people, and proven practices to achieve the stated goals. Our approach to certification uses HP's field-tested tools:

- **HP Project and Portfolio Management (PPM)—**Provides real-time access to scope, issues, risks, quality issues, deliverables, schedules, resource management, critical path, and performance dashboards.
- **HP Application Lifecycle Management (ALM)—**Works as a repository of system requirements documentation that is easy to navigate, interpret, and maintain throughout the project.
- **An Enterprise SharePoint site—**Enables creation of and access to secure content while automating records management.

For details on these tools and how they combine for our approach to project management, please see RESPONSE 29.

We also have continued to receive positive comments from CMS certification reviewers for our effort in Massachusetts, Oregon, and Georgia. The best example of how we can help Colorado gain full certification back to day one of operations is to show our success in the following figure.

interChange Certifications



State	Certified Back To Day One
Alabama	Day One
Connecticut	Day One
Florida	Day One
Georgia	Day One
Kansas	Day One
Kentucky	Day One + 2 Weeks
Massachusetts	Day One
Ohio	Pending Certification
Oklahoma	Day One
Oregon	Day One
Pennsylvania	Day One
Tennessee	Day One
Wisconsin	Day One

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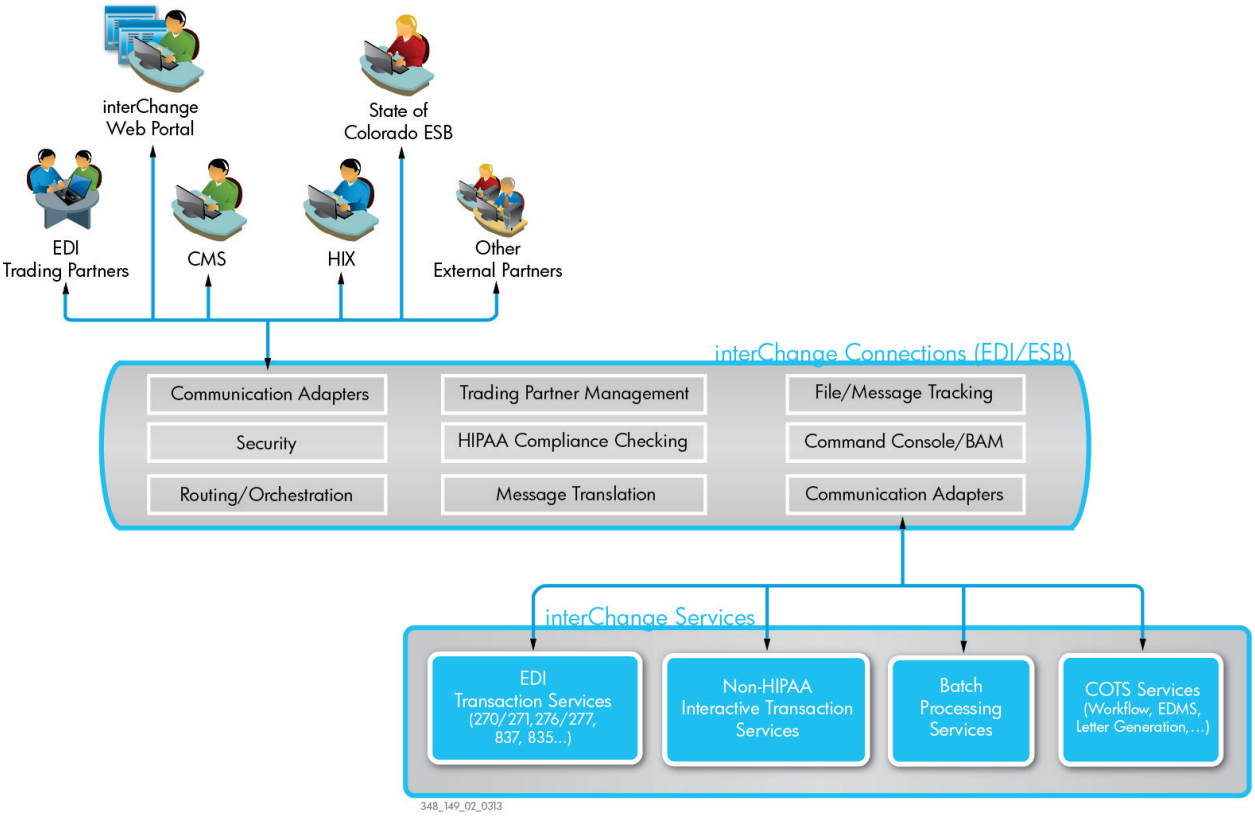
We look forward to adding Colorado to this list. By selecting HP to implement our certifiable interChange solution and support Colorado's federal certification activities, the Department will have a reliable, skilled team with recent experience in successful MMIS CMS certifications. Using the MECT checklists with HP-developed tools to expedite the definition of the elements and the production examples to demonstrate compliance, we look forward to helping Colorado steal the record from Georgia for shortest certification turnaround in CMS history.

Integrate with Statewide IT Systems

Interoperability of the Colorado interChange is powered by the interChange Connections component that orchestrates interaction of the MMIS with the broader healthcare ecosystem. interChange Connections is used for interfacing with statewide IT systems. The following figure illustrates the role interChange Connections plays as the gateway between the MMIS, related healthcare entities, and Colorado agency systems.

interChange Connections



A fundamental purpose of Connections is supporting the integration of the MMIS to external applications, and enabling the communication between the MMIS and those applications through defined services.

The following table details interChange Connections features.

interChange Connections Features

Feature	Description
Communication Adapters	Integrating systems starts with the ability to connect and exchange messages through a common protocol. interChange Connections has more than 100 communication adapters available to link quickly to new trading partners and begin transferring data. Common adapters—such as HTTPS, JMS, and secure FTP—are available to support synchronous and asynchronous processing of Department transactions. Support for these and other protocols lets us establish communication quickly with the trading partners.
Security	Security is crucial to enterprises exchanging private information such as an MMIS. interChange Connections uses two types of security when exchanging messages: encryption using an agreed-on public key, or digital signature using a private key certificate. These two methods are

Feature	Description
	industry standards for protecting data.
Routing and Orchestration	The interChange Connections ESB handles simple and complex message processing. In some cases, messages are simply transported to a single service. Other times, the transaction must be guided through many services, dynamically determining the path based on the data submitted and the business rules associated with that data. interChange Connections simplifies the implementation of complex orchestrations and safeguards delivery of messages using a publish-and-subscribe architecture.
File and Message Tracking	The file-tracking system (FTS) monitors, tracks, logs, and moves files throughout the interChange solution. FTS provides a complete file audit trail with real-time, processing-stage updates through the file tracking web interface. FTS includes detailed error notifications, which allow quick recovery of failed files.
Command Console or Business Activity Monitoring (BAM)	One of the key factors in business success in the right information at the right time, which is where BAM plays a vital role. The interChange Connections BAM lets business users monitor and analyze data from defined business process sources. By using BAM, users can get information about business states and trends in real time.

We hope through this narrative we have shown the Department how we meet its objectives in many clear ways. We have provided proof positive that our solution aligns with the Department's vision and direction. Throughout the remainder of this proposal, we will provide more detail on each of the ways we can help the Department meet its goals.

RESPONSE 19

RESPONSE 19: The Offeror shall demonstrate their understanding of the Department's Project Goals as provided in Section 2.3 of the RFP Body, and how those goals are reflected in their technical approach and solution for the COMMIT project. The Offeror shall provide specific examples to illustrate how their solution will support each of the following COMMIT Project Goals. In circumstances where the Offeror's solution is inconsistent with these Project Goals, please describe inconsistencies, and propose alternatives to address any gaps.

a. Audit Trail.

b. Workflow Management.

c. Access to Data.

d. Client Management.

e. Provider Management.

f. Financial Management.

g. Health Benefit Plan Management.

h. Utilization Tracking and Forecasting.

i. Electronic Communication Capabilities.

j. Electronic Case Management.

k. Reporting Capabilities (in partnership with the BIDM Contract).

l. System Flexibility.

m. Reusability.

This response addresses Unique ID 1005.

The Department is looking for transformation and innovation, and HP will deliver. From our proven interChange MMIS, to our service excellence in business operations, to our controlled and documented project management processes for implementation, to our ability to help enable higher MITA maturity levels in time, we can provide the outcomes that are critical to the COMMIT project.

The Department's stated goals in Section 2.3 are fully aligned to our modern interChange system and our service delivery excellence operating model.

Audit Trail

interChange provides an audit trail for each transaction—identifying who made the change, what change was made, and the date and time of the change. The audit trail provides a human-readable historical record of the data before the time the change was made. The effective date of the change and the termination date of the original data is captured. Audit trail functions have received full federal certification as part of the core interChange MMIS that has been certified by CMS.

Each time an entry in a master file table is changed, added, or deleted, an entry is automatically logged in an audit history file table. This includes each business service area, such as provider or client, and the configurable rules engine. These audit trails are available online and are a built-in feature of the interChange database structure. interChange has auditing functions and can be configured as needed at the database table level regardless of whether the changes are coming from the user interface (UI) or batch.

interChange also provides security audit trails. Audit trail reports track network access attempts, and discrepancies trigger immediate investigations. Network security protects against repeated unsuccessful user ID and password entries by disabling the user ID. These events might indicate attempts by unauthorized individuals to access the network.

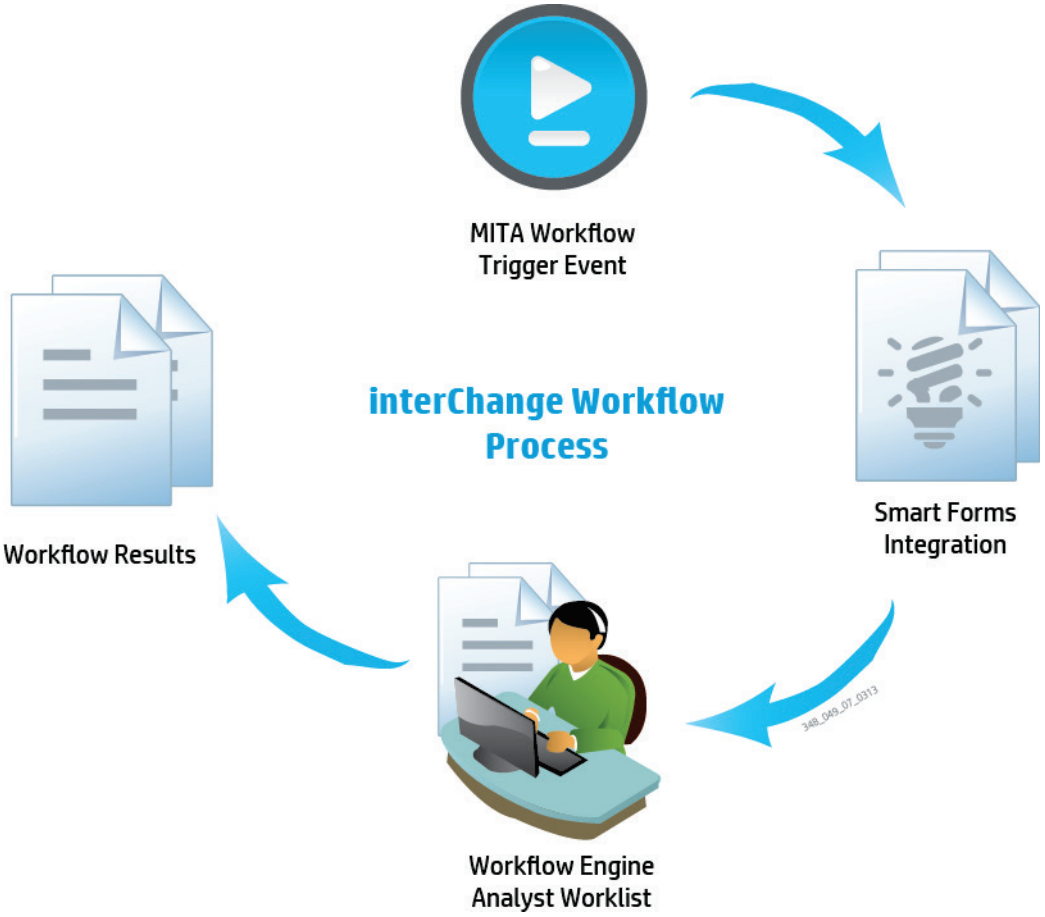
We provide further information on the audit trail function in RESPONSE 38f.

Workflow Management

The interChange MMIS workflow solution provides process standardization with visual tracking of progress. Our solution, featuring COTS product K2 blackpearl, 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.

HP designed the interChange workflow solution around the support of users. The following figure shows the four major stages of interChange workflow.

interChange Workflow Stages



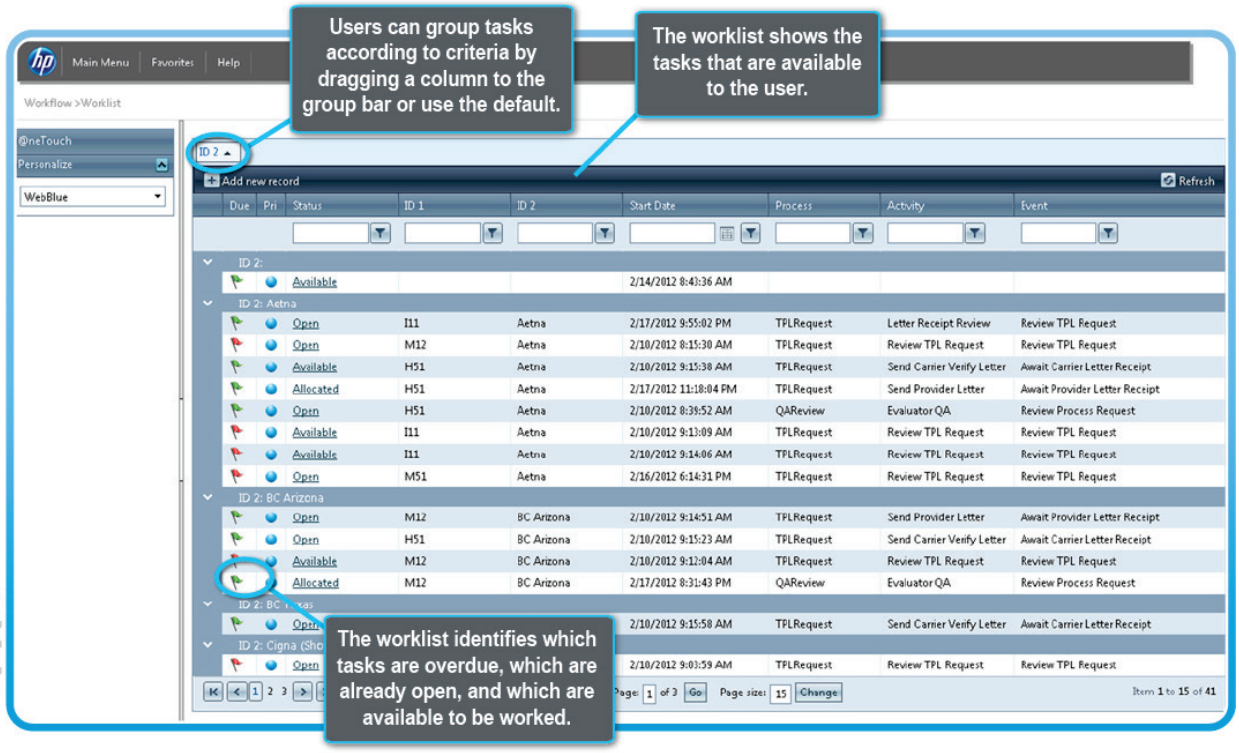
As shown at the top of the figure, the process starts with a workflow trigger event. A business event—such as receipt of a provider enrollment application—will trigger a call to a web service that will start a new workflow process. Analysts can begin the process by clicking on the MITA workflow triggers within the system. The workflow triggers are displayed directly on the UI of the MMIS and are context-sensitive to the business area within which the user is working.

By clicking on the MITA workflow trigger, the next step of workflow is engaged. At this point the workflow presents the user with a smart form that makes it easy to document key information

needed when working through the business task. Within the smart form, the analyst can key data directly into the form and enter free-form notes and link electronic attachments related to this business event. The smart form transforms manual, hard-copy routing of information throughout an office to a purely online, paperless coordination of information.

In the next stage of the process the workflow engine generates work items and enables them for assignment to the appropriate workers' work lists as shown in the following figure. We tailor the work lists to reflect departments, business areas, or even individual task specialization as configured to the local business appropriate allocation and security.

interChange MMIS User Customizable Work List Web Page



Within the workflow engine the status, stage and responsible owner is tracked until the completion of the work. At each stage of the activity, key metrics are recorded within the workflow engine; the activity start and end times, and the specific analyst who owned the business task. Based on predefined actions or data, the engine will traverse the appropriate set of tasks to complete the workflow. 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. The transferring or escalation of tasks can be between participants from multiple organizations, such as HP staff members and Department staff members. This is consistent with the Department goal of allowing in-process documents to flow from one worker's queue to another.

As the workflow progresses through the defined paths, there can be interaction with the business rules engine, document management system, and the correspondence management solution. This activity is coordinated for the user through the interChange Business Services Framework.

When the workflow has been completed the information is permanently stored within the interChange MMIS. This includes detailed data to the MMIS transactional database, electronic attachments to the document management system, and the historical workflow metrics that document the actions taken and duration of activity for each workflow.

The interChange solution has two keys to meeting the Department's overall goals. First, the workflows are aligned to support the maturing of the MITA processes as documented in MITA 3.0. This is a key toward the overall business maturity of the support teams, which is a key goal of CMS Seven Standards and Conditions (7SCs). Second, the interChange workflow solution is an integrated workflow approach where the user stays within the interChange online UI when performing his or her tasks. interChange handles the coordination between the needed document management and correspondence management systems automatically for the users. This translates into a set of processes through the system.

We detail workflow management in our responses to Unique IDs 1280 – 1294 in RESPONSE 38m.

Access to Data

The Department will receive an industry-leading case management tool as part of the HP Colorado interChange solution. Many care management programs operate utilization management (UM), disease management (DM), and case management (CM) in disparate silos that don't "talk" to one another, share data, or allow care managers to easily flag gaps in care, inefficiencies, or communication breakdowns. The result is wasted productivity for the user, fragmented data, missed opportunities to close gaps in care, poor health outcomes, and unnecessary cost to the healthcare system. The McKesson Versatile Interoperable Technology Advancing Lives™ (VITAL) Platform eliminates those silos to improve workflow, care coordination, efficiency, productivity, communication, and decision-making. This tool includes a comprehensive set of evidence-based clinical guidelines that help payer and provider organizations share a common language when determining the most appropriate care, driving positive financial and clinical outcomes.

This browser-based tool will work smoothly with Colorado interChange to add the features the Department requires. The VITAL Platform provides functional capabilities and interoperability to facilitate complete management of clients (including alerts, work lists, and dashboards), and integrates multiple data sources and tasks into a single workflow. Even better, the VITAL Platform is embedded with InterQual Coordinated Care Content, strengthening the care management process with clinical integrity.

With the VITAL Platform, and the supporting components of our VITAL Care Management solution set, the Department will maintain comprehensive client records, perform authorizations, and receive alerts to address client needs based on informed decisions. With a few clicks of the mouse, the VITAL Platform makes it easy to:

- Create and assign cases with comprehensive User Management tab
- Conduct assessments and establish a clinically-sound care plan based on InterQual Coordinated Care Content, which makes it easy to manage clients with complex cases and co-morbid conditions in a single assessment
- Create customized assessments and criteria with the InterQual Content Customization Tool
- Evaluate, conduct, and document utilization events
- Capture notes and attach documentation to a client record
- Set automatic reminders for follow-up and schedule further events
- Capture report and outcomes information
- Refer and track members, authorizations and cases
- Trigger alerts based on patient gaps in care

The VITAL Platform is highly configurable and simple to use. The Department may determine specific fields for data capture, customize clinical content assessments, and tailor the workflow to meet specific business requirements. Additionally, the VITAL Platform works with other VITAL Care Management Solutions and external third parties to support the Department's current and future requirements.

We detail access to data in the case management system in our responses to Unique IDs 1727 – 1762 in RESPONSE 39k.

Client Management

HP understands the complexity of managing client data in a constantly changing healthcare environment and is uniquely qualified to meet the Department's needs. Your Colorado interChange offers a robust solution for maintaining accurate client demographics and enrollment data and is highly customizable for Colorado's array of healthcare programs.

Our Colorado interChange will interface to the CBMS through HP Connections, which is a module where we configure the interface handling rules for interoperability interfaces coming into or out of the MMIS. This centralized, secure, and managed module processes the interfaces and provides transparency into the actions taken. While many other MMISs require a technical resource to investigate and research the status of the interface, through interChange Connections the business managers have direct insight into the interface processing

and their respective status. Connections will manage the receipt, translation, and monitoring of vast amounts of data in a trusted and secure environment.

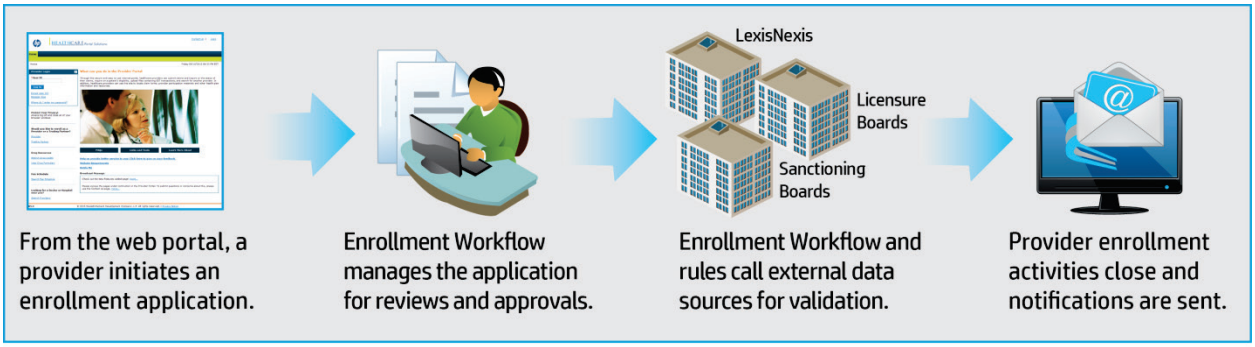
The Department can see and manage client information and client-related processes. Enrollment for a client, current and historical, is available at a glance when an authorized user looks up the client's record in interChange. Historical assignments are never removed from a client's record and are always available for review and reference. Applying end dates to coverage allows the MMIS to store eligibility and associated date ranges that are no longer active and current.

We offer more information on client management in our responses to Unique IDs 1400 – 1444 in RESPONSE 39a.

Provider Management

The provider enrollment business area includes the receipt and processing of provider enrollments, disenrollments, and grievance and appeals in accordance with State and federal requirements shown in the following figure. We use MITA structures as a road map for our flexible solution, incorporating automation from beginning to end with our enrollment process.

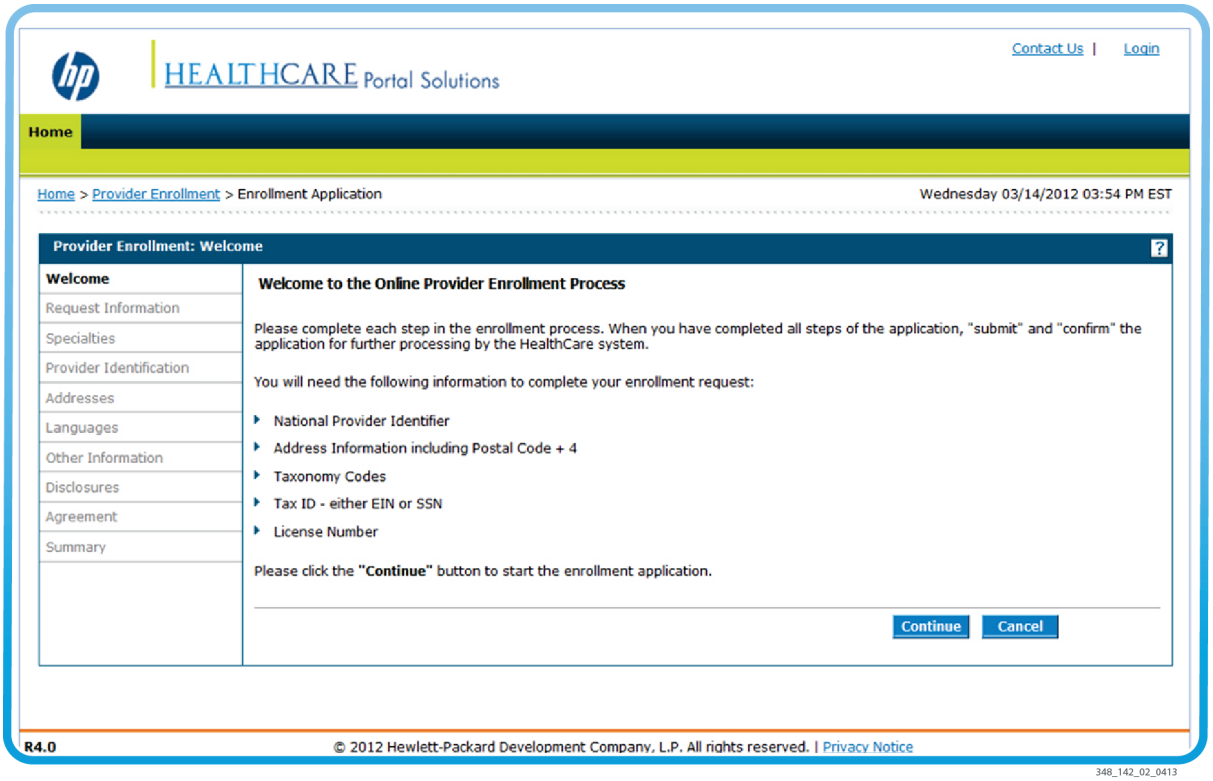
Provider Enrollment Overview



To complement the streamlined enrollment process, HP uses a sophisticated workflow solution through the interChange Business Service Framework powered by K2 blackpearl. Employing the workflow capabilities of the Business Service Framework and the State-defined business rules, provider enrollment becomes a more standardized, metrics-driven process. State and HP staff members have desktop, real-time access to enrollment work queues and work volumes. This leads to faster, accurate processing of provider enrollment applications.

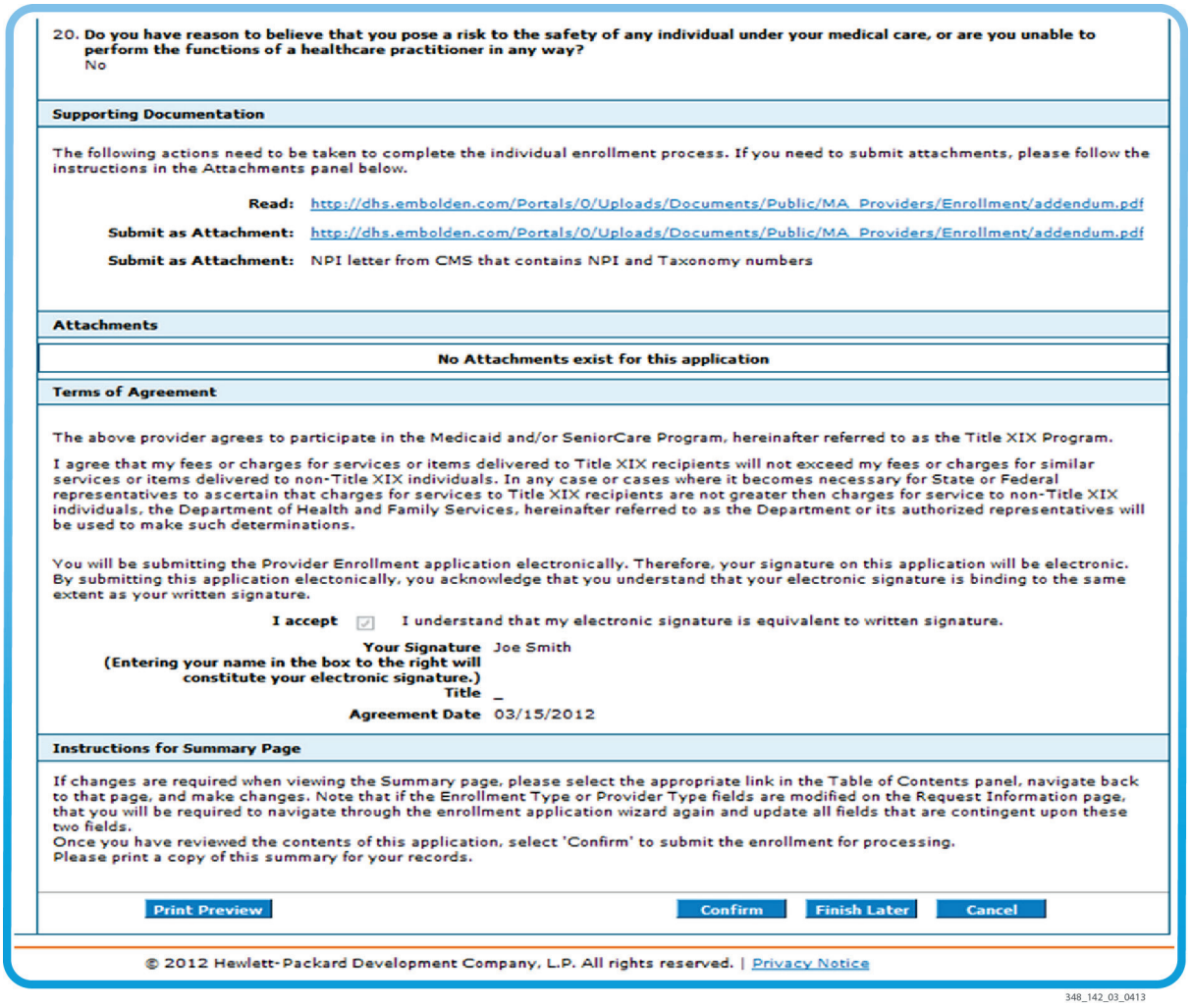
Enrollment business logic is extremely configurable and scalable, and we will work with the Department to create State-specific enrollment edits and rules for the Colorado Medicaid provider types. The online provider application will have instructions to guide the applicant through the enrollment form. The following figure is an example of the Application Welcome Screen that applicants will see.

Application Welcome Screen



As providers navigate through each page, they will be prompted to complete required fields. Additionally, after providers complete the application, they are prompted to submit required attachments and are presented with the Application Confirmation Screen depicted in the following figure.

Application Confirmation Screen



As demonstrated by these examples, we provide clear and easy-to-follow instructions that support a user-friendly experience while also collecting the required application information.

We provide more information and sample screens for the Provider Portal in RESPONSE 39l of this proposal. We provide more information on provider management in our responses to Unique IDs 1446 – 1513 in RESPONSE 39b.

Financial Management

Our strategy for supporting the BIDM vendor with federal reporting is to use our base MMIS

[redacted]

reporting feature, which has been CMS-certified. While every state requires configuration of mapping their specific healthcare program variables into the federal reporting, the base approach and templates have already been established, tested, and CMS-approved many times. The Colorado interChange will support federal reporting using these existing processes and

updating them to the specific values related to the Department's healthcare programs. We will provide the required data to the BIDM vendor and work with them as directed by the Department.

HP will provide the BIDM vendor with the needed MMIS data for the Department to efficiently budget and forecast financial needs.

Health Benefit Plan Management

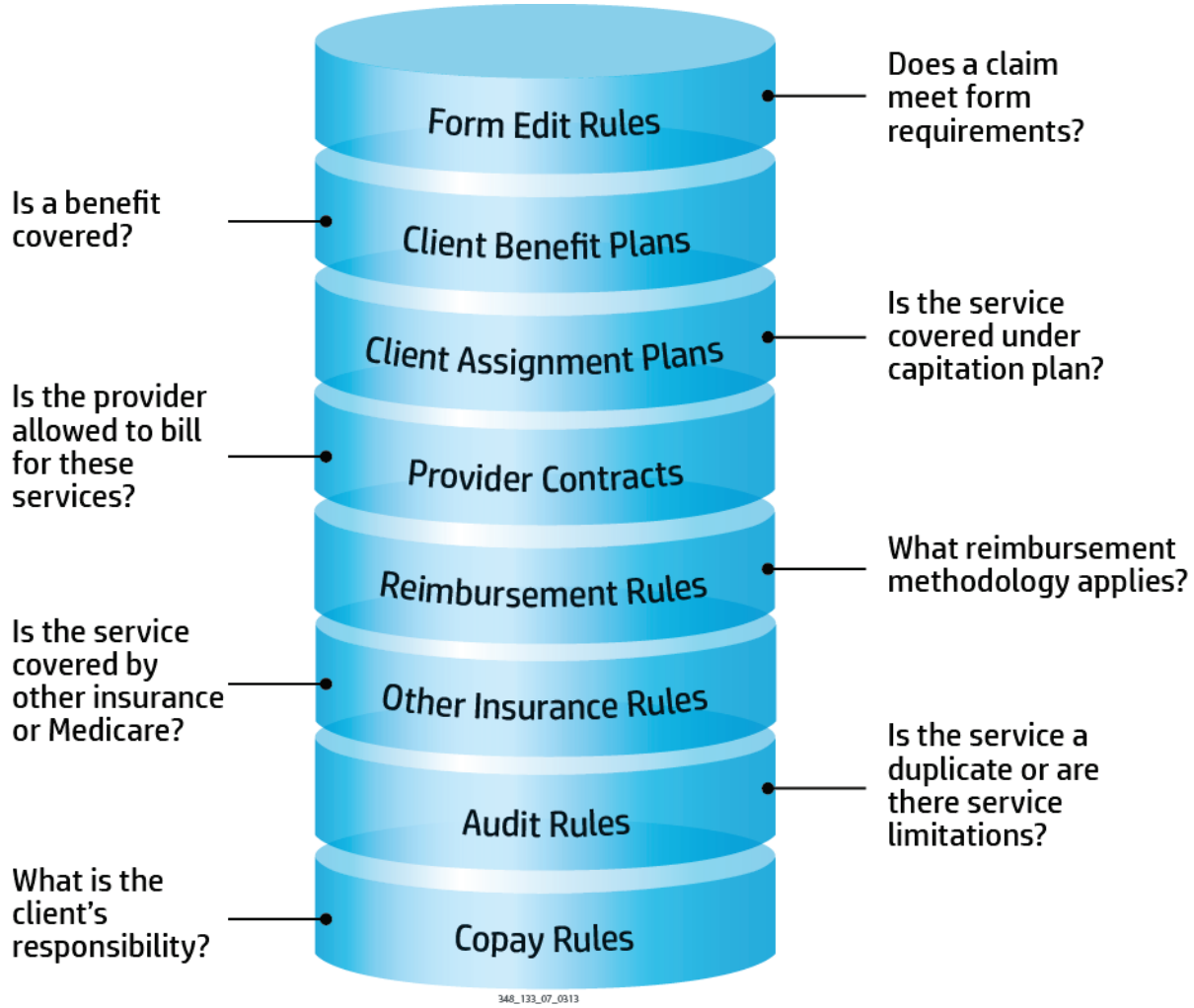
The Colorado interChange contains a purpose-built Business Policy Administration (BPA) rules engine for efficient and effective health benefit plan management. This feature aligns perfectly with CMS' 7SC desire for rules that are human- and machine-readable that can be exported to other processing environments without rekeying and published to a designated repository. This rules engine sits at the heart of adjudication and policy decisions, allowing users to configure the proper rules through the @neTouch UI without technical assistance. A single UI allows for the configuration of these decisions across many parameters and elements and directly associates the services, clients, and providers to define the proper benefits.

interChange organizes the rules by their purpose and links them directly to the billed services such as procedures, revenue codes, or diagnosis codes as follows:

- **Coverage rules—**Designate the approved services and the conditions of that service for each benefit plan
- **Provider contract rules—**Designate who can perform or bill for services and the conditions of that service delivery
- **Reimbursement rules—**Designate exactly how a service will be reimbursed depending on both the provider and client parameters
- **Audit rules—**Describe the limits, conditions, and relationships between different services, claim details, and claims
- **Edit rules—**Define the conditions surrounding the processing of an individual service
- **TPL rules—**Define carrier and policy type specific coverage to properly manage cost-avoidance efforts and reduce rebilling and coordination of benefit hassles

Each benefit plan can have completely different rules, allowing the definition and management of medical policy including covered services and rates at a granular level, without additional coding. The following figure depicts an overview of the rules engine.

interChange Business Policy Administration Rules Engine



Clear, concise development of business rules is critical to accurate claims processing. The development of business rules will begin after the Department designates a new service or makes changes in existing policy. Various business rules will govern each claim processed. Rules define and manage how services are covered, delivered, and processed—supporting healthcare services management through the Colorado interChange easily and effectively.

The HP solution brings a CMS-certified system that provides control in each aspect of claim processing, and the control is especially evident in the benefit package multi-payer features.

interChange provides the ability to establish, maintain, and administer multiple benefit plans by defining benefit plan–covered services, client populations, reimbursement models, and capitation criteria.

[redacted]

Benefit plan data identifies a group of covered services (benefits) granted to a client deemed eligible for the services the benefit plan represents. Benefit plan configuration includes the following:

- Coverage rules detailing restrictions for services within a benefit plan
- Reimbursement rules for selecting a payment method to reimburse a provider for services provided to an eligible client
- Billing rules classifying services a provider can bill within a contract

For example, we maintain copay and several other variables, managed today using hard code in legacy systems, as a rules-based feature through the online web pages. This flexibility allows us to meet the Department's stated examples of allowing payments to inpatient hospital providers under one health benefit plan to be made per diem and under a prospective DRG basis in another, and having the same payment methodology across the plans but different rates per plan.

We detail business policy administration in RESPONSE 38l.

Utilization Tracking and Forecasting

The VITAL Platform will provide the functional capabilities and interoperability to facilitate comprehensive utilization, care, and case management of clients (including alerts, work lists, and dashboards) by integrating multiple data sources and tasks into a single workflow. At the same time, the software system will serve as a repository for the collection of information about the needs of the individual client, plan of treatment, targeted outcomes, and the individual's health status. Its features increase efficiency and enforce clinical integrity with care management services and include:

- A comprehensive client record to quickly understand the needs of a selected client
- Functions to create and assign cases quickly with only a few clicks
- Comprehensive assessments to generate integrated care plans encompassing physical and mental health needs and co-morbidities
- Embedded clinical content including assessment modules for more than 25 chronic conditions and barriers to care
- Dynamic care plans in which problems and goals are easy to prioritize, update, and report
- A clinical variables tab to track client progress toward positive health outcomes
- Automated referrals and case tracking among utilization management, case management, and disease management departments
- The ability to capture notes and attach documentation from external sources to the client record
- Automatic follow-up reminders and events scheduling

We detail utilization reporting in our response to Unique ID 1702 in RESPONSE 39g.

Electronic Communication Capabilities

HP knows that standardized terms and styles across communications are essential for a professional communications appearance and to verify important messaging is well understood by its intended audiences. HP will work with the Department to define a clear, consistent style for communications, with common themes that can be used across each communications vehicle.

The Colorado interChange includes the ability to auto-generate letters to clients, providers, or stakeholders in multiple business processes. To accomplish this automation, we invoke the HP Exstream correspondence COTS software package. HP Exstream is a market-leading correspondence package that can be shared across the business functional areas of the MMIS.

HP Exstream delivers accurate, consistent, and effective correspondence using reusable templates. Other benefits of HP Exstream include the following:

- Automates interactive, on-demand, and batch letter generation capabilities
- Supports multiple languages and literacy levels, output in 21 different formats
- Can be invoked as a web-based application, web service, or using Java Message Service (JMS)

Using this package, we will work with the Department to define letter templates that can accelerate the generation of the letters and are capable of producing the correspondence in multiple formats, including hard copy, electronic copies, or email of the requested information. The HP Healthcare Portal also provides for standardized and automated communication with clients and providers. Broadcast messages on the public web pages can communicate global information needed for population groups. On the secure web pages, messages can be focused by provider type or other variables.

We detail notifications in RESPONSE 39t and RESPONSE 40l.

Electronic Case Management

McKesson Versatile Interoperable Technology Advancing Lives™ (VITAL) will be implemented within the Colorado interChange and supporting services solution. Used to execute high-performing case management programs that deliver better outcomes for clients while reducing cost for payers, the Department will receive many benefits from this solution. This tool will work with interChange to add the functions the Department requires.

This robust case management tool will deliver high-value services to Colorado clients and stakeholders. We provide more information on case management in RESPONSE 39k.

Reporting Capabilities

HP will work with the BIDM contractor to supply the data it needs to help the Department achieve this goal. We demonstrate our experience working with a separate reporting vendor in

states such as Georgia, Tennessee, and Nevada. We have successfully built relationships and fostered teamwork with the vendors.

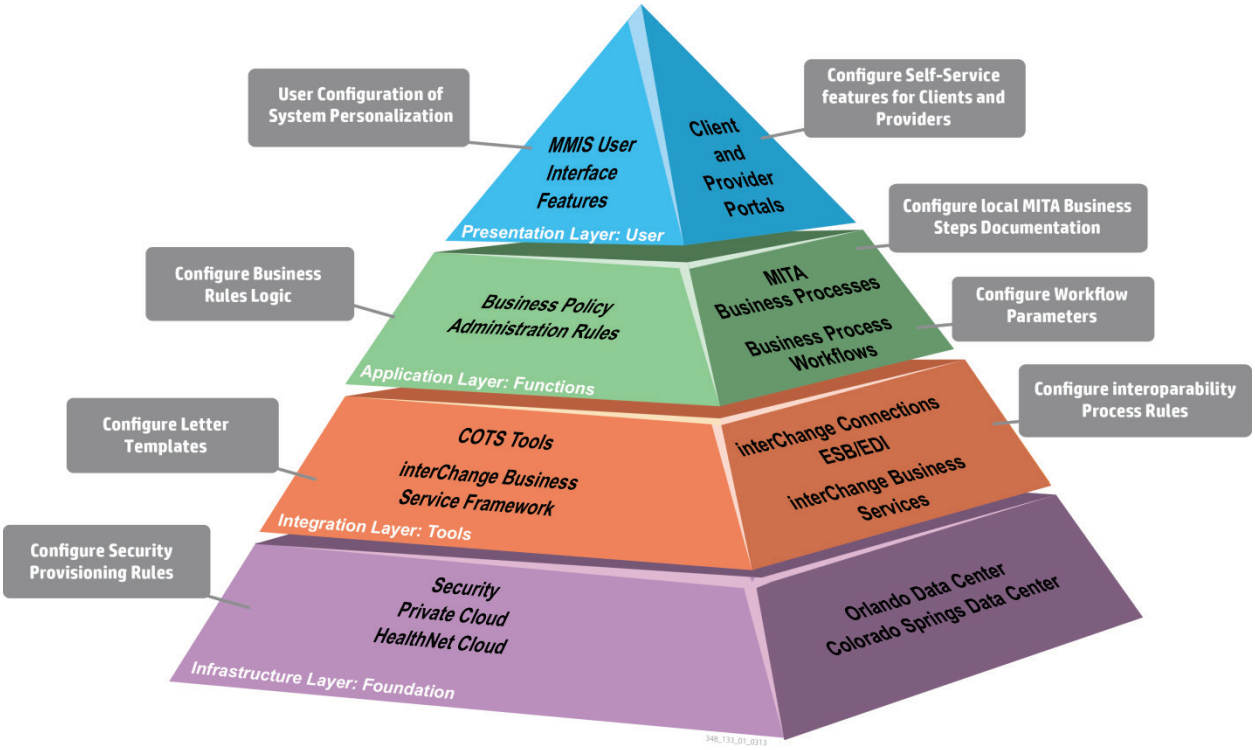
SOA INTEROPERABILITY

The interChange Connections component powers interoperability of the Colorado interChange by orchestrating interaction of the MMIS with the broader healthcare ecosystem. interChange Connections is used for interfacing with the BIDM vendor. A fundamental purpose of Connections is supporting the integration of the MMIS to external applications and enabling the communication between the MMIS and those applications through defined services.

System Flexibility

HP has been proactively evolving the interChange MMIS business functions, incorporating MITA and 7SC guidelines, when recently adding advanced features and architectural capabilities. The result of our efforts is a solution on the forefront of configurability. The following figure highlights aspects of the offering approach enabling adaptability so the interChange MMIS will continue to evolve with the demands of the business in time.

interChange Configurability Across the Architecture



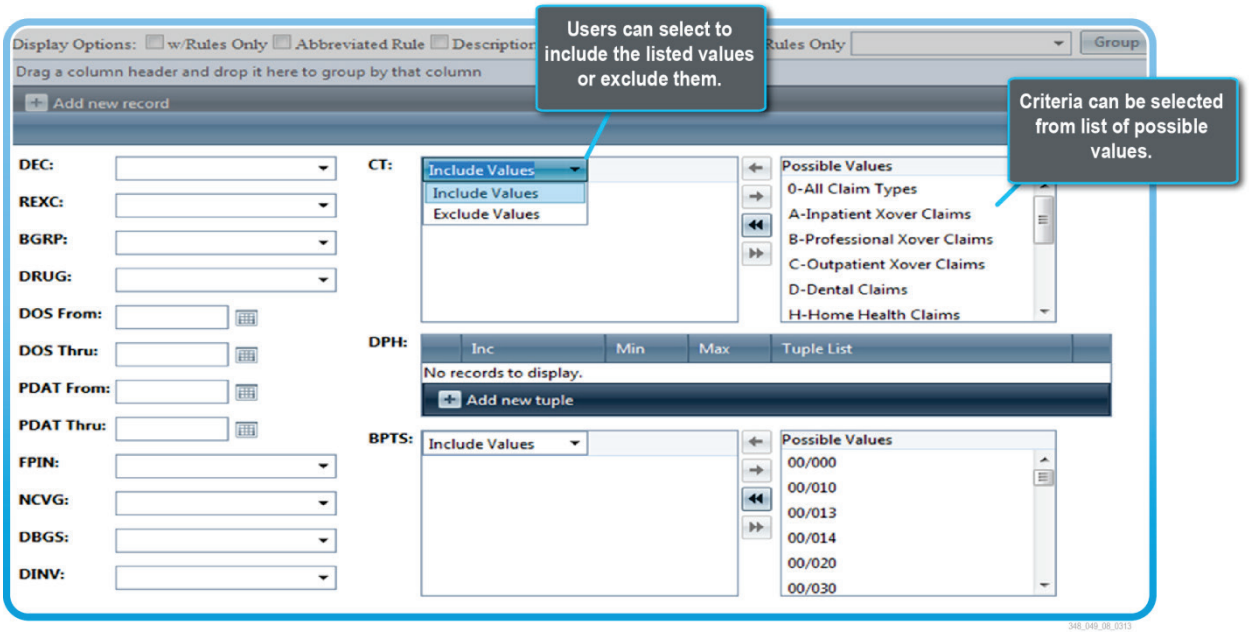
Our approach of configurability at every layer of the solution increases the flexibility and adaptability of our systems to the constantly evolving healthcare landscape. By continually adapting, the solution can meet the business challenges of today and tomorrow. This end-to-end enterprise approach to configurability is why the Colorado interChange is the best long-term value for the Department.

Our Business Policy Administration is perfectly fit to the Department goal of reduction in the amount of time to get business requirements implemented in the system and increase accuracy of system transactions. Authorized users can change rules in a simple point-and-click manner, without technical engineers and antiquated coding.

interChange BPA rules management allows trained users to identify, create, refine, and maintain business rules that effectively capture and enforce medical policy. Within interChange, various business rules govern each claim processed—billing rules from policy and contracts, coverage rules from benefit plans, and reimbursement rules that determine how to price and pay the claim. The disposition of edits associated with business rules determine whether to pay, suspend, or deny claims, according to Department policy on how each service should be adjudicated.

interChange BPA, detailed in the following figure, uses the Corticon business rules engine to deliver a user-configurable, faster, and more responsive system to manage benefit services and program features. User-friendly, online MMIS browser pages allow the configuration of benefit plan criteria, edit or audit disposition rules, procedure, drug, diagnosis, diagnosis-related group (DRG), and revenue code rules and restrictions, and the establishment of pricing rates and methodologies. interChange presents users with a graphical interface displaying a combination of easily understood parameters and navigation paths. Parameters can be combined in numerous ways through online browser panels to establish a flexible, yet structured, rule repository.

interChange BPA Rules Policy Editor



interChange BPA uses rules management to define and manage how services are covered, delivered, and processed. The business rules engine adds value to support healthcare services management through interChange easily and effectively. BPA provides an efficient structured

process for managing complex healthcare policies and responding to the need for rapid reaction to legislative changes.

Reusability

HP will deliver a system that is fully consistent with this Department goal. We will deliver a system with a true service-oriented architecture (SOA) platform that is highly configurable and flexible, easily implemented software modules, and easily integrated with COTS. Our solution of the Colorado interChange and chosen COTS products combine to give Colorado a system that has been certified multiple times, recognized by CMS as having exceeded the MECT checklists, and recognized as having industry best practices in operation.

Highlights of the Colorado interChange solution include the following:

- A CMS-certified and proven transfer MMIS, built and running in production in Wisconsin
- A demonstrated n-tier architecture that emphasizes reuse and flexibility, increasing the return on the Department's investment
- A web-accessed client/server healthcare management system that integrates purpose-built claims adjudication rules and a COTS business rules engine to provide the right rule at the right time
- A healthcare-specific relational data model targeted to meet the business needs of healthcare but adaptable to the information architecture changes required by MITA, American Recovery and Reinvestment Act (ARRA) Health Information Technology for Economic and Clinical Health Act (HITECH), the Affordable Care Act (ACA), and other healthcare mandates
- An SOA supporting world-class Enterprise Service Bus (ESB), workflow management, and web service integration to the wider Colorado healthcare enterprise
- A private cloud infrastructure designed for efficient and flexible provisioning of high-performance computing, storage, and network capacity using market-leading, enterprise-class HP components
- Industry-best rated "top quadrant" COTS products spanning the solution, including integrated workflow and rules engine
- Integrated security across the applications to provide, control, and manage role-based access and authentication to the proper applications, panels, and data

HP's globally consistent processes and proven methodologies bring speed and agility to the modernization process. The Colorado interChange is MITA-aligned and provides a foundation for advances in MITA maturity to help the Department meet changing industry standards in the future. The HP solution provides an advanced SOA-enabled Medicaid system, recently enhanced to support states' efforts to meet the CMS 7SC, including MITA 3.0. As CMS continues to

evolve the MITA Business Architecture, we will refine the HP Business Architecture. The importance of a sound business architecture is that it allows the Department to assess its current business capabilities and determine future targets for improvement.

The Colorado interChange is a proven architecture that will be deployed to replace Colorado's current MMIS. Our solution is a standards-based approach to healthcare architecture. The Colorado interChange framework facilitates the reuse of solution components, saving development time and minimizing risk for the Department and the HP team. This approach reduces long-term investment cost because solutions can be used across business areas within the Colorado interChange. The HP architecture is the most proven, advanced MMIS architecture available that supports the Department's business requirements defined in this RFP.

RESPONSE 20

RESPONSE 20: The Offeror shall demonstrate their understanding of the Department's Contract Goals as provided in section 4.2 of the RFP Body, and how these goals are reflect in their technical approach and solution for the COMMIT project. The Offeror shall provide specific examples and their approach to mutually beneficial partnerships through the quick resolution is issues or delays in the project schedule and fostering trust and open communication through team building exercises with management and staff.

Colorado's success is our top priority. The COMMIT project deserves the greatest opportunity for success possible. The Department can be confident that the HP proposal contains only factual, verifiable evidence that HP is best qualified to deliver that success. If we did not believe we provide the best solution at a realistic price, we would not waste our time or yours by preparing and submitting this proposal. We only provide realistic pricing, project schedules, and promises about what our system can do. We tell the truth and deliver what we propose.

With the changing face of Medicaid reform and health project demands, state agencies are driving the transformation and evolution of project management and oversight. As evidenced by the COMMIT project specifications, the Department appropriately places a high value on a vendor that can stand by its side, share its vision, and make that vision a reality. HP brings a proven approach that provides the Department with the right people, the right processes, and the right technology that delivers exactly the Department seeks.

The following table shows specific examples of how our business philosophy and our technical approach align with the Department's goals.

HP's Approach and Alignment to the Department

Colorado Department of Health Care Policy and Financing Goal	HP's Business Philosophy	HP's Technical Approach
4.2.1.1 Provide business opportunities that are fair to	• Provide realistic pricing, keeping in mind State	• Project estimates are based on thorough review and

Colorado Department of Health Care Policy and Financing Goal	HP's Business Philosophy	HP's Technical Approach
participants and deliver services and technologies at acceptable and competitive prices within the Department's budget.	budget concerns • Provide what is promised at the price quoted	understanding of requirements, estimations based on previous experience and the creation of realistic project schedules.
4.2.1.2 Foster collaborative, mutually beneficial partnerships. This includes the quick resolution of implementation or operational issues or delays in the project schedule without assigning blame to a person or party that negatively impacts the long-term relationship. In addition, to foster a positive partnership, the Department and contractors will engage in joint team building exercises with management and staff to foster trust and open communication.	• Be open and honest with our customers • Alert customers to issues immediately and find mutually agreed-on resolutions • Look for solutions, not scapegoats to blame • Build trust and foster open communication • Invite our customers to share in our community service efforts and participate in theirs when invited • Several of our MMIS customers will eagerly share experiences of team participation in activities such as charity events and team-building exercises	• Review and document RFP requirements, identify historical task information, and analyze Colorado interChange assumptions, risks, and constraints for inclusion in developing the estimate and schedule • Enter information in HP Portfolio and Project Management (PPM) tool for tracking and monitoring to mitigate risks and quickly resolve issues that should arise
4.2.1.3 Discourage contractors from proposing prices and timelines for Design, Development and Implementation (DDI) below what can reasonably be achieved with the intention of making up the difference via the Change Management Process and various other business processes.	• Examine requirements, price them realistically, and schedule them based on previous experience • Never compromise our integrity just to make a sale	• Apply proven practices and lessons learned from prior MMIS implementations • Start with a core MMIS that has been CMS-certified

It is refreshing to see a state ask for a response of this nature in an MMIS procurement. We appreciate the opportunity to showcase our experience in this area. HP sees this proposal as the first step in a long-term relationship with the Department. A relationship built on transparency and the spirit of collaboration that stays strong, healthy, and lasts.

The Department can look at our long-term customers in the MMIS arena as a key to what we can bring to Colorado. We have been in Arkansas for 28 years; we have been in Rhode Island for 19 and just renewed for another five years. We have been in Oklahoma 12 years and also were just renewed. We were in Kansas for 17 years and, after a six-year gap, returned for the past 11 years. These relationships are mutually beneficial to HP and our customers. This is the type of relationship we hope to build with the Department.

Read our references supplied with this proposal. They are typical of references from many of our MMIS states. In 2013 we have received these references regarding our interChange work:

> "HP integrated a brand new pharmacy program for Wisconsin's senior citizens into the point-of-sale (POS) system, marrying Medicaid and non-Medicaid populations into a single system while maintaining separate covered benefits and policies, making the Wisconsin MMIS a true multipayer system." — *Tricia LaPlant, Deputy Director, Bureau of Operational Coordination, State of Wisconsin, Department of Health Services*
>
> "HP has met all quality and completion date requirements within agreed dollar amounts, and has continued to work with the Alabama Medicaid Agency in a professional and ethical manner." — *Kathy Hall, Deputy Commissioner, Program Administration, Alabama Medicaid Agency*
>
> "OHCA, with the assistance of HP, has successfully implemented many initiatives over the years, oftentimes under stringent timeframes…It is without reservation that I recommend HP to you as your MMIS provider and fiscal agent services contractor." — *Lynn Puckett, Director of Contractor Services, Oklahoma Health Care Authority*

Customers do not write statements such as these if they are not true. You can trust your colleagues to be honest. The national Medicaid community is too small to succeed in deceiving peer agencies around the country. Talk to our customers and decide for yourself about our commitment to them, and subsequently to you.

We hope that through RESPONSES 17, 18, 19, and 20 that the Department received a clear picture of why HP is the right choice to help you achieve your goals and vision.

RESPONSE 21

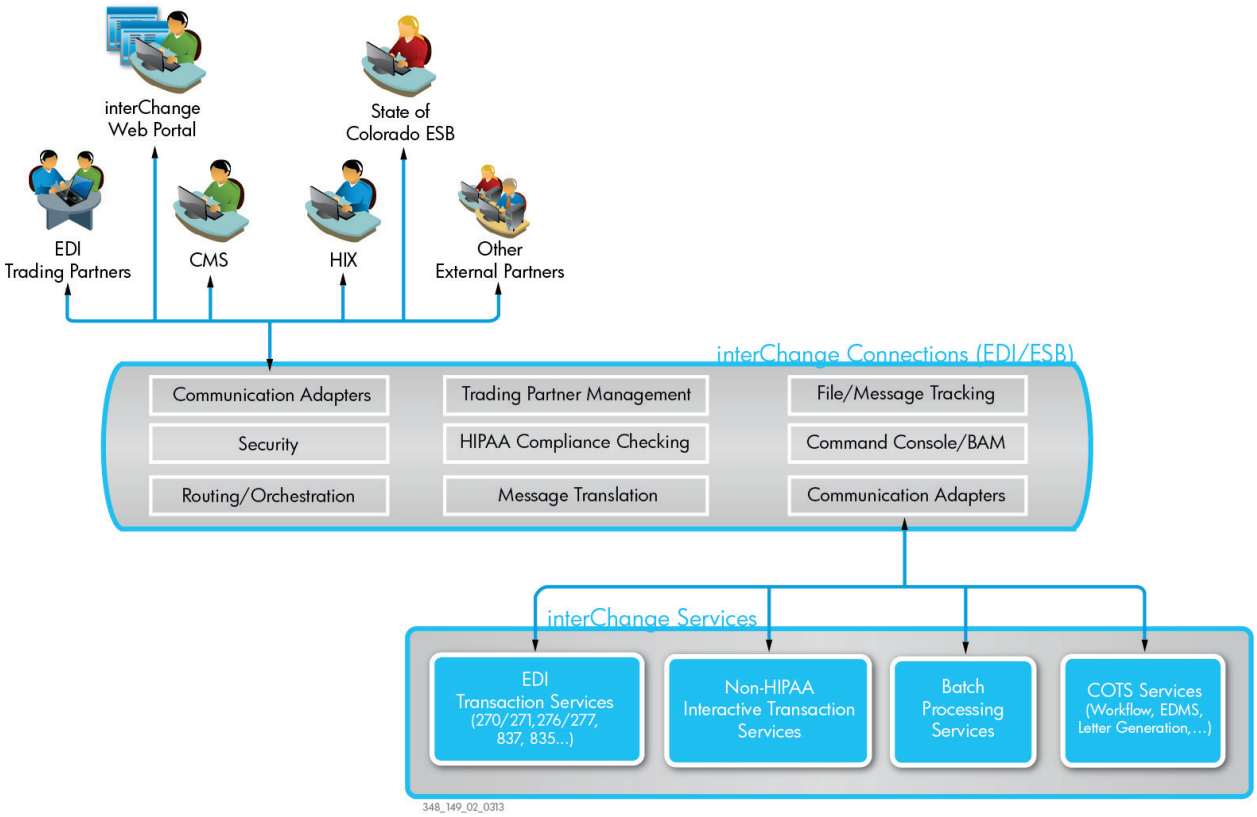
RESPONSE 21: The Offeror shall demonstrate their understanding of the Department's requirement that the Core MMIS and Supporting Service interface with various systems outlined in Section 4.6 of the RFP Body, and how the Offeror shall interface with these systems in their technical approach and solution for the COMMIT project. The Offeror

shall provide specific examples to illustrate how their solution will support interfacing with each system listed in Section 4.6. In circumstances where the Offeror's solution will have difficulties interfacing with any specific system, please describe the technical challenges and propose alternatives to address any gaps.

Interaction Within the Healthcare Ecosystem

HP interChange Connections is a flexible, message-oriented, middleware framework for managing IT assets in a service-oriented approach. The Department can use interChange Connections shown in the following figure as the backbone and traffic cop for exchanging data with others within the Colorado healthcare ecosystem. With its security, encryption, integration, and messaging capabilities, the interChange Connections enterprise service bus (ESB) provides the foundation for interacting with other agencies—designed to be the middleware between multiple systems.

HP interChange Connections



interChange Connections handles file and transaction routing, pre- and post-process, translation, and connectivity supporting various data connections and transport protocols, simplifying the integration effort with external entities. By allowing systems to talk with each other, HP's interChange Connections platform standardizes communication protocols and works with trading partners as a transaction manager. By handling the complexity of numerous connecting systems,

interChange Connections provides the configurability that will enable the Department to interact with other agencies in the future as needed.

The following table gives an overview of the "out-of-the-box" interface features supported by interChange Connections.

interChange Connections Interface Features

Feature	Description
Communication Adapters	Integrating systems starts with the ability to connect and exchange messages through a common protocol. interChange Connections has more than 100 communication adapters including common protocols such as the following: • Queuing (MQ, MSMQ, AQ, JMS) • HTTP, HTTPS, Web Services, WCF, SOAP • File, FTP, SFTP, FTPS • Oracle, SQL Server • POP3
Security	Security is crucial to enterprise exchanging private information and this is especially true for an MMIS. interChange Connections uses two basic types of security when exchanging messages. Messages can be encrypted using an agreed-on public key or they can be digitally signed using a private key certificate. These two methods are industry standards for protecting the Department's data.
Routing or Orchestration	The interChange Connections ESB handles simple and complex message processing. In some cases, the messages will simply be transported to a single service. Other times, it will be necessary to guide the transaction through many services and dynamically determine the path based on the data submitted and the business rules associated with that data. interChange Connections simplifies the implementation of complex orchestrations. It verifies the delivery of messages using an underlying publish or subscribe architecture.
HIPAA Compliance Checking	An important aspect of EDI is verifying that incoming and outgoing X12 transactions meet the HIPAA standards. interChange Connections will validate X12 transactions for HIPAA compliance as they are received and before they are sent to our trading partners.
Message Translation	Another key component for systems integration is the ability to translate a message into a format that is understandable to the service that will receive it. Whether an X12 transaction or a non-HIPAA transaction, interChange Connections uses point-and-click mapping tools to translate and transform messages into the appropriate format for the system receiving them.

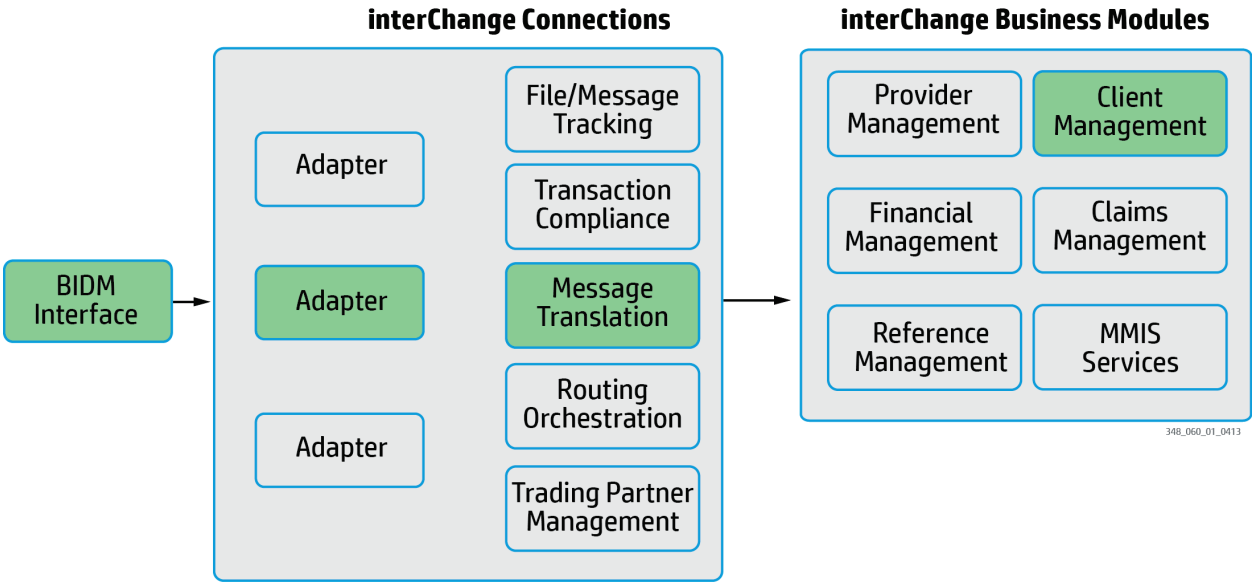
Feature	Description
File or Message Tracking	File Transfer Service (FTS) monitors, tracks, logs, and moves files throughout the interChange solution. FTS provides a complete file audit trail with real-time, processing stage updates through the File Tracking web interface. FTS includes detailed error notifications, which allow quick response to failed files.
Command Console and BAM	One of the key factors in business success in the right information at the right time, which is where the Business Activity Monitor (BAM) plays a vital role. BAM allows business users to monitor and analyze data from defined business process sources. By using BAM, users can get information about business states and trends in real time.

Connectivity Example

As the following figure details, using the interChange Connections framework makes integration to external systems—such as APCD, BIDM, and COFRS—a highly repeatable and modular series of processes regardless of the external systems exchange protocol and message format. Through the flexible ESB framework in interChange Connections, HP does not anticipate technical difficulties interfacing with Colorado's systems:

- Define interface format—such as Flat File, NIEM, or XML
- Configure transport adapter—such as (S)FTP or HTTP(S)
- Configure message format translation (if needed)
- Configure inbound and outbound routing

interChange Connections Framework Integration



RESPONSE 22

RESPONSE 22: The Offeror shall demonstrate their understanding of the Department's requirements for Quality Maintenance Payment and Performance Standards described in Section 5.6 of the RFP Body. In addition, the Offeror's shall describe their acceptance of the Department's Quality Maintenance Payments and how the Offeror will apply the Performance Standards. In circumstances where the Offeror's response differs from the Department's Performance Standards or provides for additional Performance Standards, please describe the alternatives or additions the Offeror is proposing. The Offeror should not specify any specific dollar amount linked to the Quality Maintenance Payment and Performance Standards in this section, but instead detail the percentages of the total price the Offeror is applying to each Performance Standards.

This response addresses Unique ID 1111.

In this section, HP demonstrates our understanding of the Department's requirements for Quality Maintenance Payment (QMP) and the associated performance standards as outlined in Section 5.6. We understand that this is not an incentive payment, but rather, full payment for performance levels to which we agreed and that meet the required expectations of the Department. HP's goal of excellence in everything we do is principle in our philosophy of "Pay for Performance" and directly parallels the Department's approach.

Quality Maintenance Assessment—Implementation Contract Stages

The initial application of the QMP begins at the implementation of the project. The required 7 percent of the total phase price is then deducted from the total price of each phase. It is divided by the number of months in the phase to calculate and the monthly QMP amount. Each monthly invoice will reflect that monthly reduction until phase completion when the total QMP for the stage will be included for payment on the invoice.

The QMP for the Certification Phase is established at 3 percent of the sum of the price for each implementation stage. The required 3 percent is applied to the total price of implementation and divided by the number of months in Implementation Stage II. Each monthly invoice in Stage II will reflect that monthly reduction. The 3 percent QMP will be included for payment on the invoice after official notification of certification from CMS.

The following table reflects the application, by stage, using the required percentages.

Quality Maintenance Assessment Application—Implementation Phases

Contract Stage	Quality Maintenance Payment (QMP)	
BPR	7 Percent of Stage Contract Price (SCP)	Department releases QMP after determination of stage completion.
Implementation Stage I	7 Percent of Stage	Department releases QMP following

Contract Stage	Quality Maintenance Payment (QMP)	
	SCP	determination of stage completion.
Implementation Stage II	7 Percent of Stage SCP	Department releases QMP after determination of stage completion.
CMS Certification Project Phase	3 Percent of TCP	Applied during Implementation Stage II Department releases QMC following receipt of official CMS certification of the MMIS.
Implementation Stage III	7 Percent of Stage SCP	Department releases QMP following determination of stage completion.
Total Contract Price for All Implementation Stages (TCP)		

Dispute Process

Should the Department withhold the QMP, HP understands that we may pursue the Dispute Process as described in Section 10.5 of the RFP and Section 20E of the Contract for possible resolution if we believe that the QMP for the Implementation Contract Stages—excluding the CMS Certification Project Phase—is being withheld because of reasons outside our control.

HP understands that we cannot use the Dispute Process to receive the QMP for the CMS Certification Project Phase before the Department officially receiving CMS certification of the MMIS, no matter the reason of the delay in the payment.

Quality Maintenance Payment—Ongoing Operations Stage

HP has reviewed the minimum contract requirements for the Ongoing Operations Stage to which a QMP must be applied. Additionally, we have chosen to propose seven additional requirements, some from the Performance Standards in Appendix A and some from our experience with fiscal agent operations. These additional standards are separated and presented at the end of each of the tables that follow.

Our approach to assigning a QMP amount to each standard was based primarily on two drivers:

- The severity of the effect if the standard is not met—for example, noncompliance with the priority levels for a disaster recovery event. The impact of recovery is widespread, affecting virtually every stakeholder of the program and, worst case, preventing a client from receiving vital services.
- How the standard presents as an overall indicator of performance—for example, claims that are still not adjudicated after 12 months. Having a claim in the system aged more than 12

months should be a special circumstance and one already identified. To go undetected for that period of time may be an indicator other issues.

We first applied the required 5 percent QMP to the annual Total Contract Price in Pricing Proposal to calculate the equivalent annual QMP dollar amount. The annual 5 percent QMP dollar amount was then divided by 12 to calculate the monthly QMP dollar amount applicable to each invoice because we have chosen to review and report the performance standards monthly. Bidders may not present any dollar figures and, therefore, must present the QMP in percentages as they are applied to each performance standard.

The following table shows our distribution of the 5 percent QMP allocation to the performance standards, required and additional. The standard's annual percentage, when applied to the Total Contract Price in Pricing Proposal, will equate to the annual QMP dollar amount we have allocated to each standard. The percentages for the performance standards, when applied to the total contract price and summed, equals a dollar amount that is 5 percent of the annual TCP.

Quality Maintenance Assessment Application – Operations Stage	Percent x TCV = annual QMP value of the standard
5.6.5.1. A staff retention Performance Standard that aligns with the Offeror's corporate staff retention strategy and goals, and is also focused on retaining both knowledge and quality, productive Systems and Fiscal Agent Operations staff.	0.12%
5.6.5.2. Appendix A – Requirements and Performance Standards Matrix Requirement 1023: Provide a Business Continuity and Disaster Recovery Plan and Adhere to the Implementation of the Plan as Necessary. Performance Standards are as follows:	
5.6.5.2.1. Mission critical services (priority 1) will not be interrupted.	0.4%
Core services that shall be maintained with limited service disruption (priority 2) and shall be recovered within eight (8) hours.	0.36%
Systems and data where service disruption will cause serious injury to government operations, staff, or citizens (priority 3) shall be recovered within forty-eight (48) hours.	0.32%
Systems and data required for moderately critical agency services and IT functions where damage to government operations, staff, and citizens would be significant but not serious (priority 4) shall be recovered within five (5) business days.	0.28%
Systems and data required for less critical support systems (priority 5) shall have a recovery timeframe mutually agreed upon by the	0.26%

Quality Maintenance Assessment Application – Operations Stage	Percent x TCV = annual QMP value of the standard
Department and Contractor(s).	
The alternative site shall be fully operational within five (5) business days of the primary business becoming unsafe or inoperable.	0.26%
The call center shall be fully operational within twenty-four (24) hours	0.28%
5.6.5.3. Appendix A – Requirements and Performance Standards Matrix requirement 1476: Maintain and staff a provider communications/relations function including, but not limited to, toll-free telephone lines, e-mail communications, webinar communication, and toll-free fax communication. Provide a message informing provider about hold/wait time. Performance Standards are as follows:	
5.6.5.3.1. [The Provider Call Center shall be] Staffed from 8:00 a.m. to 5:00 p.m. Mountain Time, Monday through Friday (excluding State holidays).	0.24%
5.6.5.3.2. Maintain a sufficient number of telephone lines, technology, and personnel so that,	
at least ninety-five percent (95%) of all calls are answered/queued within fifteen (15) seconds	0.102%
and no more than five percent (5%) of answered calls are on hold for more than one (1) minute.	0.102%
5.6.5.4.1. For claims submitted electronically by the provider:	
5.6.5.4.1.1. Ninety-five percent (95%) of all Clean Claims shall be adjudicated for payment or denial within seven (7) business days of receipt.	0.148%
5.6.5.4.1.2. Ninety-nine (99%) of all Clean Claims shall be adjudicated for payment or denial within ninety (90) calendar days of receipt.	0.2%
5.6.5.4.1.3. Non-Clean Claims shall be adjudicated within thirty (30) calendar days of the date of correction of the condition that caused it to be unclean.	0.148%

Quality Maintenance Assessment Application – Operations Stage	Percent x TCV = annual QMP value of the standard
5.6.5.4.1.4. All claims shall be adjudicated within twelve (12) months of receipt by the Contractor, except for those exempt from this requirement by federal timely claims processing regulations.	0.204%
5.6.5.4.2. For claims submitted on paper by the provider:	
5.6.5.4.2.1. Ninety-five (95%) of claims/encounters shall be direct data entered by the Contract accurately.	0.2%
5.6.5.5. Appendix A – Requirements and Performance Standards Matrix requirement 1832: Complete Provider Enrollment process (including any necessary re-validation and screening) by providing notification (electronic or by paper letter) of acceptance/rejection as a Colorado Medical Assistance program provider. Require providers that have been terminated to re-enroll in the program and meet all Department policies and instructions.	
5.6.5.5.1. Performance Standards are as follows:	
Notify enrolling provider of any missing or incomplete enrollment information within five (5) business days of identifying missing or incomplete enrollment information at any time throughout the enrollment, credentialing, and verification process.	0.2%
5.6.5.5.2. Finalize enrollment process within five (5) business days when provider has submitted all necessary documentation.	0.2%
Additional Performance Standards from Appendix A	
Appendix A – Requirements and Performance Standards Matrix requirement 1137: In the event that the Contractor hires a new subcontractor within the annual time frame, the Contractor shall notify the Department within thirty (30) business days of the hiring process of the new subcontractor.	0.08%
Appendix A – Requirements and Performance Standards Matrix requirement 1152: After receiving notification and requirements from the Department, Contractor will respond within two (2) business days during the Colorado Legislative Session, within five (5) business days outside of the Colorado Legislative Session, or as agreed to by the Department and	0.072%

Quality Maintenance Assessment Application – Operations Stage	Percent x TCV = annual QMP value of the standard
the Change Management Plan	
Appendix A – Requirements and Performance Standards Matrix requirement 1320: Report any unscheduled System downtime within thirty (30) minutes of incident.	0.072%
Appendix A – Requirements and Performance Standards Matrix 1446: Ninety-nine percent (99%) of providers enrolled properly.	0.112%
Appendix A – Requirements and Performance Standards Matrix requirement 1620: Provide the ability to generate and distribute notification letters to providers for accounts receivables through multiple channels (e.g., paper, email, web posting) as defined by Department. Generate follow-up letter within thirty (30) calendar days after delivery of the initial letter.	0.072%
Appendix A – Requirements and Performance Standards Matrix requirement 1624: Support at least one (1) provider payment cycle weekly.	0.3%
Appendix A – Requirements and Performance Standards Matrix 1858: The IVR shall be available 24 hours a day/7 days a week.	0.1%
Other Additional Performance Standards	
Return hard copy claims missing required data within one (2) business day of receipt.	0.072%
Assign a unique Internal Control Number to all claims, attachments, and adjustments with a date that reflects no later than one (1) business day after the date of receipt at the Contractor's site	0.06%
Total QMP Percentage per Year	**5%**

The RFP indicates that we will have discussions with the Department during contract negotiations regarding QMPs. We look forward to that discussion and our mutual agreement regarding performance standards and the application of the QMP presented previously. To facilitate these discussions, HP has included the following condensed version of our definitions for measurement, criteria, and application of the QMP and some overall clarifications for consideration. The payment amounts designated were based on these factors and are presented in the following table and associated text.

Quality Maintenance Assessment–Related Performance Standards

Colorado Performance Standard	Notes
5.6.5.1. A staff retention Performance Standard that aligns with the Offeror's corporate staff retention strategy and goals, and is also focused on retaining both knowledge and quality, productive Systems and Fiscal Agent Operations staff.	Aligning with corporate guidelines no more than 10 percent voluntary turnover in key staff for which vacancies are not filled in 60 days. This standard will be reported monthly.
5.6.5.2. Appendix A – Requirements and Performance Standards Matrix Requirement 1023: Provide a Business Continuity and Disaster Recovery Plan and Adhere to the Implementation of the Plan as Necessary. Performance Standards are as follows:	
5.6.5.2.1. Mission critical services (priority 1) will not be interrupted.	HP will work with designees of the Department and other agencies as necessary during the development of the system security plan to categorize the system components and operational processes that fall into each of the categories of Priority 1 through 5. This requirement will be reported monthly.
Core services that shall be maintained with limited service disruption (priority 2) and shall be recovered within eight (8) hours.	
Systems and data where service disruption will cause serious injury to government operations, staff, or citizens (priority 3) shall be recovered within forty-eight (48) hours.	
Systems and data required for moderately critical agency services and IT functions where damage to government operations, staff, and citizens would be significant but not serious (priority 4) shall be recovered within five (5) business days.	
Systems and data required for less critical support systems (priority 5) shall have a recovery timeframe mutually agreed upon by the Department and Contractor(s).	

The alternative site shall be fully operational within five (5) business days of the primary business becoming unsafe or inoperable.	If the primary office site becomes unsafe or inoperable in its entirety, HP may use several of our shared locations initially to best accommodate different functional areas until an alternate permanent site is available. This requirement is reported monthly and is applicable only in the month such an event occurs that requires invocation of the DRA or business continuity plan.
The call center shall be fully operational within twenty-four (24) hours	The CEM Platform allows quick redirection of specific telephone numbers to an alternate site. This requirement is reported monthly and is applicable only in the month such an event occurs that requires invocation of the DRA.
5.6.5.3. Appendix A – Requirements and Performance Standards Matrix requirement 1476: Maintain and staff a provider communications/relations function including, but not limited to, toll-free telephone lines, e-mail communications, webinar communication, and toll-free fax communication. Provide a message informing provider about hold/wait time. Performance Standards are as follows:	
5.6.5.3.1. [The Provider Call Center shall be] Staffed from 8:00 a.m. to 5:00 p.m. Mountain Time, Monday through Friday (excluding State holidays).	The CEM Platform contains reporting features that can be customized to support this requirement. The report will confirm that agents were logged in and available for calls on the specified days and times. During requirements definition, HP would like to discuss if the Department would consider the inclusion of other authorized times such as State Office closure because of weather or periodic, prescheduled team meetings for training purposes. This will be monitored daily and reported monthly.
5.6.5.3.2. Maintain a sufficient number of telephone lines, technology, and personnel so that,	

at least ninety-five percent (95%) of all calls are answered/queued within fifteen (15) seconds	The CEM Platform supporting the call center provides an extensive variety of reporting options with counts and statistics on each aspect of call center activity. Specific reports will be used to measure compliance against speed-to-answer and hold time. The compliance percentage will be determined by dividing the number of calls exceeding the standard by the total calls for the month. This standard will be reported monthly.
…no more than five percent (5%) of answered calls are on hold for more than one (1) minute.	
5.6.5.4.1. For claims submitted electronically by the provider:	
5.6.5.4.1.1. Ninety-five percent (95%) of all Clean Claims shall be adjudicated for payment or denial within seven (7) business days of receipt.	A clean claim is a claim that does not suspend or require manual intervention. A non-clean claim suspends and requires manual intervention. Using predefined reports in combination with the data from the claims processing system, users can quickly identify claims that have exceeded the established parameters for timely adjudication. Additionally, claims for services that may be exempt from an adjudication time frame can be excluded by criteria such as claim type, location code, provider type, and other data elements. These reports can be run at any point in time allowing for flexibility in the review process. Claims found to exceed the timeliness standard will be grouped by timeliness standard and reported by claim type, ICN, and age. These requirements will be monitored regularly and reported monthly.
5.6.5.4.1.2. Ninety-nine (99%) of all Clean Claims shall be adjudicated for payment or denial within ninety (90) calendar days of receipt.	
5.6.5.4.1.3. Non-Clean Claims shall be adjudicated within thirty (30) calendar days of the date of correction of the condition that caused it to be unclean.	
5.6.5.4.1.4. All claims shall be adjudicated within twelve (12) months of receipt by the Contractor, except for those exempt from this requirement by federal timely claims processing regulations.	
5.6.5.4.2. For claims submitted on paper by the provider:	
5.6.5.4.2.1. Ninety-five (95%) of claims/encounters shall be direct data entered by the Contract accurately.	SunGard carries a feature that can identify and report a random sample of claim fields captured for a user-specified time frame. Additionally, the sample percentage also can be specified by claim type. HP will use this feature to report the random sample

	of claims or encounters for quality review. Claims found with user entry or oversight errors will be reported along with the impacted fields. This standard will be calculated based on the total number of fields in error divided by the total number of fields reviewed. This standard will be reported monthly.
5.6.5.5. Appendix A – Requirements and Performance Standards Matrix requirement 1832: Complete Provider Enrollment process (including any necessary re-validation and screening) by providing notification (electronic or by paper letter) of acceptance/rejection as a Colorado Medical Assistance program provider. Require providers that have been terminated to re-enroll in the program and meet all Department policies and instructions.	
5.6.5.5.1. Performance Standards are as follows:	
Notify enrolling provider of any missing or incomplete enrollment information within five (5) business days of identifying missing or incomplete enrollment information at any time throughout the enrollment, credentialing, and verification process.	At the point of identification of missing or incomplete enrollment information, the application is placed in a Pending – Information Requested status. This triggers the system to generate a notification letter that can be mailed the following day. An audit trail exists that will be queried and used to calculate the time elapsed for each record in the reporting period. Day 1 of 5 begins the next working day after the pending status is set. Applications that exceed the maximum five day notification will be reported including the Application Tracking Number (ATN), provider name, ID, and number of days exceeded. This requirement will be monitored frequently and reported monthly.
5.6.5.5.2. Finalize enrollment process within five (5) business days when provider has submitted all necessary	At the time of receipt of a complete application, either through the web or hard copy, the application is given an ATN. An audit

documentation.	trail exists that will be queried and used to calculate the time elapsed between receipt and finalization as approved or denied in each reporting period. Day 1 of 5 begins the next working day after the ATN is assigned to the application. Applications that exceed the maximum five-day finalization time frame will be reported monthly.
Additional Performance Standards from Appendix A	
Appendix A – Requirements and Performance Standards Matrix requirement 1137: In the event that the Contractor hires a new subcontractor within the annual time frame, the Contractor shall notify the Department within thirty (30) business days of the hiring process of the new subcontractor.	HP will discuss potential new subcontractors in advance. At a minimum, we will notify the Department of the change within 30 business days of the hiring process of the new subcontractor. This standard will be reported monthly.
Appendix A – Requirements and Performance Standards Matrix requirement 1152: After receiving notification and requirements from the Department, Contractor will respond within two (2) business days during the Colorado Legislative Session, within five (5) business days outside of the Colorado Legislative Session, or as agreed to by the Department and the Change Management Plan	Day one will be set as the first business day following official notification of a request and specific requirements from the Department. The response date will be the date the official response is sent to the Department by HP. Should the requirements simply be too vague or add-on criteria or significant changes in criteria occur, HP will document and submit that issue and reset the due date or alter as appropriate.
Appendix A – Requirements and Performance Standards Matrix requirement 1320: Report any unscheduled System downtime within thirty (30) minutes of incident.	Should downtime occur within the MMIS, a broadcast email notification will be sent to an established distribution list of designated staff members at the Department and HP. Within the body of the email will be the affected systems and the time of the identified inoperability. The time of any incident will be compared to the time and date stamp of the email to verify compliance. This standard will be reported monthly.

Appendix A – Requirements and Performance Standards Matrix 1446: Ninety-nine percent (99%) of providers enrolled properly.	HP will select a random sample of enrollment applications processed to enrolled status during a calendar month, the random percentage applied to be mutually determined. The selected applications will be reviewed against specified standards and criteria to determine accuracy. This standard will be calculated based on the total number of applications reviewed versus in error and will be reported monthly.
Appendix A – Requirements and Performance Standards Matrix requirement 1620: Provide the ability to generate and distribute notification letters to providers for accounts receivables through multiple channels (e.g., paper, email, web posting) as defined by Department. Generate follow-up letter within thirty (30) calendar days after delivery of the initial letter.	The workflow tool will be configured to automatically generate a notification letter to providers with outstanding accounts receivables within 30 calendar days of the initial letter. The time line will be coordinated to accommodate the delivery to and mailing by the mailroom. Predefined reports will be used to verify the letter generation versus the date of the initial letter. Letters falling outside the standard will be reported monthly.
Appendix A – Requirements and Performance Standards Matrix requirement 1624: Support at least one (1) provider payment cycle weekly.	The claim financial cycle is scheduled to run weekly on the day of the week specified and is adjusted for State holidays. The weekly cycle is overseen by the system's cycle monitor and inability to complete the cycle is sent through a formal notification to designated HP and Department staff members, including the Quality team. This standard is monitored weekly and reported monthly.
Appendix A – Requirements and Performance Standards Matrix 1858: The IVR shall be available 24 hours a day/7 days a week.	The IVR is available 24 x 7. Scheduled maintenance time, while infrequent, will be excluded from the standard. If the IVR is down outside regular maintenance, it is recorded in the Downtime log on the shared drive. The log includes the start date and time, end date and time, and comments regarding the cause.

	Incidences of unscheduled downtime will be reported monthly.
Other Additional Performance Standards	
Return hard copy claims missing required data within two (2) business days of receipt.	A key component of the OPEX scanning process is the interaction with the reviewer who, as each claim is presented, can immediately identify required but missing fields. These claims are scanned, assigned a control number, and marked as a Return to Provider (RTP). The hard-copy claim is then routed to the mail room for return to the provider. RTP letters and one claim are copied each day and date-stamped to reflect the current date. The copy's dates are compared to the scanned image control number Julian date to determine if the RTP time frame was met. The total claims found to exceed the required time frame for RTPing are reported monthly.
Assign a unique Internal Control Number to all claims, attachments, and adjustments with a date that reflects no later than one (1) business day after the date of receipt at the Contractor's site.	Mail is picked up and delivered to the mail room courier daily. A physical sample is pulled from the mail weekly. Copies are made of the claims and adjustments and attachments are pulled and date-stamped with the current date. During the quality control process, the date stamp is compared to the Julian date assigned to the document in the MMIS. Documents whose ICN date falls outside the one-day limit are counted as an error. This standard is monitored weekly and reported monthly.

Clarifications

- (a) As used in this Section, "Incident" means any interruption in QMP standards. Calculations under QMPs will not include:
  - (i) individual Incidents caused by an event of Force Majeure as defined in Section 20.D, Force Majeure;
  - (ii) individual Incidents caused by a planned interruption where the State has received prior notification; or
  - (iii) individual Incidents that could have been prevented through execution of a written proposal by the Contractor that was not implemented at the request of the State.
- (b) Where time measurement is required, the duration of an Incident will be measured from the time the Contractor is notified through the time the State receives notification of resolution. The duration of an Incident will not include:
  - (i) time period(s) where the Contractor does not have access to a physical State location where access is necessary for problem identification and resolution; or
  - (ii) time period(s) where the Contractor is unable to obtain necessary information from the State.
- (c) All decimals must be rounded to two decimal places, with five and greater rounding up and four and less rounding down, unless otherwise specified.
- (d) The QMP percentage will only be applied to a single QMP standard during any reporting period. Performance standards are measured in the specified reporting period and treated as pass/fail when calculated for QMP application.
- (e) QMP standards will not be invoked if a DRA or business continuity event is the cause of missing the standard or for any other instance where other liquidated damages or performance penalties would apply.

Qualified Waiver of Damages

During the contract negotiation process, we would like to discuss the following approach that has been acceptable and equitable to HP and our other state customers in the early months of operations. We recommend that the Department waive certain QMPs for reporting periods before Oct. 1, 2016, but that HP would provide metrics for the reporting cycle to the State as required.

Performance Standard Reporting—QMP (Unique ID 1111)

Each month, HP will consolidate the review findings for the QMP-related performance standards into a single report—QMP Response Summary Report. This report will list each standard with a corresponding reference number (QMP ID), an indicator showing the results category and the associated QMP amount that will be invoiced.

The following are the four results categories:

- **Met-Yes—**The criteria for this standard were met for the reporting period and deemed Billable/Pass.
- **Met-No—**The criteria for this standard were not met for the reporting period and deemed Not Billable/Fail.
- **N/A—**This standard was not relevant for the reporting period and, therefore, was not measured and Billable. No DRA event occurred during the reporting period.
- **Waived—**The Department agreed to waive the application for this standard during the reporting period because of extenuating circumstances and deemed Billable.

The QMP Response Summary Report will be attached to the monthly invoice as documentation to support the amount of QMP claimed. The following table is a sample of this report.

QMP Response Summary Report ***January 2016***

QMP-ID	Performance Standard	Met		N/A	Waived	QMP
		Yes	No			
QA-001	Staff retention	X				
QA-002	Mission critical services (priority 1) will not be interrupted.			X		
QA-003	Core services that shall be maintained with limited service disruption (priority 2) and shall be recovered within eight (8) hours.			X		
QA-004	Priority 3 shall be recovered within forty-eight (48) hours.			X		
QA-005	Priority 4 shall be recovered within five (5) business days.			X		
QA-006	Priority 5 shall have a recovery timeframe mutually agreed upon by the Department and Contractor(s).			X		
QA-007	The alternative site shall be fully operational within five (5) business days			X		
QA-008	The call center shall be fully operational within twenty-four (24) hours			X		
QA-009	Perform at least one (1) financial cycle weekly	X				
QA-010	The Provider Call Center shall be Staffed from 8:00 a.m. to 5:00 p.m. MT, M-F	X				
QA-011	Ninety-five percent (95%) of all calls are answered/queued within fifteen (15) seconds	X				
QA-012	No more than five percent (5%) of answered calls are on hold for more than one (1) minute.	X				
QA-013	Ninety-five percent (95%) of all Clean Claims shall be adjudicated for payment or denial within seven (7) business days of receipt.	X				

QMP-ID	Performance Standard	Met		N/A	Waived	QMP
		Yes	No			
QA-014	Ninety-nine (99%) of all Clean Claims shall be adjudicated for payment or denial within ninety (90) calendar days of receipt.	X				
QA-015	Non-Clean Claims shall be adjudicated within thirty (30) calendar days of the date of correction of the condition that caused it to be unclean.	X				
QA-016	All claims shall be adjudicated within twelve (12) months of receipt by the Contractor, except for those exempt from this requirement by federal timely claims processing regulations.	X				
QA-017	Ninety-five (95%) of claims/encounters shall be direct data entered by the Contract accurately.	X				
QA-018	Notify enrolling provider of any missing or incomplete enrollment information within five (5) business days of identifying missing or incomplete enrollment information.	X				
QA-019	Finalize enrollment process within five (5) business days when provider has submitted all necessary documentation.	X				
QA-020	The Contractor shall notify the Department within thirty (30) business days of the hiring process of the new subcontractor.			X		
QA-021	After receiving notification and requirements from the Dept., respond within two (2) business days during the Legislative Session, within five (5) business days outside of the Legislative Session, or as agreed to by the Department and the Change Management Plan			X		
QA-022	Report any unscheduled System downtime within thirty (30) minutes of the incident.			X		
QA-023	Ninety-nine percent (99%) of providers enrolled properly.	X				

QMP-ID	Performance Standard	Met		N/A	Waived	QMP
		Yes	No			
QA-024	Generate follow-up accounts receivables letter to providers within thirty (30) calendar days after delivery of the initial notification letter.	X				
QA-025	Support at least one (1) provider payment cycle weekly.	X				
QA-026	The IVR shall be available 24 hours a day/7 days a week.	X				
QA-027	Return hard copy claims missing required data within two (2) business days of receipt.	X				
QA-028	Assign a unique Internal Control Number to all claims, attachments, and adjustments with a date that reflects no later than one (1) business day after the date of receipt at the Contractor's site.	X				
	TOTAL QMP FOR THE MONTH OF January 2016					

RESPONSE 23

RESPONSE 23: The Offeror shall demonstrate their understanding of the Department's liquidated damages described in Section 10.4 of the RFP Body. In addition, the Offeror's shall describe their acceptance of the Department's liquidated damages and how the Offeror will propose an implementation schedule that will minimize the risk to the schedule and not require the Department to issue any liquidated damages. In circumstances where the Offeror's response differs from the Department's approach to liquidated damages please describe the alternatives or additions the Offeror is proposing.

The Department will benefit from HP's structured project management approach that provides clear standards, automated processes, and measured controls to manage activities, tasks, deliverables, work plans, budgets, staffing, issues, risks, and milestones for an individual project and for the enterprise. This integrated approach reduces project risk by avoiding deviations from RFP requirements and reinforcing agreed-on project standards and disciplines. By following this approach, we dramatically reduce the opportunity for challenges that would lead to discussions of damages.

HP has read section 10.4 of this RFP and Section 15.D.of the Draft Contract in detail. We agree with the concept and structure of the liquidated damages as outlined. We have redlined our exceptions to Section 15.D- Liquidated Damages in the Draft Contract and resulting explanations document required by RESPONSE 52.

Implementation Schedule

Cultivated and refined across 13 interChange projects, we have a solid implementation framework to propose a realistic implementation schedule that will minimize risk and help the Department avoid issuing liquidated damages. The ability to quickly launch this framework is one of HP's strengths. Our management team has extensive experience, unparalleled MMIS knowledge, and organizational skills. These management qualities have and will continue to facilitate our unmatched record of successful, quality delivery of the interChange MMIS. By combining our vast MMIS experience and our proven work breakdown schedule (WBS), we have built a comprehensive work plan by which to drive the Colorado interChange implementation project.

HIGHLIGHTS

- Framework based on Healthcare EDGE SDLC and aligned to the Department's phases.
- Microsoft Project schedule integrated into HP PPM tool for monitoring and tracking.
- Schedule built on MMIS experience and lessons learned.

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The project work plan will assist the project managers in assigning resources to tasks, tracking progress, managing budgets, analyzing workloads, and defining critical path schedules. The work plan will include proposed initial and draft deliverable due dates to facilitate the Department's review of project deliverables. We address each of the deliverables outlined in the RFP within the project work plan, including time for Department deliverable reviews. We customized the project work plan to meet the Department's specific project requirements. Each

project is unique; however, we are confident with this project plan as we have applied our experience and proven methods and processes to verify that the required checkpoints and safeguards are in place.

We provide more information about the specifics of the project work plan in RESPONSE 26.

RESPONSE 24

RESPONSE 24: The Offeror shall demonstrate their understanding of the Department's Dispute Process described in Section 10.5 of the RFP Body. In addition, the Offeror's shall describe their acceptance of the Department's Dispute Process and how the Offeror will utilize this process to escalate issues to maintain Offeror's proposed implementation schedule. In circumstances where the Offeror's response differs from the Department's Dispute Process please describe the alternatives or additions the Offeror is proposing.

The Department can expect honest and open communication from HP. Communication is the key to keeping the project moving forward, on schedule, and in budget. By having frank discussions about challenges early, they can be resolved and put the focus back on forward progress more quickly. It is our goal to resolve the issues at the lowest level possible, avoiding the dispute process completely. But if the process is ever needed, HP understands the process as outlined in Section 10.5 of this RFP and Section 20E of the Draft Contract.

The Department has a well thought out dispute process. It is beneficial for both parties to have a clear road map to follow when challenges arise. HP fully understands the intent and detail of the process and accepts it with a minimal addition as shown in our redlined mark-up of Section 20E of the Draft Contract. We hope that through collaboration and teaming efforts, we will never have to use the process. We will use the process to escalate unresolvable issues encountered, if any.

We are confident in our planning and approach. We are presenting the Department with a realistic implementation schedule. The schedule contains meetings to monitor progress on activities under way and review activities set to begin. This forum will allow the Department and HP to share mutual understanding of the project's overall scope and detailed tasks. This frequent face-to-face meeting also will foster teamwork and cooperation.

Our approach to scheduling, as we describe in RESPONSE 23, reduces risk of schedule slippage and deviations from the RFP requirements. Moreover, this approach yields the following benefits:

- A common understanding of project responsibilities across the organization
- Consistent use of repeatable processes and documentation
- Verification that critical tasks are monitored and controlled
- Predictable project performance
- Timely, comprehensive project management communication and reporting
- Ability to plan, execute, and monitor enterprise project schedules proactively

- Ability to apply lessons learned

These benefits combine to mitigate disputes and keep the project moving smoothly. The RFP notes one of the Department's objectives is fostering collaborative, mutually beneficial alliances, including quick resolution of issues or delays. HP also embraces this goal. We look forward to a long-term relationship with the Department.