

RESPONSE 38r

7.19 – User Interface and Navigation Requirements	In Production? YES/NO
Description Addresses Requirements (Provide the range as applicable): 1334-1341, 1344-1346	YES

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

For example, the interChange .Net browser based user interface has been in production for more than seven years. While the user interface has been in production for multiple customers, the recent investment that HP made within the user interface to build the @neTouch family of features has not currently be released to production for our clients. Work has begun for that release with the first client scheduled to have the base .Net user interface upgraded to include the @neTouch features by the fall of 2013.

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

Why the HP Approach Is the Best Solution for the Department

HP has been proactively evolving the interChange MMIS business functions, incorporating MITA and 7SCs guidelines and recently adding advanced features and architectural capabilities. The HP approach to usability and accessibility is the best for the Department for the following reasons:

- The base MMIS functions have been certified by CMS using the new certification checklist, validating the system’s ability to support the business of state healthcare.
- HP enhanced the user experience by making user-suggested enhancements that simplifies navigation of the MMIS.
- The user can self-configure the user interface (UI), personalizing the MMIS to their specific role.
- Built-in, context-sensitive online help includes MITA Business Process steps mapped to the MITA 3.0 standards.



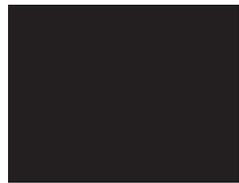
CLICK FOR VIDEO

A video demonstration of the additional scenario @neTouch Family of Features is included in RESPONSE 47.



Healthcare is complicated, but navigating to what is needed, when it is needed, is intuitive and fast with interChange. HP's business awareness and enhanced solution features simplify tasks in interChange. The interChange UI has enhanced navigation designed for users by users.

Meets Department Objectives and Goals



HP is known for our trailblazing in transaction processing—we started the services business more than 40 years ago. We have had a deep understanding of the business from the beginning and continue to crusade automated claims processing. HP has 13 successful certifications since 2002—more than all other vendors combined have achieved in the same time frame. HP has been actively evolving the interChange MMIS business functions, incorporating MITA and 7SCs guidelines when recently adding advanced features and architectural capabilities.

Our leadership in the current generation of MITA-aligned MMIS architecture and the real-world feedback of 13 certifications has combined to create the best Medicaid Enterprise system solution is inherently the best. Instead of rigid commercial healthcare payers struggling to implement a new MMIS for many years or trying to force-fit a commercial COTS healthcare package to the unique business needs of the state healthcare market, HP provides a refined solution from many years of customer feedback, applying MITA and 7SCs guidelines to provide a perfect fit while enabling configuration, modification, and customization.

The following section of this proposal provides an overview of the UI and navigation capabilities that our solution will bring to Colorado:

- The Colorado interChange, used by the Department and HP staff members to research and manage client and provider information, claims processing, financial transactions, third-party liability, and program alerts
- The HP Healthcare Portal that brings clients and providers access to eligibility and coverage, searching for providers, claim and authorization submission, and view program alerts



The result of our investment in interChange is an application that makes the management of the healthcare program easier to configure, easier to maintain, and easier to navigate when performing the business support functions.

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The Colorado interChange



- The advanced business features of the Colorado interChange UI simplify daily tasks through quick and direct access to information as follows:
- The 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.

- The @neTouch family of features enhances productivity with improved navigation, personal favorite links, MITA process information, profiles, and context-sensitive help.
- The Workflow Engine module is integrated within the interChange UI. Users receive their work list directly within the MMIS without navigating to a separate application. This streamlines education for new users and makes experienced users even more effective.

Besides the enhanced navigation, the Colorado interChange contains the standard drop-down lists and menus, hypertext links, and the ability to cut and paste. In interChange, a user can perform a search such as a claim search, receive those results, select a claim to view in detail, and navigate back to the search results without losing those results.

@neTouch Family of Features

Within the overall interChange UI, HP built the @neTouch family of features based on guidance from our business experts who perform the detailed work every day. HP's business awareness and enhanced solution features simplify tasks in interChange. @neTouch features provide quick and timely access to the following:

- Hyperlinks to related business panels
- User-configurable favorite links
- Business-configurable helpful tips and team news
- Business-defined print profiles for viewing and printing
- MITA Business Process Step documentation
- Context-sensitive help



HP designed the Colorado interChange solution to meet the complex needs of Medicaid program administration. In 2012, the UI was enhanced around ease of use, providing authorized users with point-and-click access to MMIS data through easy-to-learn, browser-based panels. This web access is enhanced through the specifically designed productivity capabilities of our

@neTouch family of features:

- @neTouch Favorites (user-configurable)
- @neTouch Simplification (account-configurable)
- @neTouch Profile (user-configurable)
- @neTouch MITA Business Process Steps (account-configurable)
- @neTouch Context-Sensitive Help (account-configurable)

interChange @neTouch Favorites

Individuals access certain screens frequently to complete their tasks. Each user can pin the screens they use most to their own Favorites list. Users do not have to navigate through the menu tree to access their favorite screens or searches. The Favorites information link at the top of interChange MMIS expands the Favorites drop-down at a click and retracts with a second click. Favorites include Favorite Pages—shown in the following figure—and Favorite Searches.

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Adding a Favorite page is exactly the same in interChange as it is in a traditional web browser. Simply click the Add Favorite Page button when a page or tab is open in the work area pane. Adding a Favorite search is as simple as clicking on the Add Favorite Search button after entering the search criteria used often.

Users can manage their favorites by clicking on the Manage Favorites button. This allows users to customize their search results as follows:

- Delete saved searches or pages at any time
- Rename saved searches—Instead of viewing a provider’s ID, rename the search to display as the provider’s name making identification easier

The Navigator pane to the left of the work area automatically saves the five most recent searches performed on this screen. If users want to keep a search for future reference or pick up where they left off, they can save it as a Favorite.

The Colorado interChange also allows users to set their personal preferences and activate the use of shortcut keys.

interChange @neTouch Simplification

As shown in the following figure, the advanced features of interChange @neTouch complement the user's work patterns by simplifying system navigation, configuration, printing, and profiles.

The @neTouch pages provide the pull-down menu, pop-up windows, and point-and-click functions users have come to know from their work with PC applications. This familiar look-and-feel greatly reduces the learning curve required to master the new system and increases the comfort level of staff members as they use the system to monitor claims inventories or respond to provider billing inquiries. Additionally, the user-focused design of the interChange @neTouch helps reduce manual input and improve productivity and accuracy of data.

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These features are controlled through online configurability at the user level. The @neTouch Access feature provides dynamic, context-sensitive, single-click navigation to the most relevant panels based on the current business process being worked.

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For example, on a UI screen such as Claims, click on the @ icon next to a field. A new browser window opens with the most commonly required page and tabs related to that field already populated. The user can then toggle easily between the different browser windows or place them side by side on the display to view simultaneously.



Individuals access certain screens frequently to complete their tasks. Each user can pin the screens they use most to their own Favorites list. Therefore, users do not have to navigate through the menu tree to access their favorite screens or searches. The Favorites information link at the top of interChange expands the Favorites drop-down at a click and retracts with a second click.

Favorites include Favorite Pages and Favorite Searches. Additionally, users can personalize the tabs that open automatically when accessing a particular screen. In the following figure, the user can select a tab to automatically open by placing a checkmark in the appropriate box.

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After a user has selected the tab preferences, every time they access the screen the selected tabs automatically open. The user can then click through the tabs to see the requested information. Additionally, if the user wants the selected tabs to display the information at the same time, the user can select the option of “Show All” from the navigation bar and the tabs will open and the user can scroll vertically to see the requested information. Horizontal scrolling is not required to view the requested information.

interChange @neTouch Print Profiles

With @neTouch Print Profile, users can produce a preconfigured profile or snapshot of data based on the selected entity such as a provider or a client. As the following figure details, Print Profiles can be configured for each business area—for example, different information can be presented on the physician or hospital profile. These profiles are generated in PDF with a single click of the Print button to view, save, or print as needed.

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@neTouch Print Profile was defined by our business users who wanted a simpler way to record a snapshot of information. This feature replaces the need for cumbersome screen prints and delivers custom-configured PDF output in a separate browser window to support the business functions. The previous figure details nine pages of information related to this provider gathered from several screens accessed in one click.

@neTouch Print Profile can present appropriate data for an institutional provider differently than a physician. Custom-designed snapshots are user-selected from a drop-down menu. Authorized business users for each business area can quickly and easily configure and format information to be included. This new configuration goes from request to production-ready in minutes because it is managed directly by the business users of the system and is then made available to authorized users as a menu selection.

interChange @neTouch MITA Business Process Steps

The MITA Business Process Steps detail the business processes that are supported on a page. The following figure shows the process to change a provider's address currently on file process within the provider business area.

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- **MITA process**—A brief overview of the business process that is performed on this screen, including a mapping to the specific MITA 3.0 business process steps being performed
- **Prerequisites**—The specific predecessors or activities that must be completed before this business process starts
- **Process steps**—The list of process steps that are followed to complete this business process
- **Process outputs**—Outputs from the completion of this MITA business process

The MITA Business Process Help permits customized documentation of standard and state-specific business processes.

@neTouch Context-Sensitive Help



The Colorado interChange provides context-sensitive help at any level. @neTouch Help goes beyond other help available through the inclusion of business-defined MITA Business Process Steps—directly maintained and available through the Help feature. This approach applies MITA concepts where they matter most at the individual user level. Through standardization of process step documentation, training is easier and overall business quality is improved.

Process step documentation and help information updates are performed online in real time. This capability is available to authorized users on the whole operational business team. Now it is much easier to update the documentation as business processes change while climbing the MITA maturity ladder.

@neTouch Additional Features

Besides the help features discussed in the following sections, the interChange family of features enables users to link related pages throughout the system. As seen in the following figure, the related pages can be found on the left side of the screen.

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The related pages link is user-configurable. The user enters the title for the link and the time period to display the link. The user then selects the pages to display the link on, and then selects where to link to. Additionally, authorized users can create team news and helpful tips. Similar to the related pages, the user creates a title, indicates the time period and pages to display it on, and enters the text of the news or tip. This can be used to publish reminders of policy changes. Another resource help that will be available is a link to the detailed data element dictionary and provider manuals through the Help menu option.

interChange @neTouch—Multiple Levels of Help

Each type of help launches an independent help window, as shown in the following figure. Three levels of help—Screen Help, Tab Help, and Field Level Help—provide teams with the necessary assistance. The levels of help are interrelated, and users can navigate through the help tree for a high-level overview or a detailed description. The help documentation is only entered once but is available in each view.

Detailed online help provides the following benefits:

- New staff members can use the system faster.
- Experienced users can instantly access reminders of infrequently performed processes.
- Power users need not click past levels of inappropriate help.
- Trainers or trainees can use the tree navigation and image enlargement features.
- Business analysts use the tree to view or edit help and MITA process information.

@neTouch Help is much more than a mouse-over description of a field. It indicates the definition of every field on the screen, their related data type and format, and screen edits and validations that are performed.

Screen Help

Screen Help provides a high-level overview description of the page, including a screen print that we illustrate in the following figure. Business analysts, trainers, and learners can launch Page Help or MITA process information from two convenient locations:

- From the Navigation bar—available except from Search pages
- From the Main Menu at any time

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- **Tree navigation**—The @neTouch Help Tree Navigation is available from any Help function. Simply click the gray button at the left of any help window and expand by clicking the + button. The tree view presents the tabs and MITA business processes linked to a page.
- **Enlarge image**—Clicking on the original smaller image of the screen shot expands it to full size.

Tab Help

New staff members will appreciate having complete information regarding the current tab being worked and always within easy reach on the Colorado interChange. Users click on the Help button in the Navigation bar and choose Tab Help. The following figure provides an overview of the screen and the available fields, their definitions, and their edits.

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Field Help

Power users will appreciate mouse-over access to complete help for just the field—perfect for a screen that is seldom used. The user clicks on a field name. In a separate browser window, its definition, format, and edits display as the following figure illustrates.

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The result of our investment in interChange is an application that makes the management of the healthcare program easier to configure, easier to maintain, and easier to navigate when performing the business support functions.

HP Healthcare Portal Solution

We have just highlighted the many features of the interChange UI and the built-in @neTouch features that make business user configuration and personalization of the MMIS easy to manage and update. Although the interChange UI is for the Department State and HP business support teams, the HP Healthcare Portal is the face of the MMIS to the providers and clients. The Healthcare Portal will provide a vast array of self-serve, 24 x 7 functions for providers and clients. The Provider and Client portals are already in production at several HP healthcare customer sites.

These sites are secure, regulations-compliant platforms, safeguarding Protected Health Information (PHI) and Personally Identifiable Information (PII). Our solutions adhere to regulations and compliance relating to the following:

- HIPAA
- Health Level Seven (HL7) Continuity of Care Document (CCD)
- National Council for Prescription Drug Programs (NCPDP)
- International Classification of Disease, Ninth Revision (ICD-9)



- ICD-10
- Web Content Accessibility Guidelines (WCAG)
- ADA Section-508

The Healthcare Portal provides information and functional capability to clients, providers, the Department, and other MMIS users defined by the Department. The proven HP Healthcare Portal offers a secure, regulation-compliant platform setting the foundation for a self-service model for authorized program stakeholders. Healthcare Portal provides an intuitive design and 24 x 7 access, encouraging users to use the site at any time to locate necessary information. Reducing paper consumption by replacing formerly paper-based processes, the web portals also offer a green, sustainable way to do business.

The Healthcare Portal solutions can be customized as follows:

- UI customization
 - Security roles
 - Portal configuration
-

Through interChange Security using Microsoft Active Directory Services, HP provides single sign-on, external and internal user provisioning, automated account administration, public user registration, and account self-administration built on role-based security to the portal components. This is a highly secure application and one that also is easy to access from a user perspective. Users who access the system encounter a landing page with links to their specific applications, such as account management, interChange MMIS, and the Colorado interChange. From the landing page, users can launch an application and their security credentials flow to the destination application. The roles we assign to the user limit the user's functional capability in the destination application.



The Healthcare Portal provides a user-friendly menu system that is easily navigable by the nontechnical user while not restricting direct access to screens for experienced users. The portal employs a visual architecture using navigation tabs to guide the provider to the major functional areas.

The HP web framework is constructed on industry standards that allow for the presentation of a consistent “look and feel.” The Provider and Client Healthcare portals offer configurable interfaces, enabling the Department to change preferences such as fonts, color, and graphics to meet its web design standards.

Users can further refine their view of the portal through their web browser settings and with user-defined style sheets. Style sheets can accommodate a user's specific need by allowing text to display in larger fonts, contrasting colors, or black and white only.

Provider Portal

HP recognizes Colorado has a strong commitment to providing web functions to providers. The Provider Portal empowers providers through a self-service model that supports them in completing tasks including claim submission and inquiry, client eligibility inquiry, provider enrollment submission and inquiry, and service authorization submission and inquiry.

Additionally, as the following figure details, the Provider Portal offers access to provider documentation and information, supports provider communications, and includes online help.

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Claim Submission and Inquiry

The Provider Portal supports online submission and viewing of claims, remittances, and payment information. The claim submission capability offers the following benefits:

- Meets HIPAA, UB04, and CMS 1500 standards for data capture
- Pre-populates claim with billing provider (submitter) information
- Walks the portal user through the multiple steps of entering a claim using a wizard with data entry features such as radio buttons, checkboxes, and text fields to facilitate data capture
- Enables the user to go back to previous steps if necessary, and header information remains visible as the user progresses through the entry steps
- Provides a predictive search feature on many fields as characters keyed by the user narrow the list of choices
- Applies rules to validate information in fields before submission and notifies the submitter when validation requirements are not met
- Accommodates full and valid entry of every claim type

To provide efficiency when inquiring on claims, providers can request claims information based on claim identifier, client information, service, or date range. Providers can view a list of claims matching the request criteria, with the capability to view summary or details about the claim.

Another view of claims and payment information is available through the Payment History feature of the portal. This feature offers the following benefits:

- Providers can view historical payment information.
- Providers can drill into the payment and view the specific claims associated with a payment. The same level of claim detail available to the provider through the claims inquiry function is available through the Payment History view.
- Providers can print the remittance advice that accompanied the payment.
- Providers can access payment or remittance advice information from the payment perspective or from a specific claim.

Client-Focused View

The Client-Focused view feature meets the RFP requirements and enables providers and their delegates to view, navigate, and perform actions in the provider portal with a focus on a specific client. From the Client-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. They also can select an individual claim or authorization and review details. We will pre-fill subsequent panels that need client search criteria with the details for the client in focus.

Provider Enrollment

The Provider Portal offers a secure and easy-to-use enrollment wizard that provides options to support enrollment, re-enrollment, disenrollment, and updates to enrollment information. The portal captures enrollment information from initiation through to disclosures and online submission, replacing paper-intensive, manually driven processes. While entering enrollment information, the provider can save and resume an enrollment application later and check on the status of a submitted enrollment application. The online enrollment process is simple, secure, highly efficient, and consistent with the Department's goals for MITA maturity.

Client Portal

The secure HP Client Portal for Colorado will provide clients access to their coverage, claims, prior authorization, and general information through the client portion of the Healthcare Portal solution. Clients can check areas such as benefit details, track spend-down, and third-party coverage quickly and easily. A search feature for provider locations will be available on the Colorado Healthcare Portal solution, providing an effective channel for locating care access. The portal we detail in the preceding figure provides clients with the following benefits:

- Provides services and benefit information directly to the client, including service and dollar limits, services available to them periodically, details about their spend-down including non-claim charges eligible for spend-down, and details about their level of care
- Enables clients to log on and manage, update, or view their current information

- Allows clients to view eligibility and coverage for themselves and dependents on the same eligibility case

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The Client Portal offers an easy-to-use enrollment wizard to clients who are submitting an application for managed care. The wizard guides the important information such as the following:

- Type of application being entered—such as existing individual, existing married, new individual, or new married
- Marital status
- Personal information, plus spouse’s personal information and dependent’s personal information when enrolling spouses and dependents
- Address, plus spouse’s address and dependent’s address if applicable
- Ethnic background
- Residency
- Disability
- Income information
- Insurance, plus spouse’s insurance and dependent’s insurance if applicable
- Asset information
- Certification and authorization

After the enrollment application is completed, the Client Portal submits it to the payer system. The payer system then returns a tracking number to the Client Portal. When the tracking number is received from the payer system, the Healthcare Client Portal displays the completed application with the tracking number displayed on the title bar. The user can print the completed enrollment application with the tracking number displayed. The Healthcare Client Portal supports at least one optional client-defined link to allow, for example, the display of helpful enrollment-related information. The link is displayed on the Enrollment page.

Administrative Portal



The Administrative Portal allows authorized users to quickly and easily customize the Provider and Client portals without additional coding. This feature also allows our staff to update the default base product values but is not meant for disabling fields. The following is a list of features the administrator will have to customize the portal capabilities.

Data Lists

This section allows drop-down fields that are displayed throughout the portals to be customized. Administrators can specify the name of the drop-down, which values to list in the drop-down, and the order in which the values should be listed in the drop-down.

Email Templates

Email templates are stored in the system to have a standard formatted email to send out for certain system events such as password reset, user logon ID notification, and registration confirmation. This section allows administrators to customize each aspect of the email.

Locales

Locales represent a language and location. Each client configures at implementation the languages or locales that will be available to their users. The default Locale is English (United States). There will always be an English (United States) locale for every portal.

Groups

Groups are databases that store values such as labels, messages, images, HTML blocks, data lists, and email templates for portal pages. They are structured in a hierarchy with the base group holding the default values for the various elements. Other groups represent configurable values that are meant to override the default values.

HTML Block

An HTML block can appear anywhere on a webpage and typically comprises text, a picture, and sometimes a link to another page or website. It would not be uncommon for a person in a developer role to create the HTML block of code, which could then be copied and pasted into the field by the administrator.

Images

This section allows administrators to customize the look and feel of images displayed throughout the portals—except for the images used for site key tokens. Administrators can specify a different picture to be displayed—a different tool tip that is displayed when the mouse hovers over the picture—among other things associated with an image.

Labels

This section also allows administrators to customize the look and feel of labels displayed throughout the portals. Labels refer to field labels and column headings, tab labels, link verbiage, and instructional text on pages.

Messages

The Messages category enables administrators to customize certain messages displayed throughout the portals. Categories of customizable messages include Error, Informational, Question, and Warning.

These healthcare portals—Provider, Client, and Administrative—bring information to the masses in an easier-to-configure, easier-to-maintain, and easier-to-navigate for users with basic web browsing experience.

Accessibility (Unique IDs 1334, 1335)

(1334) HP's web-based systems are designed to follow the WS-* standards for consistent presentation and operation across popular web browsers, including Internet Explorer, Safari, Google Chrome, and Firefox. (1335) This also enables the use of our systems on tablets, telephones, and various mobile devices.

Define Plans, Benefits, and Pricing (Unique ID 1336)

When HP redesigned the interChange UI in 2012, special attention was given to the Business Plan Administration (BPA). We developed the interface based on the following:

- Efficiency
- Simplicity
- Security

To validate that our new interface lived up to our goals, we worked with our customers, users, and technical experts. The result is an easy-to-use, highly configurable interface to make adding and updating business rules simple. The following is a sample of our new Business Rules Editor that allows users to review and edit rules associated with the client benefit plans, client assignment plan, provider contract, reimbursement agreement, copay, other insurance, form edits, and claims audits. User configuration allows personalization of exactly how the rule sheets are presented to the user and how much information is displayed.

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The BPA rules of each type can be authored, updated, or inactivated through the BPA policy editor pages or, if preferred, directly on the specific rule spreadsheets. To make the system efficient and focused, it only shows the rules that have criteria. The BPA editor screens—shown in the following figure—manage the rule authoring by requiring the user to check out a copy of the particular rule sheet before making updates. This locks that rule sheet from other users making modifications. The screens then help manage the entire rule authoring process from modification to verification to approval to promotion.

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The BPA rules can be managed in spreadsheet mode and through the UI. Downloading a draft spreadsheet generates an Excel format of the rules related to this rule type and rule set. As seen in the following figure, the Excel sheet it generates features a Differences Tab identifying each rule that has changed since the last BPA Loader run. This reduces time and mistakes by allowing the editor and reviewer to look at the changes and not search hundreds or thousands of rules to find what changes were made. Uploading a draft spreadsheet performs validation edits and prepares the data for the approval process. Merely uploading a spreadsheet does not change the rules that the claim engine uses. Only after the spreadsheet is approved and the BPA loader program runs will the updated rules be available to the claim engine.

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This built-in change management process for rules review and approval is often overlooked as part of a total MMIS offering, but based on our experiences we have integrated rule management into the solution as a best practice.

Notes (Unique IDs 1337)

The Notes functional capability is available in most business units of the UI and can be added to pages specified by the Department. Notes are stored with time date stamp and user ID. The data is stored in separate columns that allow sorting by the header row labels. Sorting can be done in chronological or reverse chronological sequence. The existing text entry provides no formatting.

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As seen in the preceding figure, the newly developed @neTouch Help contains formatting tools for text that can added to notes capability.

Searches (Unique IDs 1339, 1340, and 1341)

(1339, 1340) The search function from our Colorado interChange solution meets these requirements. Users can search by defined fields as well as search for reports in the EDMS, using indexed values associated with the report. (1341) The available search parameters and wildcard capabilities have been continuously improved to support multiple states, and therefore, provide a

high level of flexibility for the user, meeting the business needs of the diverse range of system users. As seen in the following figure, our standard search pages allow a user to enter multiple parameters and commence the search as the results populate below it with the parameters in tack. The user can then add additional parameters to refine the results.

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This can be repeated until the final result is found. Quick searches have limited search parameters and are designed to locate a specific result. For example, a quick search for a claim would require a claim number or quick search for a provider would require a provide ID. Also the Navigator pane to the left of the work area automatically saves the five most recent searches performed on this screen.

With the high volume of users of different skill sets using the Healthcare Portal, HP makes it easy for users to know when and how to use a wildcard search of select data. As a user begins to type into a searchable field, a pop-up tooltip advises the amount of characters needed to perform a wildcard search. After reaching the correct amount of characters, the system will retrieve a list that the user can select from available options.

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The Colorado interChange also provides wildcard functions that are available wherever there is a business need for flexible wildcard searching. For fields that provide wildcard search features, a user can enter a single character or multiple characters and receive a listing that meets that requirement. Other fields—such as State, County, and Gender—use drop-down menus that provide a faster keying experience. Without reaching for a mouse, a user can tab from one field to another. When the user reaches a field with a drop-down, a simple letter or number can quickly take them to expected values such as “f” for female. For longer lists, the arrow keys can be used to quickly browse.

Mail Merge (Unique ID 1344)



To generate correspondence for a client, provider, or other stakeholders, we will use HP Exstream, which is an automated letter generator tool. This fully integrated software platform supports creating, managing, and delivering internal and external communications across the enterprise.

HP Exstream is a SOA-integrated COTS tool, which is an easy-to-use tool that allows users to generate letters for mailing, emailing, faxing online, or delivery to the secure Colorado interChange. Additionally, users can generate a single letter that may be printed, faxed, or emailed immediately on completion of a written request. Authorized users can send letters to one entity or multiple destinations, or send mass mailings to many entities in many destinations. HP Exstream produces editable letters, which allow the user to insert (or data-drag) external text and data into the letter to be merged.

HP will work with the Department to take advantage of the HP Exstream enterprise letter generation solution where appropriate along with interChange to provide this streamlined function.

Portal (Unique IDs 1338, 1345, 1346)

(1338) The Healthcare Portal supports the option of providing web content in one or more non-English languages. A user sets their primary language as part of their profile. A user can then toggle between available languages using the link on the global navigation bar. A user’s primary language is always the initial language used at log-on. This will allow clients to perform provider searches and view claim and plan information in their language of their preference.

(1345)The portal allows users to search data and content. Claims, PAs, eligibility, coverage, client information, or history are just a few examples of searchable data available on the portal. The search criteria can be customized with Department-defined criteria. Finding specific information in the content of the portal is easy with our search feature. (1346) The Healthcare Portal also will support the ability to use digital signatures from providers in compliance with HIPAA standards.

7.19 – User Interface and Navigation Requirements	In Production? YES/NO
Description Addresses Requirements (Provide the range as applicable): 1342, 1343, 1347, 1378	NO

Efficiencies (Unique IDs 1342, 1343, 1347)

The Favorites information link at the top of the Colorado interChange expands the Favorites drop-down at a click and retracts with a second click. Favorites include Favorite Pages—shown in the following figure—and Favorite Searches.



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

@neTouch Favorites Window



Adding a Favorite page is exactly the same in interChange as it is in a traditional web browser. Users can click the Add Favorite Page button when a page or tab is open in the work area pane. (1342) Adding a Favorite search is as simple as clicking on the Add Favorite Search button after entering the search criteria used often.

Users can manage their favorites by clicking on the Manage Favorites button. This allows users to customize their search results as follows:

- Delete saved searches or pages at any time
- Rename saved searches—Instead of viewing a providers ID, rename the search to display as the provider's name making identification easier

The Navigator pane to the left of the work area automatically saves the five most recent searches performed on this screen. If a user wants to keep a search for future reference or pick up where they left off, they can save it as a Favorite.

Additionally, users can personalize the tabs that open automatically when a particular screen is opened. In the following figure, the user can select a tab to automatically open by placing a checkmark in the appropriate box.

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

After users have selected the tab preferences, every time they access the screen the selected tabs automatically populate. (1343) HP has designed our systems to be highly keyboard-centric. Users can quickly complete forms using a tab key to move to the next field. Field formatting allows user to avoid using characters such as “/” for dates or “-” for Social Security numbers.

(1347) Users also have full support for Microsoft Windows shortcuts for copy, cut and paste, and opening and closing new pages to see data side by side.

Documentation Repository (Unique ID 1378)

interChange @neTouch—Multiple Levels of Help

(1378) The newly enhanced Help feature within interChange allows users to instantly search for details on any field in the UI. Each type of help launches an independent help window, as shown in the following figures. Three levels of help—Screen Help, Tab Help, and Field-Level Help—provide teams with the necessary assistance. The levels of help are interrelated, and users can navigate through the help tree for a high-level overview or a detailed description. The help documentation is only entered once but is available in each view.

Detailed online help provides the following benefits:

- A single archive with every screen, tab, and field is provided in an organized index to gain detail on its purpose.
- New staff members can use the system faster.

- Experienced users can instantly access reminders of infrequently performed processes.
- Power users need not click past levels of inappropriate help.
- Trainers or trainees can use the tree navigation and image enlargement features.
- Business analysts use the tree to view or edit help and MITA process information.

@neTouch Help is much more than a mouse-over description of a field. It indicates the definition of every field on the screen, their related data type and format, and screen edits and validations that are performed.

interChange MMIS—Screen Help

Screen Help provides a high-level overview description of the page, including a screen print as illustrated in the following figure. Business analysts, trainers and learners can launch Page Help or MITA process information from two convenient locations:

- From the Navigation bar—available except from Search pages
- From the Main Menu at any time

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

- **Tree navigation**—The @neTouch Help Tree Navigation is available from any Help function. Simply click the gray button at the left of any help window and expand by clicking the + button. The tree view presents the tabs and MITA business processes linked to a page.
- **Enlarge image**—Clicking on the original smaller image of the screen shot expands it to full size.

Tab Help

New staff members will appreciate having complete information regarding the current tab being worked and always within easy reach on interChange. Users click on the Help button in the Navigation bar and choose Tab Help. The following figure provides an overview of the screen and the available fields, their definitions, and their edits.

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

Field Help

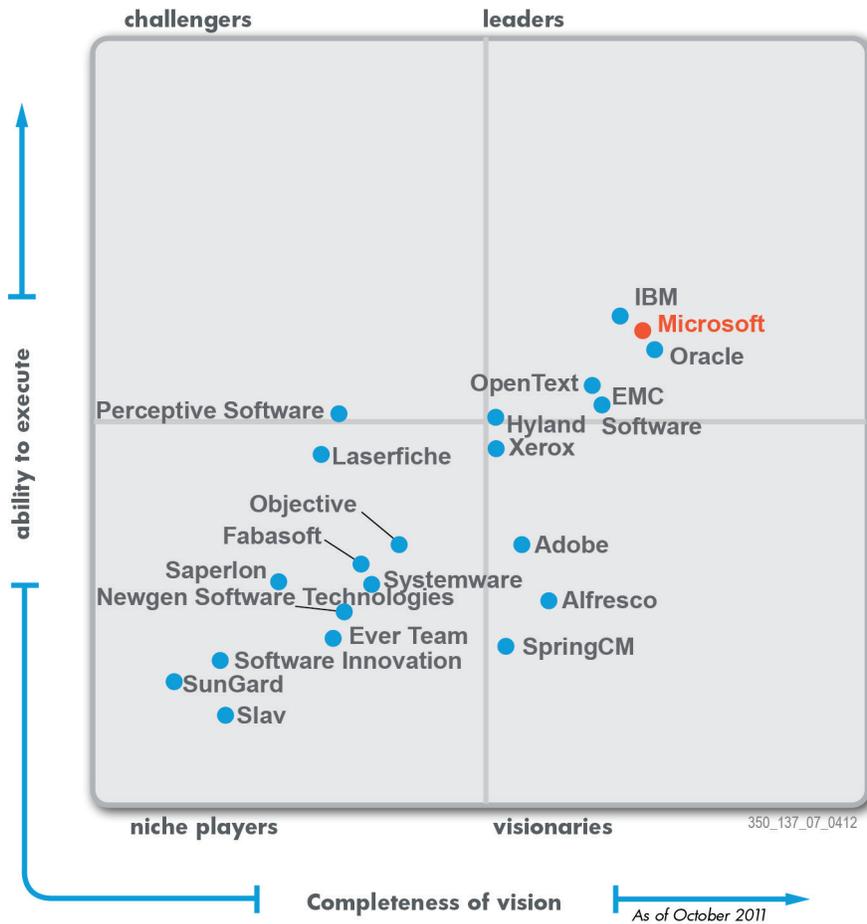
Power users will appreciate mouse-more than/during/across access to complete help for just the field—perfect for a screen that is seldom used. The user clicks on a field name. In a separate browser window is displayed its definition, format, and edits as illustrated in the following figure.

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

SharePoint Content Management

Colorado needs a system that will support constant change with tools and processes to create, manage, and publish content regardless of form or medium. In accordance with the RFP, we propose Microsoft SharePoint as our solution. SharePoint is an Enterprise Content Management (ECM) solution that is in the upper right square of the Gartner Magic Quadrant, as we depict in the following figure.

Gartner Magic Quadrant for ECM



SharePoint is a market leader in content management as a means of providing secure storage and easy user navigation to content required to support large business enterprises. The-Department will benefit in several ways from implementing SharePoint:

- SharePoint is a browser-based application, easy to access, maintain, and use.
- SharePoint is an intuitive application requiring little user training.
- Out of the box, SharePoint administrators can create document libraries, nested sites, tasks, wikis, calendars, and more. This gives the teams many choices for collaboration, documentation, communication, and tracking.
- SharePoint's built-in search goes beyond the file title, locating data from within the content of the file. This reduces the time a user spends navigating a sea of files and focuses them on just the relevant information.
- Built on the .NET framework, SharePoint easily integrates with the Colorado interChange through the interChange Business Services Framework.

The nature of SharePoint being a web-based product makes the documentation available online for immediate updating and dissemination. Security features will control the update process to verify only those authorized can make updates.

The following sections of this proposal provide an overview of the capabilities that the content management solution will bring to the Department:

- Document creation, storage, and editing
- Version control
- Searching
- User configuration and role-based security
- Collaboration and other capabilities

Document Creation, Storage, and Editing

HP content management allows users to create content in any application and upload it into a document work space. For example, a provider manager can create a new enrollment form or template in Microsoft Word and upload the document into SharePoint through the interface depicted in the following figure. The system tracks modification dates and the modifier's user IDs as audit trails for the documents.

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

Searching

SharePoint's built-in search goes beyond the file title, locating data from within the content of the file. This reduces the time a user spends navigating a sea of files and focuses them on just the relevant information. Users can search and query by Department-defined fields and pull reports and documentation associated with these fields.

Version Control

The system allows users to set the number of versions allowed for an individual content type or keep an unlimited set. To maintain control of the document and document versions, the system enforces a formal checkout of documents before they can be edited and creates a new version of content after it has been formally checked in.

User Configuration and Role-Based Security

Administrators can add users and groups at the site, library, and task level. Role-based security verifies that authorized users can read, check in, check out, delete, and perform other file actions, as the following figure illustrates.

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

Collaboration and Other Capabilities

 The system provides significant collaboration capabilities that allow users to work on documents and projects together. Project leaders can create calendars and task lists. Detailed tasks are assignable to individuals or groups and can set predecessor tasks, priority, description, and attachments. Assignees can update status and percentage complete for viewing by project leaders, as the following figure illustrates.

The tools for administrators to create and manage new pages, libraries, and workflows are built into SharePoint. This allows a quicker implementation and reduced maintenance costs. We are proposing SharePoint for the Department's content management objectives because it is a cost-effective solution that is easy to set up, use, and expand to integrate with the Colorado interChange, and we use it successfully ourselves.

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

RESPONSE 38s

7.20 – Online Help Requirements	In Production? YES/NO
Description Addresses Requirements (Provide the range as applicable): 1348, 1350-1353, 1806	YES

HP understands the critical importance of online help to any system user. Online assistance helps users—Department staff members, providers, or clients—determine what steps or web pages they need to use to answer their question, complete their transaction, or just look around for additional information. This access to information, 24 x 7, reduces user frustration by making the information easy to find, usable, and comprehensible. And if there is still a question after looking up the information online, the user can contact us for more information through the same web pages.

Dynamic, in-depth online help capabilities are part of the **two primary applications** through which users interface with the COMMIT project:

- **@neTouch** for Department users working with the interChange MMIS
- **Healthcare Portal** for use specifically by providers and clients



HP has incorporated detailed, intuitive online help screens for the applications that Department users, along with Colorado clients and providers, will use for the COMMIT project. As the interChange solution continues to evolve with the MITA regulations and requirements, our online help capabilities also mature in content and form, extending into the Healthcare Portal as well. Similarly, our work with various state MMIS accounts during the past several years has helped fine-tune the help screens’ Frequently Asked Questions, short cuts, and chat capabilities that HP will apply to COMMIT. Ultimately, users who access the online help screens of either the Healthcare Portal or @neTouch will experience these advantages:

- Faster learning of the applications, particularly for new Department members
- Instantly accessed reminders of infrequently performed processes of experienced users
- Minimized need for excessive personnel to provide assistance to users using telephone

Please note—Where applicable, the proposal response for each Unique ID in this section includes information for @neTouch and Healthcare Portal applications.

@neTouch Online Help Features

As illustrated in the following figure, clicking on the MITA Steps button at the top of the page displays the MITA process steps for the various specific interChange activities in that specific business area.



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DEPARTMENT AND HAS BEEN REDACTED**

@neTouch Context-Sensitive Help

@neTouch Help exceeds the capabilities of most other applications through the inclusion of business-defined MITA Business Process Steps—directly maintained and available through the Help feature. The approach of standardizing process steps can improve the overall service that the Department provides to the various stakeholders of the COMMIT project by simplifying training and allowing easy customization at the user level.

MITA Business Process Help

The MITA Business Process Help details the business processes that are supported on a page. As an example, the following figure shows a Help screen for “Modify Provider’s Address Currently on File” process within the provider business area of the interchange MMIS.

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

The MITA Business Process Help permits customized documentation of standard and state-specific business processes. Details of each area of this Help topic are as follows:

- **MITA process**—A brief overview of the business process that is performed on this screen, including a mapping to the specific MITA 3.0 business process steps
- **Prerequisites**—The specific predecessors or activities that must be completed before this business process starts
- **Process steps**—The list of process steps to follow to complete this business process
- **Process outputs**—Outputs from the completion of this MITA business process

Multiple Levels of Help

Each type of Help launches an independent Help window, as shown in the following figures. Three levels of help (Page Help, Tab Help, and Field Level Help) are interrelated, and users can navigate through the help tree for a high-level overview or a detailed description. In particular, this organization of Help screens provides the following benefits:

- Trainers or trainees can use the tree navigation and image enlargement features
- Business analysts can use the tree to view or edit help and MITA process information

Page Help

Page Help provides a high-level overview description of the page. Business analysts, trainers, and learners can launch Page Help or MITA process information from two convenient locations—from the Navigation bar (available except from Search pages) and from the Main Menu at any time. The next figure illustrates the Page Help format.

Tab Help

New staff members will appreciate having complete information on the current tab being worked by clicking on the Help button in the Navigation bar and choosing Tab Help. The following figure provides an overview of the screen and the available fields, their definitions, and their edits.

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

- **Tree navigation**—The @neTouch Help Tree Navigation is available from any Help function. Simply click the gray button at the left of any help window. Expand by clicking the + button. The tree view presents the tabs and MITA business processes linked to a page.
- **Enlarge image**—Clicking on the original smaller image of the screen shot expands it to full size.

Field Help

Experienced Department users will appreciate mouse-over access to complete Help for just the field—perfect for a screen that is seldom used. The user clicks on a field name, then a separate browser window displays its definition, format, and edits as illustrated in the following figure.

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

Healthcare Portal Online Help Features



The text, images, and links displayed on the Client or Provider Welcome Pages are completely configurable and will be defined by the Department. The HP Development team can change the Help screens to mirror the State's existing web applications styles including the Department's logo, color schemes, and fonts wherever possible. Online Help for the Healthcare Portal consists of HTML pages for each page within the portal. The default content on each page is customizable to further provide hints, tips, and FAQs where appropriate.

As an example, a client in the Member Portal is on the Profile Maintenance page and wants to know, “How do I change or update my Profile information?” First, the client clicks on the Help icon  in the upper right-hand corner of the screen.

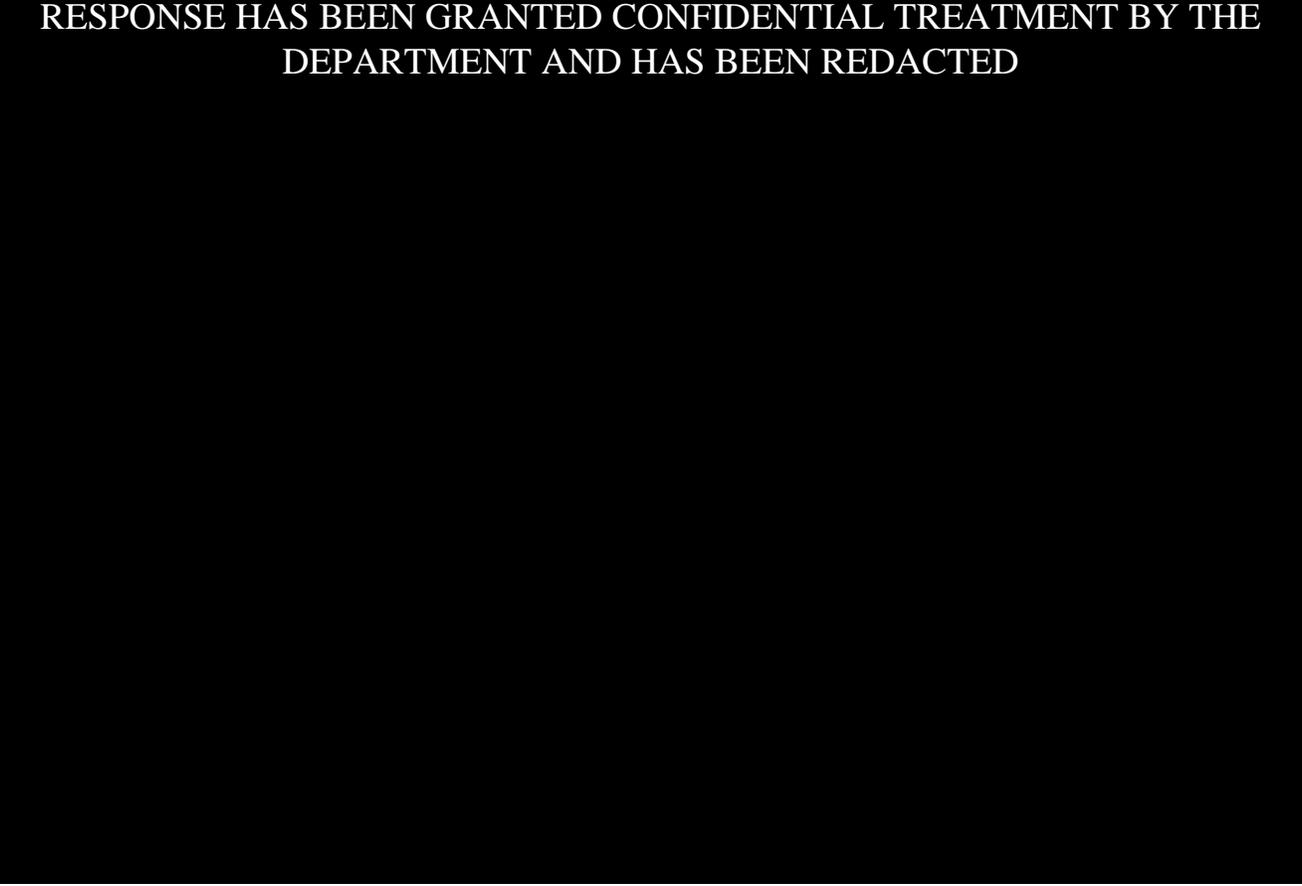
RESPONSE HAS BEEN GRANTED CONFIDENTIAL TREATMENT BY THE DEPARTMENT AND HAS BEEN REDACTED

Next, the Healthcare Portal displays the detailed Member Profile maintenance how-to page seen in the following figure, written in customizable HTML, to the inquiring user.

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

Another example of the help available is the documentation regarding how to complete a claim on the Healthcare Portal. A provider can click on the Help icon  in the upper right-hand corner of the screen and receive the detailed step-by-step instructions for completing a claim as shown in the following figure.

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



Contact Us, Notify Me, and Broadcast Messages are additional online Help features of the Healthcare Portal, as seen in the next figure. This Provider home page example, as shown in the following figure, illustrates the easy-to-find location for these communication features—minimizing the frustration for the user.

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

The Contact Us feature, from the home page, can be configured so the user can send questions and comments to a configured email address from the Healthcare Portal. As seen in the following figure, the functional capability is simply a click away for the user.

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

The user will complete the contact information along with questions or comments, as seen in the following figure. This online feature provides a secure and efficient method of communicating with the Department.

**RESPONSE HAS BEEN GRANTED CONFIDENTIAL TREATMENT BY THE
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The Notify Me feature, seen in the following figure, allows providers or clients to add their email address to receive updates that the Department may wish to broadcast using email.

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

Lastly, the Administration component of the Healthcare Portal features a User Management function that the authorized call center agents can use to assist clients and providers with portal logon issues. Besides using this screen to link Healthcare Portal users to particular associations, billing agents, or delegates, call center agents can easily "unlock" a disabled user logon, reset a password, or block an account from accessing the Healthcare Portal, as displayed in the next figure.

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

System User Guide/Help Updates (Unique ID 1348)

Because of the importance of accurate information and current documentation for ongoing successful MMIS and fiscal agent services, online help screen setup will be a scheduled event of the overall implementation of the interChange MMIS for the State of Colorado. During this stage, the interChange team will document and define acronyms, transaction codes, terms, and field identifiers consistently with the web page, report, or data dictionary descriptions to the Department's specifications. Also during this time frame, HP will create and deliver applicable system user guides incorporating this information—providing a summary of documented Colorado interChange information for the Department and HP users.

HP can perform the online updating for the help screens in either @neTouch or the Healthcare Portal, should the Department procedures or policies change, without changes to source code in either system.

@OneTouch Help Updates

HP business analysts use the tree view described previously to create or customize Help and maintain the MITA process information. Process step documentation and help information updates are performed online in real time. This capability is available to authorized users on the whole operational business team. Now it is much easier to update the documentation as business processes change while climbing the MITA maturity ladder.

Healthcare Portal Help Updates

Likewise, HP will work with the Department on desired modifications to the individual HTML pages of the Healthcare Portal. Each revision or addition to the Help documentation will be reviewed to verify the wording of online help is easy to use and understand. Links also will be updated as needed.

Shortcuts and Other User Interface Help Tips (Unique ID 1350)

@neTouch Shortcuts and Tips

Besides the Help features discussed in the previous subsections, the @neTouch family of features enables users to link related pages throughout the system. As seen in the following figure, the related pages can be found on the left side of the screen.

Colorado's interChange stakeholders will find the Help features in the @neTouch and Healthcare Portal applications:

- Enable Department staff members to access content faster and easier
 - Accelerate access to providers and clients, making their time in the systems more productive and efficient
 - Improve efficiency at the task level; adding true value to Colorado's investment in COMMIT
-

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

The related pages link is user-configurable. The user enters the title for the link and the time period to display the link, selects the pages on which to display the link, and then selects the destination for the link.

Additionally, authorized users can create Team News items and Helpful Tips. Similar to the related pages, the user creates a title, indicates the time period and pages on which to display it, and enters the text of the news, tip, or reminders of policy changes.

Other optional resources that will be available are links to the detailed data element dictionary, as well as provider manuals through the Help menu options.

Healthcare Portal Shortcuts and Tips

The Healthcare Portal supports custom links that point to pages with additional information, if the Department makes those pages available. Administrative access within the Healthcare Portal allows for modifying Shortcuts and Tips. This flexibility allows authorized users to customize Help text for a single page-panel or across the entire Portal. If needed, HP's support personnel can update text and link values for the Department.

Search Capability (Unique ID 1351)

@neTouch Search

Users can easily configure the Favorite Searches and Favorite Pages in @neTouch so that they can quickly access the screens they use the most, rather than navigating through the menu tree.

The Favorites information link at the top of Colorado interChange expands the Favorites drop-down at a click and retracts with a second click.

Users can manage their favorites by clicking on the Manage Favorites button. This allows users to customize their search results as follows:

- Delete saved searches or pages at any time
- Rename saved searches—Instead of viewing a provider’s ID, rename the search to display as the provider’s name, making identification easier

The Navigator pane to the left of the work area automatically saves the five most recent searches performed on this screen. If a user wants to keep a search for future reference or pick up where he left off, he can save it as a Favorite.

Additionally, users can personalize the user interface (UI) tabs that open automatically when accessing a particular screen. In the following figure, the user can select a tab to automatically open by placing a checkmark in the appropriate box.

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

Healthcare Portal Search

The Healthcare Portal Resources page can be customized to link to any number of searches or FAQ pages. These links are Department-defined, and HP will work during the Colorado interChange implementation to help establish the Search functions and data that will be most

helpful to the State's clients and providers. The following figure is an example of the possibilities for configuration.

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

Online Technical Help Capabilities (Unique ID 1352)

LiveHelpNow!, our third-party solution for “Live Chat,” facilitates live online conversations for @neTouch and the Healthcare Portal. Key features that distinguish LiveHelpNow! include:

- The chat window displayed on client and provider portals is compatible with browsers identified by the Department.
- Multilingual support can be configured to support a diverse population. The Visitor side of the chat system translates live chats in real time.
- Customer Service personnel can save frequently used messages, web URLs, and images for standard responses. Similar in concept to FAQs, quality responses reviewed and clarified in advance enables the chat service to be more productive and still provide accurate and details.
- Two-way file transfers enable Technical Support to receive screenshots that display a problem. Additionally, technical documentation can be provided during the chat session.
- A spellcheck function verifies a professional response. Spellcheck includes chat with language translation.
- Chat transcripts are tracked and logged for future reference. Transcripts can be reviewed for accuracy and completeness, printed, and emailed to a client, provider, or Department member.
- A navigation history view is maintained of users seeking assistance. If someone is experiencing technical issues, LiveHelpNow! will have the URL trail to identify where the user encountered problems and the path taken to the trouble spot.

- Support personnel can add notes to a conversation. These notes are available to other customer support personnel should the user contact the Department in the future.
- Returning visitors are automatically detected.

Additionally, information gathered by the LiveHelpNow! application can be exported and combined with trouble ticket data to provide a valuable source of information for Frequently Asked Questions (FAQs).

The following figure highlights key LiveChatNow! functions in the Operator's console.

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

Licensing for LiveHelpNow! will be determined by the number of users designated by the Department. This application's licensing operates on a per seat basis, with a monthly fee per seat for up to six support operators. Additionally, there will be a one-time charge for one White Label Server License, plus an annual maintenance fee. These costs will be confirmed on the final SLA.

Online Help and User Manual for Registration and Attestation (Unique ID 1806)

HP understands the Department's need for Medicaid healthcare providers' acceptance of Electronic Healthcare Record (EHR) technology for documenting client care. Along with the Medical Assistance Provider Incentive Repository (MAPIR) collaboration that is already in place with other HP MMIS clients, the Department will receive the full benefits of this incentive payment application for Colorado providers.



The Provider area of the Healthcare Portal is fully equipped with illustrated online help guides to assist providers in using MAPIR. Along with online assistance in the form of field-level help and “hover bubbles,” the MAPIR user manual also is available on the Healthcare Provider Portal. The user manual includes a table of contents, glossary, program background, and application assistance.

7.20 – Online Help Requirements	In Production? YES/NO
Description Addresses Requirements (Provide the range as applicable): 1349	NO

When identifying aspects of the Colorado interChange as “In Production,” we employed a conservative approach. By that we mean we have elements of the solution identified as not in production while aspects of those components have been running in production, in multiple states, for years.

For example, the Healthcare Portal has FAQ functional capability. The fact we are integrating FAQs into the @neTouch Help feature in Colorado interChange is an enhancement to the interChange MMIS and thus labeled as not in production.

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

System FAQs for Users (Unique ID 1349)

Access to a quality set of FAQs enables the user to continue work and inquiries in either application. Detailed FAQs provide an efficient and effective method of customer support. In presenting FAQ links and content, portal pages and Help content can be customized as needed to support the COMMIT project, and maintained throughout the project life cycle.

@neTouch FAQs



@neTouch will classify FAQs into two categories: Page functional capability and Page Purpose. **Page Functionality** addresses questions about interaction with the @neTouch system itself (for example, “How does this page work? What do I need to enter or click?”). For screen or page functional capability, we have anticipated the most common FAQs and will provide direct links for support.



Page Purpose addresses the more general type of FAQ questions such as: “What services are provided? Where do I get additional information? What is this page or website for? What is its purpose?” In these cases, the questions will vary by page, and we will work with the Department to craft the specific language where needed.

Healthcare Portal FAQs

Providers and clients can find many answers to frequently asked questions such as by clicking a link directly on the page. As illustrated in the following figure, when a user clicks on the *Where do I enter my password?* link, a window immediately appears with a detailed explanation of the logon process.

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

HP also uses the flexibility of LiveHelpNow!, our online knowledgebase solution, as a solid source of information. Along with trouble ticket data and interaction with Help Desk staff, we identify the questions most frequently asked by providers and clients. If a question occurs frequently but is not included as a direct link or on the FAQ list, we will work with the Department to identify the best set of FAQs to develop and maintain for the COMMIT project.

The robust reporting engine in LiveHelpNow! tracks web hits and popular search terms on the HP Provider and Client Portals, offering content update ideas to share with the stakeholder groups. The library of searchable help articles will assist new HP Call Center staff members to

find the information quickly and complete inquiries quickly. This online knowledge base can provide answers to many routine questions from providers and clients and may help reduce these basic information inquiries into the Call Center.

Authorized System User Forum (Unique ID 1353)

We have selected LiveHelpNow! as the platform to provide the online knowledgebase forum solution for Colorado MMIS providers. This platform will provide a strong yet appropriate Internet presence for the Colorado MMIS. On this forum, authorized system users can post inquiries, respond to other posters, and create topical “threads” on problems. Department staff members and other designated users can access the forum to participate and moderate the posts and threads, based on individual user roles. The forum has a search capability to find posts and threads by date or relevance.

This tool provides extended search functions that can be used by our HP call center and help desk agents and Colorado providers. The system supports various file formats including text, picture, and video. Because the security levels can be set by function, HP help desk agents and Colorado MMIS providers can have different levels of access. This tool also enables the HP agent to see the same information on the provider’s screen, which will result in efficient and prompt handling of calls when a provider needs support from the help desk.



RESPONSE 38t

7.21 – Alert Requirements	In Production? YES/NO
Description Addresses Requirements (Provide the range as applicable): 1354-1367	Yes

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

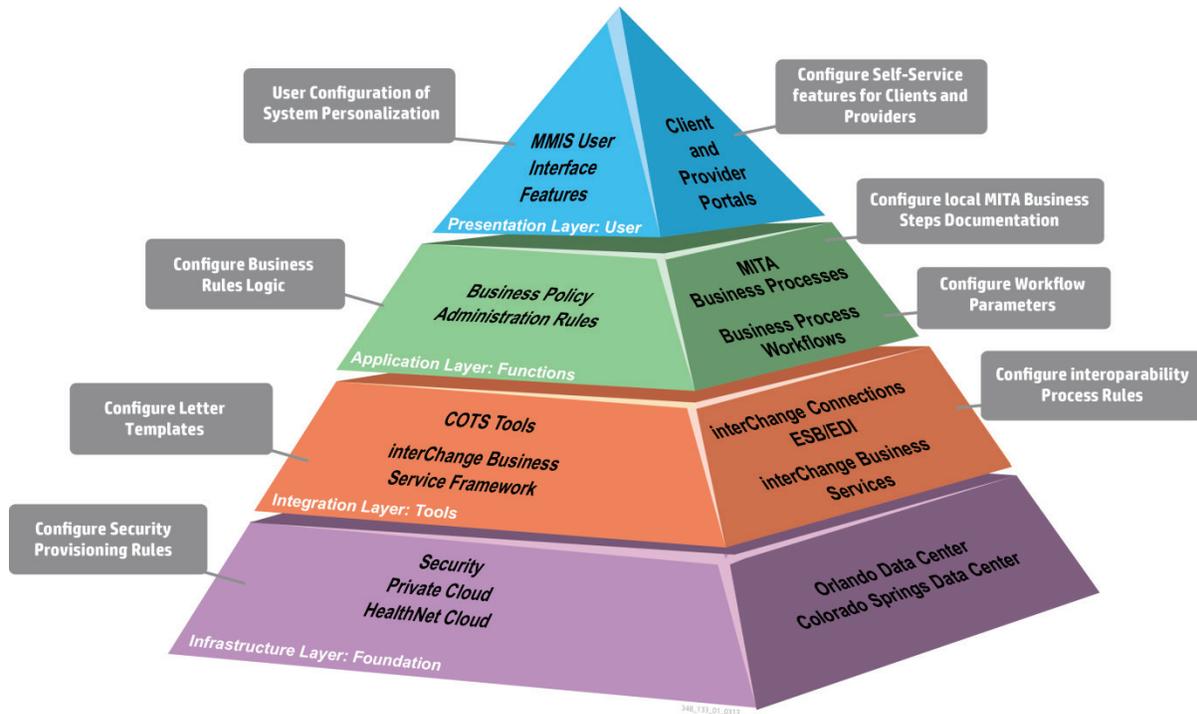
For example, the topic of alerts as defined by the various RFP requirements covers a number of different communication mechanisms. The interChange MMIS has utilized features in production such as client and provider correspondence letters as well as Remittance Advice banner messages and the ability to broadcast messages through the portal for years. Each of these alert access channels is effective and proven to notify the stakeholder in a manner that is most appropriate for the business scenario. While these aspects of alerts have been in production, the functionality to alert a defined list of leaders of performance management thresholds being exceeded will be new functionality. This functionality is part of the next generation of the interChange MMIS and is being worked on by our teams in support of the MMIS offering. This integration work is a coordinated effort between our teams working within the HP labs environment as well as our current MMIS implementation teams.

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

HP has been actively evolving the interChange MMIS business functions, incorporating MITA and the CMS Seven Standards and Conditions (7SCs) guidelines when adding advanced features and architectural capabilities. Our Colorado interChange solution is at the forefront of configurability. The following figure highlights aspects of the offering that place an emphasis on a flexible solution approach enabling adaptability so your Colorado interChange will continue to evolve with the demands of the business.



interChange, MITA, and 7SC



Our approach increases the flexibility and adaptability of our systems to the constantly-evolving healthcare landscape. By being able to continually adapt, the solution meets the business challenges of today and tomorrow. This end-to-end enterprise approach to configurability is why the Colorado interChange Medicaid Enterprise system is the best solution for the Department.

We have developed our approach to alert functions in this same model. Rather than a one-size-fits-all alert tool that requires customization for each alert need, we share and maximize the features already built into the interChange MMIS and COTS products we deliver. By taking this approach, we verify the Colorado interChange meets the CMS 7SCs Business Results Condition of effective communication with providers, clients, and the public at large.

This approach also allows control of dissemination of PHI that you would not have through a generic alert tool bolted on to the system. We approach each alert and notification requirement with privacy and security in mind and deliver the best solution for the type of information being shared and type of recipient being notified.

Downtime Alerts (Unique ID 1354)

The Department's customer-centric portals for clients and providers will allow users to conduct business on their schedule, 24 x 7. Notifying users of downtime is important to allow them to plan for the best use of their time. Through our Healthcare Portal solution, the administrator can post broadcast messages alerting users to maintenance windows and other downtimes.

Administrators can create and maintain one-way broadcast messages that can be displayed on the portals. The message can be broadcast on the public welcome page, secure home page, or both pages for the specified portal.

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The need to create a broadcast message—shown in the following figure—can arise from system outages, system upgrades, new features added, important information messages, and various other reasons. An unlimited number of broadcast messages can be entered using the Administrator Portal.

Each broadcast message record has an associated effective and end date with a priority to indicate in which order to sort broadcast messages. Broadcast messages are displayed in sorted order based on highest priority first, and within priority it sorts by effective date with the most recent date first, and then by message text.

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DEPARTMENT AND HAS BEEN REDACTED**

Alerts to clients are handled in the same manner as alerts to providers.



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In interChange, scheduled downtimes, such as maintenance windows, are posted in the Team News and Helpful Tips areas—detailed in the following figure—to alert users when the system will be down.

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DEPARTMENT AND HAS BEEN REDACTED**

Batch Exception Notices (Unique ID 1355)

The Colorado interChange accepts the entry of electronic media claims in the appropriate HIPAA-compliant formats and allows providers to submit claims and transactions electronically and through the healthcare portal.

For each file submitted, the system returns a 999 Health Care Acknowledgment. This file alerts the provider that we received the file and it passes or fails compliance. Trading partners are responsible for retrieving acknowledgments to determine the status of their files for online analysis and resolution.

Additionally, the Colorado interChange can send alerts by email and text message when failures occur. Critical processes are monitored for failures by automated processes that check system activity and monitor log files for errors. As the file of transactions is processed through each step, Business Activity Monitoring (BAM) events are sent to a dashboard. The dashboard will be configured to set and send an alert when thresholds have been reached or predefined errors or pends are reported.

Department-Defined Edits (Unique ID 1356)

As shown in the following figure, the Benefit Program Administration (BPA) rules engine is used in claims for coverage, editing, auditing, and pricing features. The BPA process has multiple impacts throughout the system. Beginning with determining the appropriate benefit plan for a client, the provider type and specialty the provider is enrolled in, the billing rules applied during claim adjudication and where they apply, BPA is central to nearly every process in the Colorado interChange.

The Colorado interChange will present 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 screens to establish a flexible, yet structured, rule repository.

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The rules engine will control thousands of conditions, including those described in the RFP:

- When the requesting provider is not eligible to provide the requested services
- Detecting when the provider is requesting an authorization for services out of their approved category of service
- When treatment for emergency-only eligible clients is needed

When the Colorado interChange receives a claim, the BPA rules engine will interrogate the claim in seconds against the rule parameters maintained in the reference benefit administration area, including benefit plan coverage, audits, edits, and prior authorization (PA). When we encounter these or other conditions defined by the Department, the provider is notified with an immediate suspension or denial of the claim. The explanation of benefits (EOB) outlines specific codes and human-readable descriptions identifying the error.

User-Configurable Parameters (Unique ID 1357)

The Department will benefit from HP's Colorado interChange solution and related tools with built-in configurability. Various user-controlled configuration capabilities are provided, no longer requiring technical intervention. User-configurable functions provide choice and reflect HP best practices.

In interChange, these configurable features, known as interChange @neTouch, provide users maximum efficiency, exceptional productivity, and personalization. HP built the @neTouch

family of features based on guidance from our business experts who perform the detailed tasks every day. @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.

The @neTouch Access feature provides dynamic, context-sensitive, single-click navigation to the most relevant panels based on the current business process being worked. Each individual has a job to do, and users will access certain screens frequently to do their tasks. Each user can pin the screens they use most to their own Favorites list.

Additionally, with @neTouch, users have access to Team News, available in sticky note view. Alerts to new policy, system maintenance, new tools, and other changes are quickly available. Completely user-configurable without technical help, the Team News is a great feature to help spread messages enterprisewide quickly. The following figure shows a policy update available for user's reference.



A Powerful Symbol

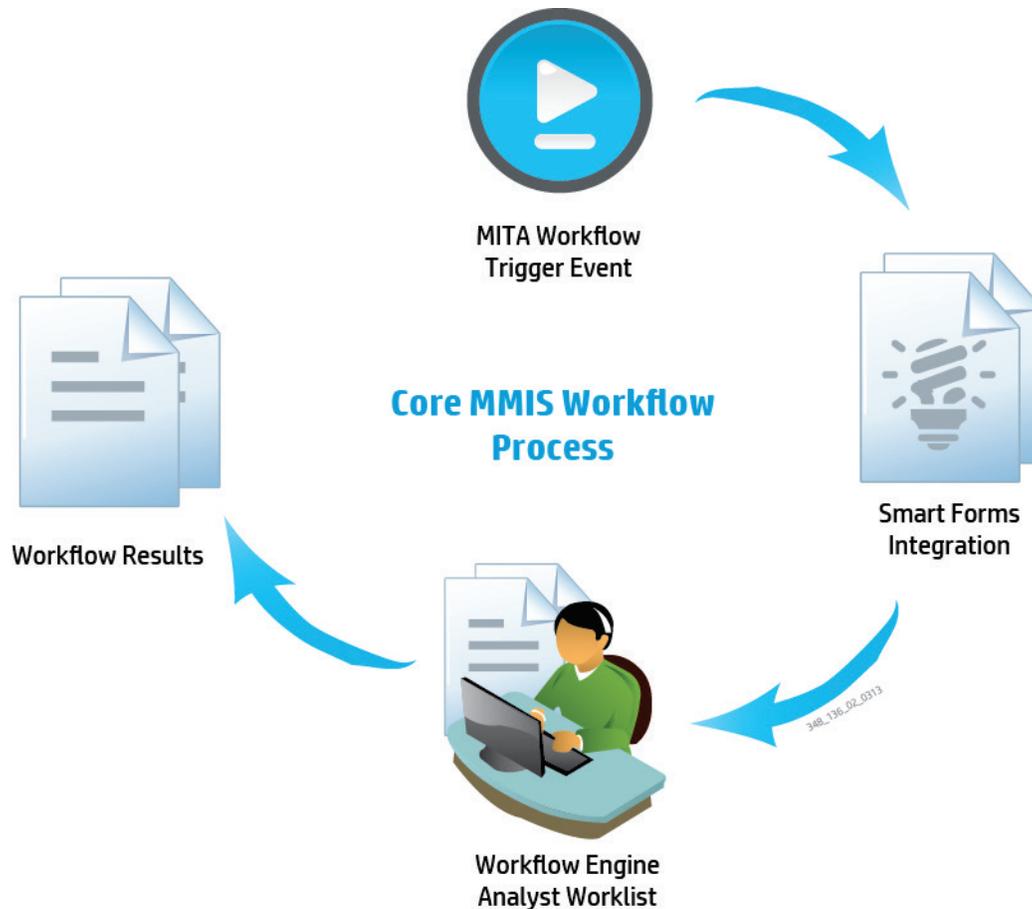
On a UI page such as Claims, click on this symbol next to a field. A new browser window opens with the most commonly required page and tabs related to that field already populated. The links are customizable to best meet a specific user's business needs.

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The sticky note reminds staff members of the upcoming change in policy. The link in Team News takes them to the policy. Our integrated Workflow tool also provides user configurability for messages, letters, and notices. The interChange workflow solution is a market leader because the workflow tools naturally integrate within the overall framework of the MMIS. The workflow tools are built on the same software platform as our MMIS UI. The interChange workflow solution is directly integrated to the UI for an optimal user experience through a single

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

Workflow Stages



Triggers for letters and notices are fully configurable according to the customer’s workflow needs. Letters are generated out of HP Exstream.

HP Exstream is an automated correspondence system that allows HP and Department staff members to send written communication to clients, providers, and other stakeholders. Through HP Exstream, letters and notices to clients and providers are user-configurable for triggers to generate letters. The system reads data from the MMIS to find triggers and generate notices. The application is designed to run as a fully automated process supporting web-based interaction and batch generation modes. In interactive mode, correspondence may be printed locally and archived in the image repository.

The following are the objectives for HP Exstream:

- Produce client and provider communications promptly
- Maintain a full history of correspondence produced

- Enable the Department to access letter history through the image repository or Colorado interChange screens
- Enable the Department or HP staff members to make changes when needed without submitting a technical change request

Enrollment Limits (Unique ID 1358)

The Department relies on timely and accurate data to conduct business. HP understands the need for information to be delivered clearly and concisely. The Colorado interChange solution includes a production reporting capability that provides standard operational reports available through our document management system and the ability to build ad hoc reports on key MMIS data attributes.

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 MMIS production ad hoc capability is available directly at the authorized user's desktop. Either way, the Colorado interChange production reporting solution provides easy access to the information needed.

Our 40 years of service to the Medicaid industry gives us the unique ability to finely tune the most appropriate ways to create and present effective, usable, timely reports.

The Colorado interChange contains several operational reports on enrollment numbers, including by Benefit Plan. SQL Server Reporting Services (SRS) allows reports to be created with alerting thresholds. Parameters can be set to trigger the report based on Department-defined criteria. During the Discovery and Requirements Validation and Requirements Elicitation Phase, HP will work with the Department to determine which report best meets the needs for monitoring numbers encroaching on program limits and caps.

Prior Authorization Service Maximums (Unique ID 1359)



Within the MMIS authorizations, treatment services and claims data can be configured to automatically apply to benefits at the case or client level. Benefit usage is tracked, with an authorization status assigned accordingly and flagged for review, as determined by the Department. The system associates each claim that uses a PA with the authorization, allowing immediate cross-referencing of which claims were authorized and exactly how many units or dollars were applied.

When a claim that is associated with a PA is received, the Colorado interChange immediately performs a limitation audit. The limitation audit verifies that the services billed do not exceed the Department limitations in dollars, units, or occurrences. The audit parameters can be adjusted for unit types, time units (such as days, fiscal year, calendar year, floating year, and per pregnancy), time span, and number of units. Used units and dollar entries are created as the claim is finalized and balances are calculated by summing these entries. Information about the claim and PA units is posted back to the provider.

Program Expenditures (Unique ID 1360)

interChange contains numerous operational reports on program expenditures. interChange's inSight dashboard reporting allows reports to be created with alerting thresholds. During the Discovery and Requirements Validation and Requirements Elicitation Phase, HP will work with the Department to determine which report best meets the needs for monitoring expenditures associated with specific programs and their total spending authority or appropriation.

Eligibility Inquiry (Unique ID 1361)

Providers will have several ways to verify client eligibility. Whether through an EDI transaction, the web portal screen, or AEVS, the results of the inquiry are maintained in the MMIS Enrollment Verification Panel.

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Rather than capturing only verification inquiries that meet specific criteria, the underlying table captures each inquiry. Users have immediate, online access to review inquiries by provider ID or client ID. Drill-down capability allows the user to view details of the inquiry, including dates of service the provider seeks. A verification number is assigned and the exact results returned to the provider are stored in the table.

The added value of this feature solves a frequently-faced issue for states. Often, a provider contacts the state indicating they had verified eligibility for a client before providing a service and received confirmation the client was eligible. But their claim is denied with the reason code

stating the client is not eligible. Now a user can go to the Enrollment Verification panel and verify the provider confirmed eligibility, when they did it, and what message the system provided back.



The Enrollment Verification panel is further evidence that HP brings honed experience and innovative thinking to the COMMIT project, helping the Department move beyond simple claims processing and shift its investment to high-value services such as healthcare outcomes, program integrity, and cost containment.

Expected Second Claims (Unique ID 1362)

The Colorado interChange solution includes a production reporting capability that provides standard operational reports available through our document management system and the ability to build ad hoc reports on key MMIS data attributes. The expected second claim report is something that HP understands the Department needs to properly monitor health outcomes and quality of care.

During the Discovery and Requirements Validation and Requirements Elicitation Phase, we will work with the Department to define parameters to put this report into monthly production as a scheduled batch report and an “on demand” online report for more flexibility for the user.



Another option the Department may consider is suspending the first claim when a second claim is expected, which will spur the provider to complete the care. Our rules-driven claims engine supports authorized users in configuring rule changes, reducing the reliance on technical staff members for process and policy change requests. Edits and audits can be configured through the BPA rules engine without any coding. Rules can be configured to suspend the original claim for a period of time. The claims would recycle each week looking for the expected second claim and then pay the two together. If the second claim is not received in the predefined number of weeks, the original claim will pay or deny as directed by the Department. A monthly production report can be generated to show the claims that receive this edit.

Triggering Events (Unique ID 1363)

Because the Colorado interChange workflow tools naturally integrate within the overall framework of the MMIS, the MMIS business framework can use any relevant data in the system to trigger automated system actions, service calls, or human workflow activities as required for the specific business activity that a trigger calls for.



In the example provided, the Colorado interChange could take advantage of the Grouper software and interChange audit function to recognize hospitalizations, ER visits, certain diagnoses, or multiple diagnoses to create a trigger that would transmit a web service update to the case management system. This is just one example of how the integrated solution HP delivers

to the Department can be used to automate prompts for action based on Department-defined criteria.

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

Case Management Alerts (Unique ID 1364)

We are delivering an industry-leading case management tool to the Department as part of this proposal. McKesson Versatile Interoperable Technology Advancing Lives™ (VITAL) is used to execute high-performing case management programs that deliver better outcomes for patients while reducing cost for payers. This tool will work smoothly with your Colorado interChange Medicaid Enterprise system to add the functional capability the Department requires.

Succeeding in healthcare today requires solutions that integrate smoothly, evolve with changes in the industry, and pinpoint areas for cost and quality improvement. McKesson's VITAL Care Management suite does just that.

VITAL contains decision support tools for point-of-care authorization, notifications, and medical reviews. It will provide the ability to notify when case management activities are needed, including the Department's stated criteria:

- Criteria based on claims processed—such as DRG ALOS and early discharge
- Conducting client assessment based on diagnosis, prior utilization, services provided, age, or prognosis
- Performing quality review
- Eligibility verifications by specified provider types—such as ED and hospitals

This robust case management tool will deliver high-value services to Colorado clients and stakeholders.

Unavailable Services (Unique ID 1365)

Connecting clients with providers—especially specialists for services not available in all parts of the State—is a basic function of case management services. Using McKesson VITAL will allow case managers visibility to identify clients with accessibility issues and quickly resolve them.

Communication Management (Unique ID 1366)

HP understands the requirement for a communications management plan as a deliverable. We detail the plan in RESPONSE 29 and RESPONSE 31a, and attached a sample plan in the Examples of Previous Deliverables tab. The plan serves several functions:

- Outlines the communication process and methods and provides a well-documented and agreed-on communications road map

- Establishes a sound framework for our communication management approach to keeping stakeholders informed throughout the project
- Defines the channels of communication that allow us to respond to questions raised by our audiences and measure the effectiveness of our communications
- Defines the communications matrix that includes the various types of stakeholder communication

It also describes how the Department staff members and designees will receive timely, accurate communication from HP. We will fully define the delivery mechanisms for authorized users to receive notifications during the Initiation Phase.

Subscription Features (Unique ID 1367)

Most Department program alerts will be available on the HP Client Healthcare Portal. Providers and stakeholders also can sign up for email notification for public or private program alerts on the portal by selecting the option on their profile. The Department can configure the number and type of notification categories available.



By clicking this symbol on the Secure Home page of the portal, Providers can sign up for notifications.

The following figure depicts the portal notification subscription screen for providers and clients.

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We automate the subscription capabilities within the features of the tool to proactively communicate with the Colorado Medicaid community.



RESPONSE 38u

7.22 – Systems Reporting Requirements	In Production? YES/NO
Description Addresses Requirements (Provide the range as applicable): 1223, 1225-1229, 1309, 1310, 1369-1375, 1608, 1621	YES

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

For example, the topic of system reporting there are different aspects of reporting that make up the overall MMIS reporting offering. While our base MMIS operational reports and our MMIS online parameter-driven reports have been in production for more than a decade, the inSight Dashboard has not currently been deployed to production. We do have dashboard reports in production at various state client accounts, but those are a first-generation approach to dashboards which present information in a user friendly, graphical manner. The largest differentiator of the next-generation MMIS dashboard reporting, where the reports function as interactive analytical tools, is what our healthcare reporting team is actively building in the HP labs. The end result of this investment activity is a dashboard that presents performance and program metrics directly to the managers’ desktop and empowers them to filter and drill through the data to understand the variables that are driving business results.

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



Colorado state executives, program managers, and analysts need quick and easy access to merge and analyze Medicaid program data on demand. Current, reliable information is crucial. At the same time as the volume and breadth of the data is increasing, the need to query, analyze, evaluate, and meaningfully report on the data has never been greater.

The HP reporting solution is one of the most advanced in the Medicaid market today and uses a proven database design and data management methodologies to validate, edit, scrub, and transform raw data into an “analytically ready” database. These methodologies include data update balancing processes and reports to validate the accuracy of each update to the ad hoc reporting solution. The solution integrates various data types and formats—such as medical claims, financial, encounters, eligibility information, and provider information—while

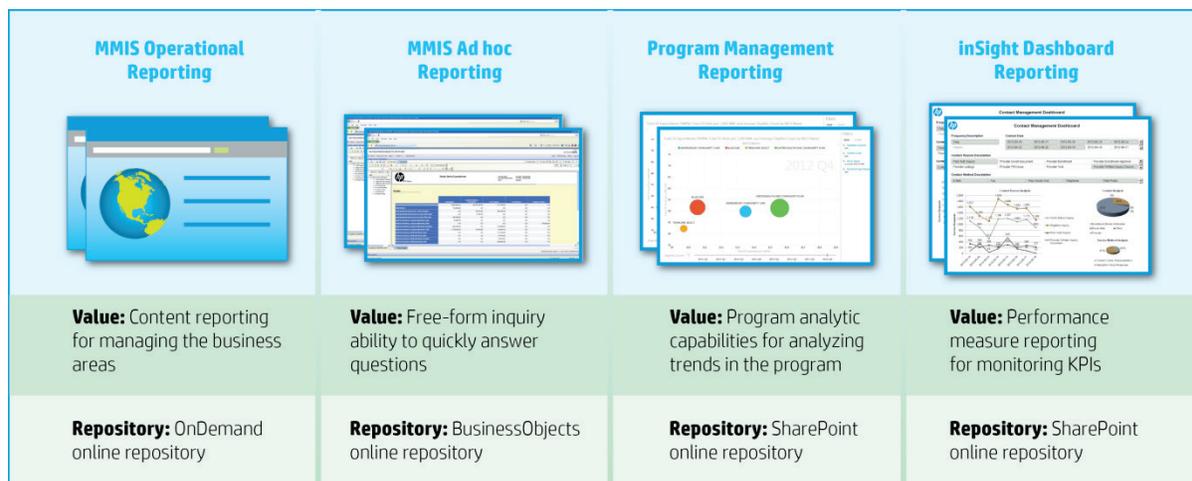


standardizing data into a common format to enable normative comparisons to meet Colorado’s analytical and ad hoc reporting requirements. The HP reporting solution has been refined repeatedly across many successful MMIS and decision support system (DSS) implementations this past decade. The advantage to the Department is that Colorado receives a production-proven solution data structure that provides direct user access to high-quality data for analysis and reporting.

Valuable knowledge is buried within the vast amounts of data that healthcare payers collect and manage. Data must be transformed into knowledge to be fully actionable and of high value to decision-makers. The ability to make timely and informed decisions about program aspects ranging from eligibility to policies to reimbursement methodologies is vital to the health of Colorado clients and the Colorado Medicaid Program.

The following figure provides an overview of the four components of the Colorado interChange reporting solution.

Colorado interChange Reporting Solution



HP understands that having the right information in the right format is vital to the success of any MMIS. That is why HP proposes a comprehensive MMIS report management system that comprises the following features:

- **MMIS operational reporting**—Each required business area of the MMIS has required reporting specific to the Department and federally-required reporting. The standard operational reports are used for the management of the transactional MMIS business functions.
- **MMIS ad hoc reporting**—A centralized ad hoc data repository and specialized reporting data model will be available at the detail claims level, giving ad hoc access to MMIS data elements using the BusinessObjects Web Intelligence toolset. The HP ad hoc reporting environment provides access to more data elements than other niche reporting vendors. The

Colorado interChange ad hoc is an easy-to-use toolset that allows a user to ask program questions and return data that can be quickly turned into informed decisions.

- **Program management reporting**—HP generates program management analytical reports against the MMIS data, exceeding RFP reporting requirements. Providing direct, meaningful and insightful analytics allows HP and the Department to quickly investigate the business drivers during the life of the contract.
- **interChange inSight Dashboard reporting**—Presents visual, interactive dashboards of key performance indicator (KPI) metrics support executive decision-makers' daily activities. inSight dashboards and ad hoc reports using the Microsoft Business Intelligence (BI) tools empower users to make informed business decisions while providing new technologies for building and storing large data sets in memory for detail level reporting on millions of records.

Why the HP Approach Is the Best Solution for the Department

The proposed Colorado interChange report management solution is innovative and interactive. It positions the Department to answer the questions of today while performing advanced analytics that will help shape the Medicaid program tomorrow. Our proposed solution meets the base requirements and provides a broad collection of data attributes and tools for reporting.

Meets Department Objectives and Goals

A key Department objective and goal is to have an MMIS solution that best positions the Department and the MMIS for continued business maturity growth through the life of the contract. The Colorado interChange reporting solution provides the innovation needed to directly address that Department goal. Our inSight Dashboard solution enables the Department to review KPIs quickly, drill down for detail, and review historical data visually—all in a modern, engaging user interface. Dashboards are not new to management, but the inSight Dashboard is an interactive analysis tool for process evaluation. This evaluation, measurement, and analysis promote the refinement of business processes for greater efficiency and maturity.

Through the following sections, we walk through the COMMIT project report management system requirements and how the features of our Colorado interChange report management system meet each requirement. We will review the capabilities and features of the major components of the Colorado interChange report management system in the process.

Reporting Data and Documentation (Unique ID 1223)

HP has been at the forefront of the reporting revolution within the Medicaid industry. The right data collection, reporting, and analysis can help the program improve operations and better manage healthcare program dollars. Through decades of experience generating and providing these reports from several state implementations, HP has a strong breadth of knowledge of what

is needed to create and deliver federal reports. To promote the Department's compliance with federal reporting, HP will work to create the extract files that contain the data attributes the BIDM vendor needs to meet their requirement. We will oversee the transfer of methodological documentation for the federal reporting from the BIDM vendor who has the responsibility for creating the reports. The documentation will be stored within the content management solution of the MMIS to meet the requirement.

The data transfer from the interChange MMIS to the BIDM vendor will be tightly managed by the interChange Connections module for interoperability. This MMIS module provides the data transfer reliability required for making sure the MMIS source data is transferred to BIDM.

Federal and State Reporting Requirements (Unique IDs 1225-1229)

HP understands that having the right information in the right format is vital to the success of any MMIS. To comply with federal reporting requirements, the right data is needed at various schedules intervals to generate the corresponding report. The Colorado interChange reporting environment maintains the detailed transactional data that will be transferred to BIDM. HP will work with the BIDM vendor to synchronize data delivery to allow proper processing and execution. The detailed transactional data will provide the necessary information to the BIDM to generate the following reports to meet CMS federal and State reporting requirements:

- **CMS-372**—Annual Report on Home and Community-Based Services Waivers
- **CMS-372S**—Annual Report on Home and Community-Based Services Waivers and Supporting Regulations
- **CMS-416**—Annual EPSDT Participation Report
- **CMS-37**—Medicaid Program Budget Report
- **CMS-64**—Quarterly Expense Report
- **CMS-21**—Quarterly CHIP Expenditure Report
- **CMS-21B**—Quarterly CHIP Program Budget Report
- **PERM**—Payment Error Rate Measurement

The data transfer from the interChange MMIS to the BIDM solution to support the Federal reporting requirements will be tightly managed by the interChange Connections module. The Connections module is powered by Microsoft BizTalk for ESB interoperability. This MMIS module provides the data transfer traceability and reliability required for making sure the MMIS source data is transferred to BIDM.

Operational Reporting Accuracy and Schedule (Unique IDs 1369-1370)

(1369) HP MMIS operational reporting provides a detailed catalog of reports for each MMIS business area stored in a permanent state for continual viewing and use across time. HP will deliver a base set of reporting, housed in the OnDemand EDMS that supports maintenance and

operations of the MMIS. The HP MMIS report management solution includes standard built-in features, allowing the active management of the business functions supported by the MMIS. (1370) Users can select schedules daily to indicate when ongoing standard reports should be executed within the automated processing cycles. The operational reports created during the update processes are automatically transferred for permanent storage in the EDMS. Through the EDMS the users have direct, online access to the current and historical copies of the reports. These reports provide intuitive operational reporting that help support daily activities while providing guidance for improvements in policymaking and operations.

Managed Care Reporting (Unique IDs 1309-1310)

(1309) The MMIS reporting system will maintain data attributes from managed care enrollment and per member per month (PMPM) payments. (1310) This also includes enrollee records of recouped capitations and status. To display and analyze this data, HP provides automated dashboards for fast, easy access to consistent, accurate program information necessary for fact-based decisions.

The HP inSight Dashboard is a browser-based solution that provides interactive data exploration, visualization, and presentation utilities. Users can easily create and interact with views of data from data sources such as the ad hoc data repository or even other inSight dashboards and workbooks. Its reporting features provide multiple views with utilities such as tiles, slicers, chart filters, and many advanced visualization capabilities, including report cards, small multiples, and a bubble chart. An important aspect of this dashboard is the interactivity and graphical displays. This dashboard displays as a Geographical Map and provides advanced filtering for Aid Category, Poverty Range, and Age and Time dimensions.

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Users can export an interactive version of a particular dashboard to PowerPoint. Each view in the dashboard becomes a separate PowerPoint slide. Users also can publish reports to SharePoint Server so others can view and interact with them there.

The following figure is an example of an inSight dashboard report created in another state that breaks down Medicaid eligibilities across the various managed care plans within the state. This includes a graph of the ratio of those enrolled clients to the number of eligible clients across time.

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The report shows the play-action feature that allows time progression analysis. This report shows PMPM ER visits versus ER expenditures. The time progression shows where the user interacted with the report showing the trending of the ER expenditures across time by managed care plan. Advanced filtering is available on the right-hand side of the report. The user can see the rise in ER expenditures for the particular plan being drilled into through the progression line holding the trend as the user clicks across different time periods.

Our dashboards use technologies that are easy to learn and run efficiently using the same in-memory computing technology. HP will provide several of these types of dashboard-style ad hoc reports for operational reporting and analytics through our inSight Dashboard solution.

Data Transparency (Unique IDs 1371, 1374, 1375)

(1371) The MMIS Operational reports have full documentation that provides transparency into the content and organization of the reports. This documentation is available to the user community and as part of our established development life cycle; the process to update the documentation is built into our step-by-step system maintenance functions.

(1374) Within the MMIS reporting capability, the narrative descriptions associated with the codes and abbreviations are pulled and used in the reporting functions. These descriptions help clarify the meaning of specific codes to remove ambiguity when reporting values on reports.

Daily Operations (Unique ID 1372)

The interChange MMIS offering delivers three styles of reports which are available online for the authorized users. The first type is the MMIS operational reports, which are auto-generated during the scheduled processing of the MMIS. These reports are permanently stored in the electronic document management system, which provides online access to these production reports. The second style of online reporting enables users to choose from multiple prebuilt defined parameters when selecting the reports. The interChange MMIS provides these interactive reports directly within the interChange MMIS user interface. The following screen shot is an example of the user selection window for these online reports

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Through this MMIS online window the user fills out the specific fields and then clicks on 'View' to receive the reporting results. This user driven, variable reporting is available as part of the Contact Management, Prior Authorization, Provider, and TPL business areas.

Finally, the HP reporting solution offers online dashboard reporting. These dashboards allow users that range from managers to technical specialists to easily view or create executive dashboards, scorecards, and report cards. Dashboards bring performance metric measurements and reporting to the manager's desktop, enabling the monitoring of business activities to meet the Department's goals. By tracking and monitoring business performance, the Department will be more agile and adaptable to new internal or external conditions.

Using a Microsoft add-in PowerPivot, users can import millions of rows from the Colorado interChange or ad hoc reporting solution and delog on-memory interactive dashboards on their desktops. These dashboards can then be distributed to SharePoint or shared with external customers. Because the toolset is associated with Microsoft Excel, which is the preferred software by most business users and data analysts, the tool has a short learning curve. This provides a flexible, powerful yet easy-to-use dashboard solution.

Performance measures will help the Department leaders track overall operational performance. Dashboards can include something as simple as tracking the number of claims processed to more advanced MMIS business area workflow activities and productivity statistics of the call center.

Our new dashboards go beyond merely tracking KPIs; now, they add time as a dimension to quickly identify trends to better measure Department's key business drivers and objectives.



HP provides an even more extensive utility through our inSight Dashboard solution, powered by the Microsoft BI product suite. These tools use in-memory storage capabilities that plug into Microsoft Excel. This provides a program analyst with a powerful ad hoc reporting tool to pull data from the MMIS ad hoc data repository into memory for graphical display and drill

down. This can be evident from the following figure where this technology is employed to display a service-level agreement (SLA) dashboard on call center statistics.

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This type of dashboard is simple to create and deploy because most program analysts are familiar with Excel. The dashboards can be saved and shared to other Department users through SharePoint, which is the main HP content management technology being employed for the Department. The dashboards can be distributed as Microsoft Excel and as Microsoft PowerPoint presentations. Both file types retain the dashboard's formatting.

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DEPARTMENT AND HAS BEEN REDACTED**

Another dashboard tool that will be available to Department users for reporting is the PowerView toolset from Microsoft. PowerView is a component of Microsoft's BI solution within SQL Server Reporting Services. This tool provides ad hoc visualization in an in-memory, fast-response environment with superior visual capabilities.

Because HP is a vendor that understands Medicaid stakeholders from years of providing healthcare capabilities, the Department has the right combination to provide the right report, at the right time, and in the right format.

Historical File Transfers (Unique ID 1373)

The File Transfer Service (FTS) component of interChange Connections module monitors, tracks, and logs files within the Colorado interChange solution and to trading partners. The FTS web portal lets users search and display tracking and audit details about files.

Additionally, FTS can be configured file by file to notify individuals, such as EDI support staff, when an error occurs during processing or a file completes. The dashboard shown in the following figure will highlight balancing errors where users can see details by clicking the File ID.

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When establishing the module of interChange Connections, our team reached out to our business support teams for input into its development. The feedback from the business managers was a desire to take the tracking and research of transaction that is typically a technical support team's activities and enable business users to easily perform research. This is how the Connections FTS dashboard was created—a one-stop shop for business and support service members to easily research the files coming into and out of the interChange MMIS. The dashboard is easy to navigate and provides critical information in a straightforward manner. The result: HP and the Department can monitor and research transaction sets much faster and more effectively.

Accounting Alerts (Unique ID 1608)

The interChange MMIS has built in financial reporting for the monitoring of AP/AR. The reports have been user-defined and include an alerting report for AR delinquencies. If a repayment status is setup on an A/R and the payment is not received, based on the user defined criteria the provider lands on a report that is created out of each financial cycle for escalation to the State.

Accounts Receivable Delinquency Report (Unique ID 1621)

Payable funds made in a scheduled payment cycle are subject to recoupment to satisfy Accounts Receivable (AR) unless otherwise restricted using the interChange panels. The Department will define the length of time before an AR transaction is considered delinquent. These AR are then reported weekly and the AR analysts use system-generated letters to attempt collections and escalate as defined by the Department should the providers not respond.

The interChange financial reporting solution supports the State and federal reporting needs. The BIDM vendor can export for report production and predictive modeling the interChange Voucher Detail that is produced from each financial cycle, its supporting partner the interChange Monthly Budget Monitoring report, and the strength of the MARS subsystem data tables used to produce the actual federal reports.



RESPONSE 38v

7.23 – Other Technical Requirements	In Production? YES/NO
Description Addresses Requirements (Provide the range as applicable): 1157, 1185, 1376-1394, 1396	YES

The best way for the Department to reduce risk and enable full interoperability is to select a proven solution implemented multiple times successfully. HP is the only vendor that can provide a system that is interoperable with 12 other CMS-certified systems, is fully configurable, and has integrated business processes. HP’s technical solutions, along with our healthcare experts, are best positioned to assist the Department in navigating a clear and productive path toward its goals.

When identifying aspects of the interChange MMIS as “In Production,” we employed a conservative approach. We identified elements of the solution as not in production.

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

Infrastructure Hardware and Software (Unique ID 1157)

In support of the Colorado MMIS offering, the HP solution for infrastructure uses a private cloud infrastructure service that we detail in the following figure. The infrastructure logical hardware allocation is presented in relation to the application components supported by the hardware.



The infrastructure housed by the HP Orlando Data Center and the Disaster Recovery Data Center in Colorado Springs are the HP interChange data centers experienced to working in support of critical healthcare data. Identified within the previous figure is the interChange Connections module which manages the interfaces to the MMIS.

HP maintains an IT asset repository of the technical infrastructure assets. The HP IT real-time asset management system provides greater financial control with significant cost savings by tracking and reporting on data elements relating to ownership, status, age, and location of IT hardware and software assets. HP manages these assets throughout the IT asset life cycle in full compliance with industry regulations. Managed assets include computers, contracts, licenses, warranties, and maintenance service agreements. Additionally, HP will enable universal auto-discovery that provides accurate and timely updates to the repository.

We detail our proven asset management process in RESPONSE 38k.

Training Certificates (Unique ID 1185)

HP develops and delivers high-quality, learner-centric training programs that address the needs of providers, users, and other stakeholders. HP shares our experience with other state MMIS implementations and brings expertise gained in the field of adult learning, which has proved invaluable when training experienced professionals who are learning a new application. Users who attend training can print certificates of course completion at the end of class.

We provide more information regarding training in RESPONSE 38d.

Role Based Credentials (Unique ID 1376)

HP's U.S. Public Sector Operations Security provides security design, monitoring, and management for a shared, scalable Active Directory (AD) domain infrastructure that includes role definition, log review and reporting, and domain and user account management. Through this capability the solution provides user credentials and their associated user permissions. By having established role based access patterns to leverage for the COMMIT project the definition and establishment of a controlled environment is accelerated and follows the capabilities that have been successfully validated before.

We provide more information on our proven security practices and products in RESPONSE 38e.

Single Sign-on (Unique ID 1377)

 The Colorado interChange has a comprehensive security solution that provides centralized identity management. HP provides a single point of access for authorized system users which after authenticated, provides the user links to the systems they have permission to access. Historically, users were burdened with separate user names and passwords for separate systems based on their job duties and level of responsibility. Provisioning those names and passwords could take days and required separate forms for separate functions.

The solution uses Active Directory (AD) to achieve the following:

- Single log on and authentication
- Self-service provisioning
- Delegation
- Role management and help desk
- Password management, including self-service password reset capabilities
- Hierarchical security group and permissions structure

Instead of having an assortment of forms for requests, we create a consistent method for requesting access to applications and network resources. The solution manages user access through automating the request and approval that replaces the existing manual and paper driven processes. For an in-depth look at our innovative security, please see RESPONSE 38e.

Archives (Unique ID 1378)

To manage system documents, HP proposes our enterprise products HP Project and Portfolio Management (HP PPM) and HP Application Lifecycle Management (HP ALM), integrated with a SharePoint site to form a holistic project repository. This solution allows archiving of documents as new versions are produced. The archives are available online, indexed, and content-searchable. SharePoint will be the repository for the system forms and documents and manuals. For the data files and data users have access to the complete historical data online through the interChange MMIS.

Optical Character Recognition (Unique ID 1379)

HP implements an end-to-end solution for scanning, storage, and retrieval of images to provide a full electronic document management solution to support the Department's needs. We perform optical character recognition (OCR) on appropriate paper documents to capture the data needed for processing. To accomplish OCR activities the solution uses SunGard Formworks software. Our teams have worked with this specialty software for years and have set as our Medicaid OCR standard the integration with SunGard based on our product successes. The high degree of accuracy through this tool delivers the efficiencies needed for optimal operational support. Where OCR is not appropriate, we capture the document image and send it to data entry operators to manually key the indexing information to the proper workflow or storage repository.

We use FormWorks to convert paper documents to indexed, searchable electronic records. It includes the capability to OCR various formats of incoming documents requiring specific handling. These include scanned images, reports, generated letters, spreadsheets, emails, and Department-approved provider agreements, which are maintained in the EDMS. Many of these documents must be managed as records for compliance or controlled to promote compliance with HIPAA standards. We have established processes for handling these critical records.

FormWorks captures printed characters and handwritten text, and includes editing against provider and client information, procedure, diagnosis, revenue code, and NDC files. It enables direct data entry and imaging of records. This editing provides for improved accuracy of paper claims and prior authorization requests to prevent them from becoming suspended for review. If the FormWorks component detects an unreadable form, the system routes it to the Data Entry team to verify the data read by OCR. The team manually completed the recognition and then releases the document to interChange for entry into the workflow system.

Our solution in Wisconsin uses scanning, OCR, and workflow processes to manage provider maintenance and, notably, the provider agreement activity. Besides the tremendous reduction of paper and storage requirements, the process of enrolling a provider has been shortened from weeks to overnight. Quality also is greatly improved because matching a provider's signed agreement with the proper provider file is made easier.

Version Control (Unique ID 1380)

We implement version control through our SharePoint document repository. Previous versions of documents are accessible for viewing, along with the user's name and date/time of the revision. Version control for scanned documents is handled in the EDMS image repository. If new documentation is sent for the same claim, prior authorization (PA), or the like, the original image is maintained and the new documentation added to the index under the new date received.

Proprietary Transactions (Unique ID 1381)



The interChange MMIS can accept proprietary transactions such as warrant inquiry and PAR status inquiry. HP will work with the Department during the Discovery and Requirements Validation and Requirements Elicitation Phase to capture the exact requirements needed for Colorado-specific transactions. The specific business rules around the intake and transformation of this information will be configured within the interChange Connections interoperability module. We offer more information on proprietary transactions in RESPONSE 39l.

Our interChange Connections is a comprehensive approach to ESB/EDI processing, making the Colorado interChange interoperable with the broader state healthcare ecosystem, including proprietary transactions. Through the interChange Connections capability, various stakeholders can collaborate with the Colorado interChange. Your Colorado interChange solution also provides automated orchestration of secure file transfer and monitored file receipt capabilities. Extensive, consolidated reporting of transaction processing results provides a clear operational view of the data exchanges. We offer more information on interChange Connections in RESPONSE 39i.

Data Processing Errors (Unique ID 1382)

The Department will benefit from the highly intelligent rules engine built into the Colorado interChange solution HP will deliver. The system recognizes errors in data in numerous ways—for instance incorrect codes, or codes that are recognized by the system, but not normally seen concerning other data on the same claim. The system will reject these transactions and pass them

to the data correction analysts. During data correction—or pend resolution—authorized users can make online corrections or changes to the claim record. For paper claims, incorrect data will be changed if the error occurred during the data capture process. When corrected, the claim will continue through the adjudication process.

The interChange user interface framework provides robust data validation capabilities, automatically enforcing data integrity based on business entity definitions, without requiring a developer to specifically code validation logic. The user interface provides clear feedback when a value is not accepted by the system and gives the user links to available help documentation to assist in troubleshooting.

Batch Control (Unique ID 1383)

The interChange system is federally certified and supports control of batch processing along with daily, weekly, and monthly reporting on claims processing activities. The interChange system provides a unique control number tracking for each claim and adjustment through assignment of an internal control number (ICN). Regardless of the submission method the provider chooses, interChange automatically assigns every claim received a unique ICN, which provides for intelligent tracking of claims from receipt to final disposition.

interChange individually monitors claims through the processing cycle and reports them in various daily reporting functions, from the initial assignment through to its final disposition and display on control reports. The system produces balancing and control reports for claim reconciliation functions, including batch processing cycle input and output figures. We provide examples of these batch control reports in the following table.

interChange Reporting - Claim Control Report Examples

Report Name	Description
Input and Output Control	Provides accounting on the number of new-day and aging claims input to the system and tracks their disposition through the system
Daily Claim Activity	Provides information on claims, suspense, and adjustments regarding beginning inventory, new inventory, number processed, and ending inventory
Suspense File Analysis by Claim Type	Lists the number and dollar value totals of the various claim types that are in the suspense file; includes the same totals for claims that are 1- to 30-days old and 31- to 60-days old
Daily Claims Disposition Summary	Shows the number of claims processed daily and the disposition of the claims processed; shows claim disposition by the claim location assigned to the claim; includes new-day claims and corrected suspended claims
Aged Claims Listing	Reports aged clean claims, sorted in Julian date order, and



Report Name	Description
	displays the current system location of the claim and how long it has been in that location
Claims Processing Daily Summary	Lists summary information by claim type for a claim adjudication cycle

We provide additional details of our batch processing in RESPONSE 39c.

Correspondence (Unique ID 1384)

HP is delivering a robust letter generator, HP Exstream, as a part of the Colorado interChange solution. HP Exstream supports the functional capability to trigger electronic correspondence to clients, providers, submitters, and the contractor by media types listed in the requirement, except social media. Social media websites make constant unannounced changes that make automated integration costly. A social media supervisor will manually update social media.

HP understands the critical need to control the flow of PHI and PII using correspondence to conform to HIPAA and HITECH regulations, having many years of experience protecting client information in 20 State Medicaid implementations.

HP Exstream is a SOA-integrated COTS tool, which is an easy-to-use tool that allows users to generate letters for mailing, emailing, faxing online, or delivery to the secure Colorado interChange. Additionally, users can generate a single letter that may be printed, faxed, or emailed immediately on completion of a written request. Authorized users can send letters to one entity or multiple destinations, or send mass mailings to many entities in many destinations. HP Exstream produces editable letters, which allow the user to insert (or data-drag) external text and data into the letter to be merged.

We provide details about HP Exstream and letter generation in RESPONSE 38r.

Automating the 1099 Process (Unique ID 1385)

The interChange's base functions include an automated process for 1099 calculation and processing. Balancing occurs with each weekly financial cycle, giving the provider and the Department a year-to-date total. After the last financial cycle of the year, the 1099 process begins and balancing reports are produced for review before routing the 1099s for distribution.

We detail financial processing, including the 1099 process, in our responses to Unique IDs 1497 and 1498 in RESPONSE 39b.

Web and Mobile Devices (Unique ID 1386)

The HP Healthcare Portal is fully functional, allowing web browser access for providers, clients, Department staff members, and stakeholders from their PC or mobile device.

Development of a mobile application is under way at HP and is operational on one account. The application will allow providers to log on from a mobile device and check eligibility; this feature is beneficial for in-home providers. Additionally, clients can check their eligibility and find a provider. We look forward to supporting mobile strategies in the future and working with the Department to help implement its mobile strategies.

Screen Resolution (Unique ID 1387)

The interChange Base User Interface (UI) is optimized for a 1024x768 resolution. Users can easily resize windows, maximize, and minimize. interChange is compatible with multiple screen displays. Additionally, users have the flexibility to have multiple interChange UI windows open at the same time. Through the use of the @neTouch Access links new windows are opened up with the single click of the mouse giving users access to the information related to the original window while not having to leave that window to see the additional information.

Hardware and Software Maintenance (Unique ID 1388)

After agreement of the scope and terms of the contract, HP will complete an architecture design document that will include descriptive lists for the infrastructure applications and program, hardware and software infrastructure bill-of-materials, and costs. The Department will review and approve the architecture design document to verify agreement for the overall solution. HP has internal procurement processes allowing for tracking from order to delivery.

Each hardware and software item will have detailed installation and configuration procedures described in the engineering guide. During implementation, each asset will be included within the HP inventory and configuration management database. The software and hardware that are installed after the initial project setup will follow the change control, detailed installation, and qualification processes. HP has detailed work instructions with associated quality assurance verifications to validate that we maintain our architecture design document and engineering guides.

Where appropriate, HP will incorporate technology refreshes into the hardware planning process, to maintain performance and capability of the system during the life of the contract.

HP uses inventory, package distribution, and asset and audit compliance tools for continual management allowing consistent deployments and increased automation. We detail our asset management, maintenance, and refresh strategies in our response to Unique ID 1157 in RESPONSE 38b.

Takeover Archives (Unique ID 1389)

Archived information is retrievable quickly and accurately. Working with the Department, HP will determine the scope of documents being transferred from the incumbent vendor. We will then perform the following high-level tasks to import the legacy documents into either the electronic document management system (EDMS) solution or the SharePoint project document repository:

- Identify each type of document that is part of the takeover archive
- Identify current indexing fields for each document type
- Map documents to appropriate repository or application
- Import legacy documents and templates into the new systems

During the Question and Answer Phase of the solicitation process, the volume and condition of documents were not known. HP will work with the Department after these factors are known to determine what is in the scope of the RFP and what is not.

Meta-Tags (Unique ID 1390)

HP provides an end-to-end solution for scanning, storage, and retrieval of images to provide a full EDMS solution to support the Department's needs. During the Discovery and Requirements Validation and Requirements Elicitation Phase, the Department and HP will define each document being sent to the EDMS and determine the meta-tag configuration for that document type and storage location.

Group-Based Display (Unique ID 1391)

The ability to create and maintain multiple group-based environments is inherent in interChange. Our role-based security, combined with our @neTouch UI customization, is exactly what the Department is describing in this requirement.

Security is embodied in interChange by the adoption of role-based management of users. Our role-based security solution will enable us to build profiles that allow users to have a combination of inquiry and update capabilities depending on the data with which they will need to work. For example, financial clerks may need to inquire on claims payment information, but only need to update specific fields per their financial job role. Because users are not assigned permissions directly and only acquire them through their role (or roles) in a group, management of individual user rights becomes a matter of assigning appropriate roles to the user. Our approach simplifies common operations, such as adding a user or changing a user's department.

The interChange UI is customizable by each individual user. @neTouch provides quick and timely access to the following:

- Related business panels
- Configurable Favorites links
- Consolidated content profiles for viewing or printing
- Context-sensitive help

The user controls these features through online configurability at the personal level. Each user can change the display of interChange to meet the needs of their individual role.

We detail our security features in RESPONSE 38e. We provide information on @neTouch in RESPONSE 38r.

Notes on Profiles (Unique ID 1392)

The interChange security user provisioning and management is an important part of the security process. The process, shown in the following figure, has controls and workflow and allows for the detailed user management necessary to verify the user has the proper controls in place for system access. This component of the solution allows for quick user auditing and review of user management and access. The audit trail of details is available to system administrators and anyone involved in the process for a user, such as the user's manager.

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

Through interChange Security, the Department can receive audit trail reports of exactly what users have access to which environments within the overall MMIS solution.

As part of the authorization process administrators can document and share notes in the “other information” field within the Overview section of the request. The end-to-end provisioning of security and the capturing of the data, including these notes provides a complete picture of security request and approval process. The following Web page provides a view into a request and the Overview section with the “other information” area where notes can be captured.

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

Managed Care Geographical Mapping (Unique ID 1393)

As part of the solution, we have included the highly capable geocoding tool, GeoStan. This tool enables HP to easily embed geocoding logic into the organization's applications and processing to meet the Department's geography specific requirements and business rules. Besides the geomapping tool used to perform latitude/longitude assignments within the managed care assignment aspect of interChange, we also can provide geographical visual analysis such as the following example.

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



This presentation of managed care eligibility data within a geographical depiction is a service-based mapping call. This approach to dynamically return and present the mapping results is directly in line with the CMS 7SC to take advantage of existing IT capabilities available rather than be tied to specialty, one-off packages.

Web Portal Updates (Unique ID 1394)

The Department will have a well-maintained portal through our HP portal administrators. The administrators document changes to the web portal and will track and validate changes.

The HP Healthcare Portal uses a Broadcast Message function to post messages and bulletins. Through the resource page of the Healthcare Portal, the authorized portal administrator can track and maintain changes when making updates to postings, newsletters, bulletins, and links to verify they are the most current and accurate.

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

These postings can include a hyperlink to allow for attachments or routings to other sites. The postings are maintained by designated administrators who can set start and end dates and prioritize each posting. We will maintain an audit of changes to existing and historic postings.

User Customized Training (Unique ID 1396)

As part of our implementation and follow up on operational tasks we update our training materials to the specifics of the Colorado interChange MMIS. The training materials are created using a common COTS package to facilitate the ability to edit, create, define, and release easy to use training modules. Specifically, HP will create web-based courses using Qarbon's eLearning products. They offer a familiar experience to those accustomed to taking web-based courses and also are user-friendly for the novice. Viewlet is used for the creation of instruction videos that capture user experience click through examples, while the Composica module creates an interactive PowerPoint presentation. These two modules create easy to follow, customized training for the user community.

Each application in Qarbon's line stands alone; however, by integrating them, HP instructional designers can create web-based courses that work with the virtual training offered by training specialists.

We provide more information regarding training in RESPONSE 38d.

7.23 – Other Technical Requirements	In Production? YES/NO
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Description Addresses Requirements (Provide the range as applicable): 1193, 1395, 1397, 1398	NO
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Learning Management (Unique ID 1193)

HP can work with the Department regarding the vision of using a formal Learning Management Solution (LMS) and what business goals are a priority to achieve by such a tool. Depending on the specific list of goals there may be a more cost-effective way to meet the defined goals than a formal LMS offering. HP is not proposing a solution to the optional LMS at this time, but looks forward to hearing from the Department the details around this requirement, which could clarify the most cost-effective, feature-rich alternative to meet these needs.

Web Based Training Surveys (Unique ID 1395)

HP will enlist the web-based Survey Monkey tool to meet this optional requirement. Our training team will create and maintain Web Based Training survey questions and dependent subsequent questions. The overall structure of the surveys will be direct questions standardized for the specific aspect of training we are requesting feedback on. The intent is to ask a limited number of questions to encourage feedback responses while keeping the questions as a standard baseline across time to track and identify trends related to the web-based training. The structure is further defined using a ranking system such as 1 (low) – 5 (high), for scoring the questions, while also providing an opportunity for free form narrative feedback. This style of having numerical values helps facilitate trending comparisons of the scores across time, while the summary narratives can be collected and reviewed for greater user insight into the training.

Online Audio-Visual Tools (Unique ID 1397)



HP will use Qarbon’s eLearning products to meet the training requirements in this RFP. Qarbon’s web-based capabilities will provide the Department and HP the tools to meet this requirement. We provide more information on Qarbon in RESPONSE 38d.

Random Surveys (Unique ID 1398)

HP will enlist the web-based Survey Monkey tool to meet this optional requirement. HP will create custom extracts from interChange containing the randomly selected populations or clients and providers. These random data sets will then be imported into Survey Monkey. The surveys will be designed to be concise in nature to help encourage participation with the core of the survey providing the ability for the user to document numeric scoring, such as 1(low) to 5(high), while also allowing for narrative feedback to accommodate users that want to document specific feedback. The tool enables the tracking of survey results and is used as the repository of the content feedback.



RESPONSE 38w

10.2.1 – Invoicing	In Production? YES/NO
Description Addresses Requirements (Provide the range as applicable): 1871, 1872	YES

Invoicing is a business process, unrelated to the MMIS or technical components. Because none of the technical and business services requirements detailed in Section 7 of the RFP applies, we address the unique IDs related to the invoicing process in the following section.

To address the requirement to provide process documentation, we have included our invoicing preparation manual in subsection, “Invoice Preparation Process,” and a sample invoice generated by the HP invoicing system.

As a business process, no licensing requirements are related to invoicing.

Invoicing (Unique IDs 1871, 1872)

HP will issue the invoice on the last day of the month for the services delivered during that month. The invoice will reflect the payment components for each of the phases of the contract we detail in the following table.

Payment Components by Contract Phase

Phase	Payment Components
Business Process Reengineering (BPR) contract stage	Equal monthly payments, less the 7 percent quality maintenance payment
	Applicable software licenses billed in the acquisition month
	Quality maintenance payment paid after completion of the BPR Contract Phase
Implementation Phase I	Equal monthly payments, less the 7 percent quality maintenance payment
	Applicable software licenses billed in the acquisition month
	Quality maintenance payment paid after completion of Implementation Phase I
Implementation Phase II	Equal monthly payments, less the 7 percent quality maintenance fee, less the proportionate reduction for the certification payment—3 percent of the total contract price for the implementation contract stages



Phase	Payment Components
	Applicable software licenses billed in the acquisition month
	Quality maintenance payment paid after completion of Implementation Phase II
Implementation Phase III	Equal monthly payments, less the 7 percent quality maintenance payment
	Applicable software licenses billed in the acquisition month
	Quality maintenance payment paid after completion of Implementation Phase III
Ongoing Operations (FY 2016-2021)	Fixed monthly fee, less the 5 percent quality maintenance payment
	Postage (pass-through)
	Software license and maintenance for applicable licenses, billed based on acquisition month
	Enhancements fee, billed in equal monthly installments based on Price Schedules E – I
	Additional enhancements (as requested by the Department), billed based on Price Schedule K hourly rates
	Quality maintenance payment paid monthly
Certification Payment	Certification payment—3 percent of the total contract price for implementation, included as a line item on the ongoing operations invoice for the month certification is received

Other than the fixed monthly fee, enhancements fee, and certification payment, the following invoice items will be listed as separate line items on the invoice. Supplemental documentation to support the billing will be attached to the invoice:

- **Pass-through postage**—Documentation will include a brief description of the mailing, the postage cost by date, and the number of pieces. Besides postage for routine mailings, the invoice will include pass-through costs for P.O. boxes, business reply, and postage due expense.
- **Software license and maintenance**—Documentation will include the product name, number of licenses, period covered (if maintenance), and acquisition date.
- **Billable MMIS enhancements**—Documentation will include the enhancement name, list of resources by name, type of resource, hours worked in the month by resource, hourly rate, and total price.



- **Quality maintenance**—Documentation will include a report of the performance standards associated with the invoice month, identifying the standard, the metric for that standard, the metric achieved for the respective period, and the standard’s dollar value. The report will include a sum of the total dollars to be billed on the invoice.
- **Optional requirements**—Optional requirements included in Price Schedule J that are accepted by the Department will be included as a line item on the invoice. The line item will reference the applicable line, J.1 – J.30, for the options being billed.

Invoice Preparation Process

In the following sections we outline the high-level client billing process steps associated with the procedures used by HP contracts to invoice customers for the goods and services HP provides.

Listed under each high-level process step are the control objectives, the key controls, and additional common controls. The key controls represent controls that must be performed and documentary evidence of such performance must be included in the client billing supporting documentation. Execution of the key controls is the ultimate responsibility of operations account management. The performance of the key controls takes various forms, contract by contract, and so the control objective is outlined to serve as the guiding principle in executing the key controls.

We include in the following subsections narrative descriptions of the major process steps, key control objectives, key controls, and activities for each of the steps.

Segregation of Duties

Segregation of duties is a basic, key internal control used to verify that errors or irregularities are prevented or detected promptly in the regular course of business. The fundamental principle underlying the term “segregation of duties” is that no single individual should have control over two or more stages of a transaction. Segregation of duties exists throughout each of the process steps that follow.

In those instances where segregation of duties cannot be fully achieved, compensating controls are established. Compensating controls are additional procedures designed to reduce the risk of errors of irregularities.

Major Process Steps

The following subsections outline the process steps for HP’s approach to invoicing.

Collect Billing Inputs

HP uses numerous collection systems companywide. This is primarily because of different contractual requirements with each customer that specify the billing elements and level of invoice detail that must be provided. For this contract, billing inputs fall into the following categories:

- **Fixed monthly fee**—Established by phase
- **Fixed monthly enhancements fee**—Established by price schedule

- **Software**—Such as license and maintenance fees
- **Pass-through activity**—Such as postage
- **Labor-based volumes**—Such as hours worked for Department-approved enhancements more than the annual modification hours
- **Quality maintenance payments**—Such as completion of phase and achieving SLAs

Billing inputs can be collected manually or accumulated by a system. The following are common examples of these types:

- Entry of time-tracking data into a time-tracking application or database for enhancements
- Compilation of hardware and software purchased for resale based on customer orders received and delivery or installation of items ordered
- Postage that is collected from postage meter reports

Key Control Activities

The following are HP's standard controls in place to mitigate the risks of inaccurate or incomplete client billing inputs:

- **Control objective**—Verification of billing input accuracy, reasonableness, and methodology:
 - Key control—Manual or system-generated billing inputs are reviewed and approved by the appropriate HP operations authority.
 - Documentary evidence—Review must incorporate adequacy and accuracy of support and documentation of review must be evidenced.
- **Control objective**—Operational verification of billing input accuracy, reasonableness, and methodology:
 - Key control—Billing inputs are reviewed by the appropriate HP operations authority before issuance of billing to clients.
 - Documentary evidence—Review must incorporate adequacy and accuracy of support and documentation of review must be evidenced.
- **Control objective**—Accurate billing inputs evidenced by review and approval of changes:
 - Key control—Changes made to collection databases or files are reviewed and approved by the appropriate HP operations authority.
 - Documentary evidence—Review must incorporate adequacy and accuracy of support and documentation of review must be evidenced.
- **Control objective**—Accurate billing input collection and manipulation:

- Key control—Spreadsheet controls are in place for billing input information generated from an Excel spreadsheet or other similar software package. The integrity of the spreadsheet must be checked and documented. The minimum spreadsheet controls are as follows:
 - Input control—Reviews of the data going into the spreadsheet for completeness and accuracy. Reviews are evidenced in writing.
 - Logic inspection—A third person checks the spreadsheet formulas for correctness.
 - Change control—A documented process for making changes to the spreadsheet—such as formulas, format, and function but not data. Changes are reviewed and approved in writing.
 - Access control—Access to spreadsheets is limited at the file level on the server or by using password protection on the file. Access is limited to the appropriate personnel with changes reviewed and approved in writing.
 - Security and integrity of data—Measures to prevent inadvertent or intentional changes to standing data. The locking of cells is one measure that can be used.
- Documentary evidence—Evidence of review and approval must be documented and retained.

The following additional control activity is the responsibility of the appropriate HP operations authority:

- Current month volumes are compared with prior month volumes for reasonableness or deviation from trends. Reasons for significant variances are investigated and documented.

Prepare Invoice Supporting Documentation Package

After invoice inputs have been collected, they are used to calculate invoice amounts and prepare additional supporting documentation. Invoice format and supporting documentation differ because of contractually dictated formats and requirements. Invoice preparation is generally completed by an account-based billing team or the finance team supporting the contract.

Supporting documentation of the billing inputs gathered in the Collect Billing Inputs step and supporting documentation for the calculation of invoice amounts are aggregated and cross-referenced in a standard package. The package also includes documentary evidence of the key controls executed to produce the invoice.

Key Control Activities

The following key controls are the standard controls in place to mitigate the risks of inaccurate or incomplete customer billing inputs:

- **Control objective**—Contractual basis for billing:

- Key control—Contractual requirements—such as invoice format, level of invoice details, and rates—with each customer are reviewed and approved by account management.
- Documentary evidence—Evidence of review and approval must be documented.
- **Control objective**—Consistent accurate execution of the invoice:
 - Key control—Customer invoices are reviewed and approved by the appropriate HP operations authority.
 - Documentary evidence—Evidence of review and approval must be documented and retained.
- **Control objective**—Accurate billing input collection and manipulation:
 - Key control—Spreadsheet controls are in place for billing input information generated from an Excel spreadsheet or other similar software package. The integrity of the spreadsheet must be checked and documented.
 - Documentary evidence—Evidence of review and approval must be documented and retained.

Enter Information into Corporate Billing System

Invoice is entered into the HP billing system.

Key Control Activities

The following key controls are the standard controls in place to mitigate the risks of inaccurate, incomplete, or untimely customer billing inputs:

- **Control objective**—Accurate revenue recognition:
 - Key control—Invoice source documents are agreed to invoice output by billing system.
 - Documentary evidence—Review must incorporate accuracy of output and review must be evidenced.

The following figure displays a sample invoice generated from the HP billing system.

Sample Invoice

INVOICE			Page: 1 / 2																																																								
Cheque Payment to: HP Enterprise Services, LLC PO Box 281935 Atlanta, GA 30384-1935	Electronic payments to: HP Enterprise Services, LLC Atlanta, GA 30384-1935 ABA 111000012 Account 3751313645	Registered Office: HP Enterprise Services, LLC 5400 Legacy Drive Plano, TX 75024																																																									
Bill-to party Colorado Department of Healthcare Policy and Financing 1570 Grant St. Denver, CO 80203		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Invoice Number</td> <td style="width: 50%;">Invoice Date</td> </tr> <tr> <td>99999999</td> <td>02/28/2013</td> </tr> <tr> <td colspan="2">Customer Account No.</td> </tr> <tr> <td colspan="2">9999999999</td> </tr> <tr> <td colspan="2">Contract No</td> </tr> <tr> <td colspan="2">9999999999</td> </tr> <tr> <td colspan="2">Currency</td> </tr> <tr> <td colspan="2">USD</td> </tr> <tr> <td colspan="2">Total Due this invoice</td> </tr> <tr> <td colspan="2">\$ X,XXX,XXX.XX</td> </tr> </table>		Invoice Number	Invoice Date	99999999	02/28/2013	Customer Account No.		9999999999		Contract No		9999999999		Currency		USD		Total Due this invoice		\$ X,XXX,XXX.XX																																					
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Customer PO <div style="border: 1px solid black; padding: 2px;">40004104</div>																																																											
In case of inquiry please contact: Account Executive Tel: 303 - 999- ---- E-mail: acct.exec@hp.com																																																											
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This order may contain export controlled Dual-Use commodities, technology, services or software which were supplied in accordance with U.S. and E.U. or other national regulations. Diversion contrary to these regulations is prohibited.																																																											
Payment Terms: Within 45 days due net Due By : XX/XX/XXXX The amount should be available in our bank account no later than the date mentioned above Remittance Advices: Unless otherwise agreed with your business contact please send to: usar@hp.com																																																											
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Distribute Invoice to Customer

The monthly invoice, including the supporting documentation, will be delivered electronically by email to the individuals the Department designates. Following the Department's review, the invoice will be accepted for payment processing or corrections will be requested. HP will address requested corrections promptly.

Archive Invoice and Supporting Data

Electronic versions of invoice files are stored in the HP billing system. Hard copies of the invoices and related supporting documentation are kept by the billing administrator at the HP operations site in Denver. Customer billing supporting documentation is maintained in a standard package.

Key Control Activities

The following key control is the minimum standard control in place to mitigate the risks of inaccurate, incomplete customer billing inputs:

- Control objective—Adequate and complete supporting documentation:
 - Key control—Supporting documentation has been collected and the standard invoice package is readily available for review internally or by third parties.