March 15, 2018

Alice McLain
Procurement Manager
AHCCCS
701 E. Jefferson, MD5700
Phoenix, Arizona 85034

RE: Solicitation # YH18-0033, Provider Management System

Subject: Submittal Cover Letter

Dear Ms. McLain:

Please find herein Client Network Services, LLC's ("CNSI") response pursuant to the Request for Proposal (RFP) for a Provider Management System issued by the Arizona Health Care Cost Containment System Administration (AHCCCS). CNSI acknowledges receipt of Amendment #1, as posted on February 14, 2018.

In accordance with the instructions set forth in Section 12.4 of the Special Instructions to Offerors, CNSI has identified the following sections to be kept confidential:

Proposal Response Section Marked Confidential	Page #
Section 6, Proposed Method of Approach, section 6.23, Proposed Timeline [response to Special Instructions to Offerors, section 3.1.3] - information regarding CNSI's proprietary software delivery methodology	Pages 6-PT-1 through 6-PT-5
Section 7, Experience and Expertise of the Firm and Key Personnel, section 7.1 - contact information for points of contact for project references	Pages 7-4 through 7-7
Section 7, Experience and Expertise of the Firm and Key Personnel, section 7.2, including resumes - details regarding qualifications, work experience, skills, and education of proposed key personnel	Pages 7-9 through 7-13; page 7-15; pages 7-17 through 7-45
Section 8, Completed Arizona Baseline Infrastructure Security Controls 2017 (Attachment A) - proprietary security approach	Columns I through N (in their entirety)
Appendix A, section A.6.22 - information regarding CNSI's proprietary software delivery methodology	Appendix A-112 through Appendix A-113

The detailed legal analysis, which sets forth the bases for the requested non-disclosure and the specific harm or prejudice which may arise if disclosed, has been presented in Section 12 of the proposal response.

CNSI is proposing a Software as a Service (SaaS) provider management and enrollment system that is based on our next generation modular Medicaid platform, evoBrix®. This SaaS model solution, evoBrix Provider Management Information System (PMIS), has been implemented in the states of Michigan and Illinois. evoBrix PMIS, an ACA-compliant modular solution, allows State Medicaid agencies to fully meet their business objectives and goals through a single comprehensive system, reducing paper enrollment via direct data entry; managing, corresponding, tracking, monitoring and reporting on all aspects of provider enrollment and management; and delivering a centralized provider repository. Designed to align with the Medicaid Infrastructure Technology Architecture (MITA), evoBrix PMIS is a comprehensive, proven SaaS solution that has been built upon the solution certified by CMS in the state of Michigan. Based on our experience with implementing our solution in multiple states, CNSI has found that evoBrix PMIS typically aligns with 90 percent of the stated business requirements in such states, with the remainder met through configuration. CNSI's evoBrix Provider Credential Service (PCS), in partnership

with LexisNexis, will integrate with the AHCCCS/Med-QUEST-approved credentialing solution to provide full compliance with the ACA Provider Enrollment Screening requirements. The PCS solution is comprised of pre- and post-enrollment screening processes that integrate the system with a real-time credentialing service. evoBrix PMIS is based on service-oriented architecture principles, wherein business functions are available as services across various architecture layers, promoting reuse and interoperability in an enterprise integration environment. Web services-based design allows for rapid adoption of change and real-time integration capabilities between the Provider Management System module and other modules. evoBrix PMIS delivers a low-risk, easy to implement solution for AHCCCS/Med-QUEST that will be hosted in Oracle's FedRAMP-certified Government Cloud.

CNSI brings to bear a powerful combination of Medicaid domain expertise, successful management experience, and innovative and secure technology, to deliver the Provider Management System. CNSI brings years of experience, numerous successful implementations in Washington, Michigan, Illinois, and Utah, and its evoBrix PMIS solution. Additionally, CNSI's multi-tenant, modular platform supports Michigan and Illinois, similar to the model under which AHCCCS and Med-QUEST operate. These attributes, combined with our untiring commitment to collaboration and close communication with our customers and other stakeholders on our projects, make CNSI ideally suited to achieving successful outcomes for AHCCCS/Med-QUEST. All of these factors translate into a low-risk delivery for the AHCCCS/Med-QUEST initiative.

We thank you for this opportunity to respond to the solicitation, and we look forward to a productive partnership with AHCCCS/Med-QUEST. Please feel free to contact me at 301-634-4588 or 301-873-8600, or via email at adnan.ahmed@cns-inc.com, should you have any questions or comments regarding this submission.

Sincerely,

Adnan Ahmed
Co-President

OFFER AND ACCEPTANCE

OFFER

The undersigned Offeror hereby agrees to provide all services in accordance with the terms and requirements stated herein, including all exhibits, amendments, and final proposal revisions (if any). Signature also certifies Small Business Status.

Arizona Transaction (Sales) Privilege Tax License No.: 21103459

Federal Employer Identification No.: 52-1872098

E-Mail Address: tom.sofo@cns-inc.com

Client Network Services, LLC ("CNSI")
Company Name

2277 Research Blvd.
Address

Rockville MD 20850
City AHCCCS/Med-QUEST Zip

For clarification of this offer, contact:

Name: Tom Sofo

Title: Vice President, Corporate Counsel

Phone: 301-944-2030

Signature of Person Authorized to Sign Offer

Adnan Ahmed
Printed Name

Co-President
Title

CERTIFICATION

By signature in the Offer section above, the Offeror certifies:

1. The submission of the offer did not involve collusion or other anti-competitive practices.
2. The Offeror shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246, AHCCCS/Med-QUEST Executive Order 2009-09 or A.R.S. §§ 41-1461 through 1465.
3. The Offeror has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to provide a valid signature affirming the stipulations required by this clause shall result in rejection of the offer. Signing the offer with a false statement shall void the offer, any resulting contract and may be subject to legal remedies provided by law.
4. The Offeror _____ is / ✓ is **not** a small business with less than 100 employees or has gross revenues of $4 million or less.
5. The Offeror is in compliance with A.R.S. sec 18-132 when offering electronics or information technology products, services, or maintenance; and
6. The Offeror certifies that it is not debarred from, or otherwise prohibited from participating in any contract awarded by federal, AHCCCS/Med-QUEST, or local government.

ACCEPTANCE OF OFFER (to be completed by AHCCCS)

Your offer, including all exhibits, amendments and final proposal revisions (if any), contained herein, is accepted. The Contractor is now bound to provide all services listed by the attached contract and based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the Contractor's Offer as accepted by AHCCCS.
The Contractor is cautioned not to commence any billable work or to provide any material or service under this contract until Contractor receives purchase order, contact release document or written notice to proceed.

This contract shall henceforth be referred to as Contract No. _____.

CONTRACT SERVICE START DATE: _____.

AWARD DATE: _____

_____

MEGGAN HARLEY,CPPO, MSW, AHCCCS Chief Procurement Officer

6. METHOD OF APPROACH [SPECIAL INSTRUCTIONS, SECTION 3.1]

The Arizona Health Care Cost Containment Systems (AHCCCS), in partnership with the Hawaii Medicaid program (Med-QUEST), is striving to implement a solution that is fully compliant with state and federal provider enrollment requirements to modernize and streamline its Provider Management business operations. CNSI brings a collaborative approach that is dedicated to AHCCCS/Med-QUEST's business success in implementing the new Provider Management System. We bring our Medicaid-focused project team, proven project management methodology, and our evoBrix™ next generation modular Medicaid platform, which is based on our CMS-certified system and hosted in our secure, HIPAA and FedRAMP compliant private cloud. Our evoBrix Provider Management Information System (PMIS) module is offered as Software as a Service (SaaS), augmented by best in class COTS products, and typically aligns with 90 percent of the stated business requirements in the states that it is currently implemented. Our Solution, Configure, Implement (SCI) methodology achieves this through configuration rather than the risky and time-consuming traditional Design, Development, and Implementation (DDI) methodology that prevailed prior to the introduction of our SaaS solution.

- **Consolidated, online application for enrollment**
- **Manage, correspond, track, monitor, and report**
- **Centralized and streamlined provider repository**
- **Modular, configurable, maintainable, and expandable**
- **National Provider Identifier (NPI) based**
- **Electronic signatures and attachments**
- **ACA-compliant enrollment, re-enrollment and revalidation**
- **A consolidated, comprehensive system**
- **Efficient and effective business functionality across programs**
- **Secure, compliant, and MITA mature**
- **Real-time provider credentialing**

AZHI-PMS-06-184

Our certified solution is designed based on industry best practices and enhanced through years of experience in design and development of MMIS solutions in multiple states. Our prior implementation and operations experience will facilitate successful provider business area operations and enable the State to support both NPI and non-NPI compliant providers. Our proposed solution is the only true web-centric automated provider management solution with a comprehensive, real-time provider credentialing service in the State Medicaid market. CNSI brings 10 years of operational experience managing nearly 650,000 active provider enrollments among the states of Michigan, Washington, Illinois, and Utah.

The SaaS service model has become CNSI's primary focus for delivering Provider Management to its customers. The cloud-based evoBrix PMIS being offered to Arizona and Hawaii was the first in the nation to become fully Affordable Care Act (ACA)-compliant and has been supporting over 400,000 active provider enrollments in a multi-tenant SaaS platform for the states of Michigan and Illinois since July 2015. CNSI is the recognized leader in bringing cloud technology to the Medicaid market and is the only vendor with the proven SaaS implementation and operations experience to support it. CNSI will demonstrate that its solution and delivery approaches will meet the RFP objectives and position the States of Arizona and Hawaii to deliver best-in-class services to its citizens through effective and efficient provider management. CNSI provides the following advantages that will translate to a low-risk, successful implementation for AHCCCS/Med-Quest:

- Extensive experience in ***Medicaid*** Provider Management implementations and operations in multiple states including two of the top six largest Medicaid states in the nation
- A streamlined ***Solution***, ***Configure***, ***Implement*** **(SCI**) delivery approach which delivers in half the time of the outdated traditional DDI approach

- A cadre of ***seasoned*** resources who understand the complexities of managing Medicaid providers in an environment of ever-changing regulations
- Efficiencies gained through leveraging a ***shared services*** organization model that eliminates silos
- ***Proven, modern solution*** based on a certified system, with ***real-time provider credentialing screening*** and hosted in a ***FedRAMP-compliant private cloud***

6.1 Overall Requirements [SOW, Section 5.1]

6.1.1 COTS Solution [SOW, Section 5.1.1]

CNSI's evoBrix platform is a COTS solution that has been engineered with configuration in mind rather than traditional customization, bringing together a comprehensive multi-tenant modular platform that combines best-of-breed Provider Management solutions. The platform is built and delivered as a SaaS solution and is augmented by multiple industry leading COTS solutions. Our experience in multiple states has shown that more than 80 percent of functionality is re-usable and that our focus is on configuration and the minimal customizations required for state-specific mandates. Additionally, the applications are web-based, highly automated, data driven, and integrated through our service-oriented architecture (SOA) enterprise service bus (ESB). Our SaaS delivery model focuses on streamlined implementation and operations through our SCI implementation methodology and our cloud operations model. Please see Appendix A, Additional Information, section A.6.2, for a breakdown of the configurable and customizable components of the evoBrix solution.

6.1.2 Receipt of Provider Applications [SOW, Section 5.1.2]

The solution combines a full-featured, secure, web based self-service provider portal with a comprehensive administrative framework to manage enrollment, re-enrollment, termination, recertification, or revalidation of providers and provide real-time notification to the providers of the receipt of the enrollment application. The responsive design enables changing browser window by fluidly adjusting the screen to best fit the available space, and supports different screen sizes such as a cell phone screen, a tablet-sized screen, and a larger desktop computer monitor. Applications received as an email attachment, by fax, or by traditional paper mail will be scanned or manually entered into the system by the provider enrollment operation staff. The image of the paper application will be uploaded to the system and linked to the application by indexing using NPI, Provider Name, Application ID, and SSN/EIN/TIN. Please see Appendix A, Additional Information, section A.6.1.2, for a sample screenshot and details regarding receipt of provider applications.

6.1.3 Collecting and Maintaining Provider Data [SOW, Section 5.1.3]

The evoBrix PMIS supports enrollment of all types of providers, including traditional medical providers, atypical providers, managed care entities, and billing agent/clearinghouses to support other module functions, such as claims/encounter processing, prior authorizations and service authorizations, and reporting. Our PMIS solution is currently supporting these very functions for our implementations in Michigan, Illinois, Utah, and Washington. The solution not only has a robust baseline information architecture, but it also has the right data management strategy augmented by data governance processes to handle the complex set of systems and applications, interfacing and interoperating both within the evoBrix PMIS solution and with the partner/vendor systems that comprise the broader AHCCCS/Med-QUEST Medicaid enterprise. The evoBrix PMIS module includes a full-featured, secure, self-service provider portal with a comprehensive administrative framework to manage enrollment, disenrollment, inquiry, provider information maintenance, and provider support.

6.1.4 Data Entry Prompts and Support [SOW, Section 5.1.4]

The evoBrix core framework comes with robust exception handling capabilities. It provides real-time field level edits such as data entry errors, missing data, or inconsistencies in the provider enrollment, maintenance, and revalidation process on each web page, greatly reduce keying errors. Besides field level validations, business process wizards (BPWs) provide easy to use, step-by-step processes with built-in validation and feedback to ensure complete and accurate information before submission. The wizard also displays validation error messages throughout the data entry process. evoBrix stops providers from submitting their applications until they have passed all online validity and completeness checks for the enrollment type. These interactive messages alert the provider to conditions that need to be corrected so that validated and complete data is captured prior to submission.

The evoBrix PMIS Contact Us feature enables providers to contact the State's Provider Support team via email, phone, or interactive chat. The interactive chat solution aims to improve the customer experience, reduce costs with fewer provider support staff, deliver faster resolution to problems, and better understand customer concerns or issues. The solution allows enrolled and authenticated users to chat with a designated representative within the online self-service portal. The authorized user can initiate a chat session using a link embedded in the provider portal. The solution records the session, providing AHCCCS/Med-QUEST staff the ability to access the details for reference and audit.

The evoBrix PMIS tracks the application status throughout the enrollment process and allows providers to view status of their enrollment online. Initially, enrollment application status is set as “In Process.” After the provider successfully submits the application, the status will change to “In Review” and be ready for review by the enrollment staff. The provider can track the application status but cannot make modifications to the enrollment data until it’s approved. If an application is denied, enrollment application status is set as “Denied.” The enrollment application information will not be transmitted to MMIS until all the required steps are completed and a final decision has been made.

6.1.5 Backup, Recovery, and Refresh Functionality [SOW, Section 5.1.5]

CNSI has established robust Oracle Cloud Platform as a Service (PaaS) service processes related to backup, recovery, and refresh functionalities. Using such tools as Oracle Database Backup Service (Oracle Cloud Infrastructure Object Storage and Oracle Cloud Infrastructure Archive Storage) and Oracle Recovery Manager, CNSI's approach adheres to the following principles: 1) data is stored in native and encrypted format in local and remote locations; 2) data deduplication and replication; 3) instant mount features for low Recovery Time Objective (RTO) and Recovery Point Objective (RPO); and 4) fully managed and fully monitored solution by dedicated operations team.

Additionally, as part of the refresh approach, CNSI’s infrastructure teams performs a backup of the Production environment after every major operational release. This backup is used to refresh all non-production environments such as Development, Test, and Stage environments with full history. This refresh schedule is planned based on inputs from the Operations Team and is fully automated. During the refresh process, a copy of the production data is also de-identified using CNSI’s dataSecureD product and the resulting de-identified data is then deployed into Development Databases. Please see Appendix A, Additional Information, section A.6.1.4, for more detail regarding the tools.

6.1.6 User Prompts and Guidance [SOW, Section 5.1.6]

The provider enrollment process is supported by a BPW that guides the provider through the process to ensure the sequence of enrollment steps is followed and all the required content collected. The business rules prevent submission of the enrollment application until the information content and validity has reached the AHCCCS/Med-QUEST-acceptable level. The system communicates the process deficiencies and missing information in online screens in real time before allowing the provider to move to the next step in the enrollment process. The necessary documents associated with the services providers are requesting to perform is driven by the specialty and subspecialty matrix and is set to optional or required based on the Permission Matrix configuration. The system will prompt providers to upload and submit all necessary documents, such as copies copy of licenses or any certifications during their enrollment process. Please see Appendix A, Additional Information, section A.6.1.5, for more detail regarding the tools.

6.1.7 Electronic Document Formats [SOW, Section 5.1.7]

evoBrix PMIS accepts all recognized electronic document formats (e.g., tiff, pdf, gif, and docx). The attachments are archived in the Document Management System, and indexed based on pre-configured parameters, to aid in document retrieval later. evoBrix PMIS generated correspondence letters are also archived within the Document Management System by default.

6.1.8 Work Queue Status Dashboard [SOW, Section 5.1.8]

The evoBrix PMIS workflow engine processes work queues in real time, assigns tasks, sends notifications, and provides escalation to management and/or supervisors. Authorized users can view their task item in the task list page within evoBrix PMIS and act upon the task, with they system generating a

notification with completion of the task. The evoBrix PMIS workflow framework supports coordinating the interactions between State staff to manage the work required to execute a process. CNSI's reporting solution offers a dashboard to see a work queue status for authorized AHCCCS/Med-QUEST staff and managers and number of assignments for each User. Reporting solution also allows users to navigate in real time to view assignments, work allocation, and work deliverables; generate notifications; distribute load; and check other metrics like worker skill and aging of the queues. Additional details about CNSI's reporting solution and features can be found in Section 6.1.3, Reporting.

6.1.9 Cloud-based Technology [SOW, Section 5.1.9]

CNSI's private cloud will be hosted in the Oracle Government Cloud, which is both FedRAMP and HIPAA compliant. These data centers utilize a robust and redundant infrastructure architecture coupled with elastic capabilities. This cloud platform is highly flexible wherein Components can be added or replaced quickly. Similar to our multi-tenant cloud solution in Michigan, which hosts the PMIS for both Michigan and Illinois, CNSI's private cloud supports multi-tenancy to ensure full support for both AHCCCS and Med-QUEST. Please see Appendix A, Additional Information, section A.6.1.6, for more detail regarding the features of our cloud solution.

6.1.10 Virtualized Environment for Hosting and Executing [SOW, Section 5.1.10]

CNSI's proposed evoBrix PMIS solution is built on Oracle Government Cloud Data Centers, which is based on an efficient and agile standards-based virtualization platform. Virtualization using Oracle VM with Oracle Linux consolidates servers and provides efficiencies that has helped to improve operational efficiency and decrease capital and operating expenses. It provides the necessary availability, performance, scalability, and security needed to support a business-critical application like a PMIS system. This virtualized environment provides the necessary capabilities and features of being re-hosted at a AHCCCS/Med-Quest data center on request. It includes hardware and software components built using either PaaS, Infrastructure as a Service (IaaS) or Software as a Service (SaaS) Cloud services and these can be re-hosted upon request. Please see Appendix A, Additional Information, section A.6.1.7, for more detail regarding the features of our cloud solution.

6.1.11 Prompts for Provider Participation Agreement Affirmation [SOW, Section 5.1.11]

Once the provider has completed all required BPW steps, the provider will be prompted to affirm Provider Participation Agreement during new enrollment, modification, reenrollment, revalidation, and recertification. In this step the provider must accept the terms and conditions and then submit the enrollment. Please see Appendix A, Additional Information, section A.6.1.8, for images depicting this step.

6.1.12 Detailed Descriptions of Virtualized Environments [SOW, Section 5.1.12]

CNSI can provide the necessary detail from which AHCCCS/Med-QUEST can create the virtualized environments necessary to house and operate the system in a selected Data Center. CNSI's proposed evoBrix PMIS solution is composed of virtualized environments that includes hardware and software components built using either PaaS, IaaS, or SaaS services. Please see Appendix A, Additional Information, section A.6.1.9, for a diagram that depicts the hosting platform overview.

6.1.13 Meeting Software and Hardware Requirements [SOW, Section 5.1.13]

CNSI's proposed hosting platform includes industry standard best-in-class hardware and software components that are both upgradeable and scalable and can preserve system customizations. Hosted in the cloud, all infrastructure components are built using Platform as a Service (PaaS) services, Infrastructure as a Service (IaaS) services, or SaaS services, thereby creating a highly flexible and elastic environment. This elasticity and scalability allow for both short-term capacity spikes as well as long-term growth as needs evolve. All infrastructure components (hardware and software) in CNSI's PMIS solution are best-in-class and they help to preserve system customizations by way of property files, parameter files, and settings. Configurations and customizations are stored separately from base components. To prevent configurations and customizations from being overwritten by System upgrades, the upgrade process automatically recognizes custom objects and skips the overwriting process. Additional steps taken care by maintaining and backing up the repository files in evoBrix as well as COTS. Please see Appendix A, Additional Information, section A.6.1.10, for more details regarding the upgradeability and scalability of the system.

6.1.14 Web-based Solution [SOW, Section 5.1.14]

By using Java 2 Platform, Enterprise Edition (J2EE) architecture for the evoBrix platform, the solution is, by its very design, web-based. The only software required on a user's computer is the internet browser. Any device that can run a browser will be able to use the application and there is no reason to install client-side software, plugins, or frameworks. Since the application is being accessed through a web browser, it allows for deployment of secure applications via Secure Socket Layer (SSLv3), now upgraded with Transport Layer Security (TLS 1.2). CNSI's evoBrix web portal, comprised of the state and operations user portal that can be used by internal staff and a provider portal used by provider communities, is developed with W3C web-based standards. The rich user interface is designed to work on the most commonly-used internet browsers. Web portals are designed with a UI framework that has different tiers for business logic and content representation. It also has a responsive UI to show different layouts on various device sizes (e.g., tablets and smart phones). This makes the portals more scalable and robust. The user interface complies with usability standards such as Section 508 subpart B Section 1194.21 - an amendment to the United States Workforce Rehabilitation Act. Please see Appendix A, Additional Information, section A.6.1.11, for details regarding the upgradeability and scalability of the system.

6.1.15 System Architecture Document [SOW, Section 5.1.15]

CNSI offers an advanced technical solution through a proven SaaS service delivery model to enable AHCCCS/Med-QUEST to meet its technical objectives and business services need. CNSI provides the System Architecture document which explains the aspects of the system including detailed architecture diagrams, data flows, component specifications, SaaS, COTS products, and hosting environment details. The document identifies the interfaces needed to exchange data/information with the PMMIS/HPMMIS provider subsystems, documentation, and imaging storage systems. Please see Appendix A, Additional Information, section A.6.1.12 for details regarding the evoBrix modular system architecture.

6.1.16 Master Data [SOW, Section 5.1.16]

CNSI's evoBrix PMIS solution provides the ability to maintain master/reference data such as provider types, enrollment types, address types, license certification types, specialties, and subspecialties. The solution's data model provides the ability to stamp each master record with a code depicting the source from which the data originated - this gives the flexibility in setting up reference/master data with full traceability to the origins of the data, be it sourced from external agencies (such as vital records data), CMS, or internally setup as part of configuration. Additionally, the purpose of the data and how it is used within the evoBrix PMIS solution is captured in column comments. The comments are shared as part of a data dictionary accompanying the consolidated evoBrix PMIS solution's data model.

The evoBrix PMIS solution's Physical data model balances the normalization needs of a data model with the performance needs of a large volume transaction processing system. The evoBrix PMIS platform is built on a Relational Database Management System (RDBMS) implemented as database schemas using Oracle RDBMS - a data model that is serializable in schemas. The data within the evoBrix PMIS solution is accessible via service interfaces, including evoBrix Interface Service Repository (ISR) solution, Web Services using Enterprise Service Bus (ESB), or via application screens. For more details on ISR interface, please refer 6.4 Other System Requirements, under section 6.4.8 Support for SOA- and ESB-based System. Please also see Appendix A, Additional Information, section A.6.1.13, for more detail.

6.1.17 Central Repository [SOW, Section 5.1.17]

CNSI's evoBrix PMIS stores all facets of data, including data, configuration, and user, in a central repository in a database. The data is physically separate for each state tenant. The system is hosted within the United States and the data is stored only within the United States. Please see Appendix A, Additional Information, section A.6.1.14 for more detail on the solution.

6.1.18 Segregation of Data [SOW, Section 5.1.18]

CNSI's evoBrix PMIS stores data for each State tenant in a dedicated database. Data separation is one of the key features of the evoBrix Cloud solution, and we maintain this segregation of data with our cloud implementation for the state of Michigan, which is also hosting the state of Illinois instance. The data belonging to each State is stored in a State-specific container and database. The use of the RBAC model in

the evoBrix PMIS solution ensures full confidentiality of protected health information (PHI) and personally identifiable information (PII) datasets. Users of the system can only access a limited set of State specific data based on authorization in the system. This data is the sole property of the respective State for which its use is intended. CNSI will not use this data for any other purpose. Any data that is part of the evoBrix PMIS solution data repository will be transferred to AHCCCS/Med-QUEST upon request, at no additional charge.

6.1.19 E-Signatures [SOW, Section 5.1.19]

CNSI's evoBrix PMIS provides the ability to capture electronic and digital signatures in compliance with State of Arizona Policy P4070. evoBrix PMIS also complies with the with Federal Information Processing Standards (FIPS) Publication 186-4 for the Digital Signature Standard (DSS). The provider portal requires the enrolling provider to consent on the Provider Agreement constituting that party's actions in transacting electronically. The authentication takes place through the login credentials via the Provider portal. Please see Appendix A, Additional Information, section A.6.1.15 for more detail.

6.1.20 Turnover of System-related Licenses [SOW, Section 5.1.20]

CNSI's proposed hosting platform includes multiple application related hardware and software components that are built using either traditional perpetual licensing or Cloud Services subscription based, such as Platform as a Service (PaaS), Infrastructure as a Service (IaaS), or Software as a Service (SaaS). All hardware and software components that are required to support the proposed solution and services will have the necessary licensing agreements in place for the entire duration of the contract. CNSI's hosting solution includes three types of licensing models: subscription-based license, perpetual license, and open source. For all components that are licensed on a subscription basis or perpetual basis, upon request CNSI will turn over the subscription contracts and perpetual license contracts to the AHCCCS/Med-QUEST within 30 calendar days or less. For all components that are open sourced but have support contracts in place, upon request CNSI will turn over the necessary support contracts to the AHCCCS/Med-QUEST within 30 calendar days or less.

6.1.21 Data Integrity Error Rates and Transaction Routing Errors [SOW, Section 5.1.21]

The evoBrix PMIS solution for AHCCCS/Med-QUEST is designed on an integrated data model to handle transactional and operational data. The data model not only determines the structure and flow of data throughout the solution, but more importantly ensures the data that gets into the system is consistent in terms of business relevancy, data format, and other data semantics. The data model is normalized and minimizes data inconsistencies by enforcing data integrity via a combination of database constraints such as primary key, foreign/referential integrity keys, check and unique integrity constraints, and validates for the presence of mandatory values in conjunction with application enforced business rules. With the enforcement of data integrity, the evoBrix PMIS solution has the checks and balances in place to ensure that anomalous data is not introduced to begin with ensuring that the overall data integrity error rate for any data updates or batch updates stays less than .001 percent. The same philosophy applies to any data updates in evoBrix PMIS that are triggered by batch/real-time feeds coming from external systems and the PMIS solution will ensure that the transactional processing/routing errors stay less than .001% and proper notifications are generated to communicate the errors.

6.1.22 Consistency with CMS Technical Reference Architecture (TRA) [SOW, Section 5.1.22]

The evoBrix platform is closely aligned with CMS MITA and Technical Reference Architecture (TRA) standards. Additionally, CNSI holds a contract with CMS, providing the solution for the Encounter Data Processing System (EDPS) - a solution with components approved by CMS' TRB and which is also closely aligned with our proposed evoBrix PMIS. Please see Appendix A, Additional Information, section A.6.1.16, for more detail.

6.1.23 Consistency with Medicaid Information Technology Architecture (MITA) [SOW, Section 5.1.23]

CNSI's evoBrix solution aligns with the core conditions and principles stipulated by the MITA standards. It is not only aligned to the architectural requirements, but also the software engineering aspects of the Seven Conditions and Standards. CNSI has closely followed CMS guidelines and directives regarding modularity and Medicaid implementations. We have maintained our solution through the evolution of the MITA standards over the years, based on the practical experience gained working with multiple states, collaborating with CMS, and participating in MITA work groups. For example, CNSI is currently involved

with Center for Medicaid and CHIP Services (CMCS) and MITRE's CMS alliance to modernize healthcare for developing a cohesive reference architecture for states to use in developing modern, modular Medicaid IT systems. As such, CNSI's evoBrix PMIS will be consistent with the current MITA.

6.1.24 Access for Concurrent Users [SOW, Section 5.1.24]

Since AHCCCS/Med-QUEST was unable to provide the anticipated number of concurrent users, CNSI affirms the ability of our current solution enabling access to the required number of concurrent users necessary for the administration of AHCCCS/Med-QUEST's business functions. For example, our multi-tenant provider management solution for the states of Michigan and Illinois supports more than 4,000 concurrent users and meets the service level agreement of a 2 second transaction processing time - far less than the contractual requirement of less than 4 seconds. CNSI conducts performance and load testing that demonstrates the ability of the solution to scale and captures capacity planning statistics to ensure that adequate resources are available during implementation. Post-implementation our team deploys real-time and historic statistical analysis to ensure continued compliance with SLAs.

6.1.25 Transaction Time [SOW, Section 5.1.25]

The evoBrix ISR core architecture leverages ESB features within the SOA framework to integrate disparate systems effectively. The evoBrix architecture is based on leveraging a series of COTS products that use a services-based integration platform. The proposed solution is capable of handling common industry standard service requests, such as SOAP and REST. Also, evoBrix can change the various attributes of the service without impacting existing clients. The ESB infrastructure allows the Core MMIS to avoid point-to-point communication between different system components to streamline flow of all information throughout the AHCCCS/Med-QUEST implementation. This ensures the maximum amount of time between the receipt of a transaction by the Enterprise Service Bus (ESB) through the response sent will not exceed two seconds.

6.2 Documentation and Certification [SOW, Section 5.2]

6.2.1 System Design Documentation and System Documentation Maintenance [SOW, Section 5.2.1]

CNSI understands the critical importance of current, accurate documentation. We manage Enhancement pool changes through a standard release process. CNSI specifies changes to System Design Documentation and System Documentation changes in advance. We present the proposed changes to the State for review and approval prior to implementation. Approved changes are incorporated into these documents within ten (10) business days of the implementation of the changes.

6.2.2 Maintain Functional Documentation [SOW, Section 5.2.2]

CNSI updates Functional Documentation, including both User Documentation and Operations Procedures Manual Documentation, in accordance with system changes. These documents are maintained along with the related release materials post go-live. All updates are applied within 10 business days of the implementation of a change.

6.2.3 Licenses Needed for Business Functions [SOW, Section 5.2.3]

CNSI will acquire and distribute all software licenses necessary to perform business functions in evoBrix PMIS. CNSI monitors software license usage along with other factors related to system capacity management. CNSI will acquire additional software licenses when trigger conditions are met, such as a major increase in state staff using evoBrix PMIS. CNSI will monitor increased licensure trigger conditions separately for AHCCS and Med-QUEST usage.

6.2.4 Module Federal Certification [SOW, Section 5.2.4]

CNSI's evoBrix PMIS module is built on the functionality present in our certified implementations in Washington and Michigan. CNSI supported successful CMS certification of both states' full MMIS certification. In both states, CMS certified the enterprise systems on the first attempt with no remediation required. Both states qualified for, and received, full FFP and FMAP funding. Leveraging the same practices and procedures, CNSI will ensure that Module Federal Certification is achieved retroactive the first day of operations and continued throughout the Operations phase. CNSI agrees to be responsible for meeting any new or modified federal standards necessary to ensure initial and continued CMS certification, to the extent that those changes are within the scope of the RFP and do not result in a material cost impact

to CNSI. We maintain a current crosswalk of the features in our PMIS module to the MITA 3.0 business areas and business process. Our supporting technical and data architectures are compliant with current MITA requirements. evoBrix PMIS is fully compliant with the Seven Standards and Conditions. We monitor MITA, MECT and MECL for changes that may be introduced prior to certification, and continue to monitor throughout the project. CNSI will evaluate changes as they arise. We agree to work with the States' Change Order process if it becomes necessary.

CNSI agrees to provide support to AHCCCCS and Med-QUEST during the certification process and during any recertification conducted by CMS for the evoBrix PMIS and related scope. In prior certification activities, CNSI has facilitated state readiness by working with the states to identify readiness for certification, identifying system-produced artifacts to support checklist requirements, developing certification-related presentation material, and participating in on-site and teleconference CMS reviews conducted with state personnel.

6.3 Regulatory System Compliance Requirements [SOW, Section 5.3]

6.3.1 Meeting Part 11 of State Medicaid Manual Requirements [SOW, Section 5.3.1]

As we currently do with our MMIS projects in Michigan, Illinois, Washington, and Utah, CNSI will deliver our evoBrix PMIS solution to meet the system requirements, standards and conditions, and performance standards in Part 11 of State Medicaid Manual and as periodically amended.

6.3.2 Section 508 and W3C Compliance Reports [SOW, Section 5.3.2]

CNSI’s proposed evoBrix PMIS solution is a fully web-centric application compliant with Section 508 of the Federal Rehabilitation Act and the W3C's Web Accessibility Initiative. CNSI will provide the necessary reports to demonstrate compliance throughout the life of the project. For example, in Michigan, we have generated Section 508 Compliance Reports using such tools as Pa11y, AInspector, and WCAG-EM. Please see Appendix A, Additional Information, Section A.6.3.1, for more detail.

6.3.3 Support Data Requirements of Quality Improvement Organizations [SOW, Section 5.3.3]

CNSI's evoBrix PMIS system, through its Integration solution and Operational Data Store (ODS) solution, will support all the data requirements that are needed to identify areas for improvements in health care for quality improvement organizations (QIO's) established under Part B of title XI of the Patient Protection and Affordable Care Act.

6.3.4 Passing CMS Certification Requirements [SOW, Section 5.3.4]

CNSI developed the evoBrix PMIS to align with federal certification requirements. We developed the evoBrix PMIS based on the same components used for the successful certification of the MMIS in Washington and Michigan, both of which had zero (0) findings - an unprecedented result. evoBrix PMIS will pass CMS Certification requirements as described in the Medicaid Enterprise Certification Toolkit V2.2 using the MITA-based checklist in Exhibit A, and we will We continuously monitor MITA, MECT or MECL requirements to ensure compliance throughout the life of the project.

6.3.5 Automated Provider Enrollment Screening/Monitoring Processes and Tools [SOW, Section 5.3.5]

evoBrix PMIS offers comprehensive automated screening of providers to comply with 42 CFR Part 455 - Medicaid Program Integrity and 42 CFR Part 436 - Federal database checks. CNSI’s Provider Credentialing Service (PCS) platform, in partnership with LexisNexis, provides full compliance with the ACA Provider Enrollment Screening requirements, including CMS data matching for provider screening and monitoring, Social Security Administration’s Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the Excluded Parties List System (EPLS), and PECOS. Please see Appendix A, Additional Information, Section A.6.3.2, for more detail.

6.3.6 Compliance with Licensing Agreements [SOW, Section 5.3.6]

CNSI’s proposed hosting platform includes multiple application related hardware and software components that are built using either Traditional perpetual based licensing or Cloud Services subscriptions. All hardware and software components that are required to support the proposed solution and services will have the necessary licensing agreements in place for the entire duration of the contract. This includes the maintenance of licenses and appropriate permitted usage that are licensed for a product or service.

6.3.7 Compliance with the Affordable Care Act [SOW, Section 5.3.7]

The cloud-based evoBrix PMIS being offered to AHCCCS/Med-QUEST was the first in the nation to become fully Affordable Care Act (ACA)-compliant. CNSI's proposed evoBrix PMIS solution complies with the Affordable Care Act, specifically Sections 1561, 1411, 1413, 1414, and 2201.

6.3.8 Compliance with Section 1104 Standards of the Affordable Care Act [SOW, Section 5.3.8]

CNSI evoBrix PMIS solution provides the ability to enroll/dis-enroll health plans, capture Electronic Fund Transfer (EFT) information for the payment delivery, and Electronic Remittance Advice (ERA) information in the enrollment in compliance with ACA Section 1104.

6.3.9 Compliance with ADA 508 Accessibility Standards [SOW, Section 5.3.9]

evoBrix provides conformance to the ADA 508 Accessibility Standards by following its four basic principles: Perceivable, Operable, Understandable and Robust. CNSI's Accessibility Initiative is a companywide effort that stresses the importance of creating accessible applications for customers, and deployment partners. CNSI works with accessibility experts and people with disabilities, also screen readers like Jaws to design and build products that are accessible by all people.

6.3.10 Business Rules Expressed using Technology-neutral Standard Format [SOW, Section 5.3.10]

CNSI uses the National Information Exchange Model (NIEM) guidelines to enable the consistent, efficient and transparent exchange of data elements between programs and States. Using these core data elements identified through the NIEM process, CNSI has developed business rules using a consistent, technology-neutral standard format. The technical architecture and design of the PMS solution adopts service-oriented principles for both data exchanges and for managing business rules

6.3.11 Documenting and Exposing all SOA Services [SOW, Section 5.3.11]

CNSI will document and expose all SOA services using standard Web Service Description Language and industry best practices. CNSI's evoBrix Integrator OSB solution stores the service endpoints in the evoBrix Datamart and makes it available during runtime of the services. The evoBrix Integrator OSB solution leverages ESB features within the SOA framework to integrate disparate systems effectively.

6.3.12 Compliance with CMS Harmonized Security and Privacy Framework [SOW, Section 5.3.12]

CNSI's evoBrix PMIS solution incorporates a risk-based Security and Privacy framework. Through our implementations in Michigan MMIS projects, our solution has undergone risk assessments based on MARS-E Document Suite standards, thus making it compliant with the Harmonized Security and Privacy Framework - Exchange Reference Architecture Supplement Version 1.0. Please see Appendix A, Additional Information, section A.6.3.3, that shows how evoBrix PMIS is compliant with CMS Harmonized Security and Privacy Framework controls.

6.3.13 Conformation to ITIL v3 Standards [SOW, Section 5.3.13]

CNSI's infrastructure and operations processes conform to the Information Technology Infrastructure Library (ITIL) standards version throughout the life of this project. CNSI leverages the ITIL v3 service delivery model to orchestrate and manage our activities during operations, as shown in Appendix A, Additional Information, section A.6.3.4.

6.3.14 Conformation to W3C Standards and Practices [SOW, Section 5.3.14]

CNSI will conform to W3C standards and practices. evoBrix markup validation is accomplished using W3C Validator to make sure that our application satisfies the requirements for W3C and to ensure that we are following the best practices in developing the markup. Every module of the application has been tested against the W3C Standards.

6.4 Other System Architecture Requirements [SOW, Section 5.4]

6.4.1 Business Process Management and Workflow Technologies [SOW, Section 5.4.1]

CNSI's evoBrix PMIS provides out-of-the-box configurable business processes and workflow to meet the States' requirements. The solution enables the AHCCCS/Med-QUEST to efficiently administer Medicaid

provider enrollment while offering the necessary system agility to meet the demands of state and federal policy. The evoBrix PMIS solution out of the box includes defined business processes to manage new enrollments and any subsequent modifications. A series of defined statuses manages the process span from initiating a request to the approval. evoBrix PMIS delivers a proven workflow solution with table-driven configurable rules, task routing, assignment, and tracking capabilities. Additional details about Business Process and Workflow management can be found in Appendix A, Additional Information, section A.6.4.1.

6.4.2 Process and Data Integrity [SOW, Section 5.4.2]

evoBrix PMIS, implemented in multiple states, is designed with a sound data design and provisioning strategy to guarantee process and data integrity. One of the foundational components of the evoBrix PMIS solution is the data model, which not only determines the structure and flow of data throughout the solution, but more importantly ensures the data that enters the system is consistent in terms of business relevancy, data format, and other data semantics. The data model is normalized; minimizes data inconsistencies by enforcing data integrity via a combination of database constraints, such as primary key, foreign/referential integrity keys, check, and unique integrity constraints; and validates for the presence of mandatory values in conjunction with application enforced business rules. With the enforcement of data integrity, the evoBrix PMIS solution has the checks and balances in place to ensure that anomalous data is not introduced from the beginning. Coupled with that, the evoBrix platform has the means to support all dependent datasets, both from internal and external sources, to handle the transactional and operational data needs with complete process and data integrity. Additionally, CNSI's hosting platform is based on a three-tier model, in which all infrastructure components are either built using PaaS, IaaS, or SaaS, thereby creating a highly flexible and elastic environment. The virtual machine instances that are deployed by the Oracle Compute Cloud service provides the necessary low-latency, highly-available and fault-tolerant infrastructure required to run the application software components. Without the dependency on any single server, disk, network, database, or application instance, this system is much more quickly recovered with timely restoration of service after a technology failure.

6.4.3 Separate Business Rules Engine [SOW, Section 5.4.3]

The evoBrix PMIS solution addresses the business rule requirements through a combination of tools and frameworks that allow authorized users to configure, define, and maintain the business rules required for provider enrollment, disenrollment, re-enrollment, and maintenance activities as required by State policy. As a part of the implementation of the AHCCCS/Med-QUEST, CNSI will add, modify or remove/retire configurable enrollment rules. The evoBrix PMIS leverages: RuleIT, a rules engine based on industry standards and built specifically to address Medicaid programs; and evoBrix PMIS Permission Matrix, a table-driven approach to configuring license/certification rules based on Provider type and Specialty within the application itself. Please see Appendix A, Additional Information, section A.6.4.2, for more detail.

6.4.4 Support for Failover Redundancies [SOW, Section 5.4.4]

CNSI's evoBrix PMIS solution will be hosted in the Oracle Government Cloud, which is built with support for failover redundancies at various layers. In addition, the solution leverages virtualization technologies at the presentation tier and application tier to logically partition physical servers, thus leading to a lower total cost of ownership. Since this is a cloud based solution, the resiliency, elasticity, and maximum availability features within the Oracle Cloud help to support failover redundancies, as well as the swapping of critical system components and critical data of all system components.

6.4.5 Errors and Exception Conditions [SOW, Section 5.4.5]

The evoBrix core framework comes with robust error and exception handling capabilities, with the ability to distinguish between the two. CNSI's Cloud evoBrix solution provides multi-tenant messaging framework that dynamically builds messages based on configurable pre-defined parameters stored in the MMF configuration data mart. This approach helps messages and parameters to be easily configured without having to alter the program code. In the event of an Application or Service or any unforeseen issues, application generates an exception and routes the flow to a standard error page with the appropriate message. This allows user to decipher the exception message and continue with the next steps. Additional details about MMF Configuration can be found in Appendix A, Additional Information, section A.6.4.3.

6.4.6 Deployment of System Components in Cloud Computing Environments [SOW, Section 5.4.6]

CNSI's knowledge and understanding of building, testing, and successful integration of various modules to provide the requisite services provided by an MMIS is based on its Washington, Michigan, Utah and Illinois implementations that are certified by CMS, coupled with adherence to the industry best practices by following the ITIL-aligned Configuration Management (CM) policies, processes, and procedures. This provides a framework to avoid any unauthorized changes, manage the baselines to support multiple environments, and provide traceability and auditing for all CIs throughout the lifecycle of the AHCCCS/ Med-QUEST solution. Our most recent implementations CHAMPS into the State of Michigan's Private Cloud and our Demo environments hosted in Oracle Public Cloud demonstrate the maturity of our deployment processes. Please see Appendix A, Additional Information, section A.6.4.4 for more details.

6.4.7 Storage Requirement Capacity Estimates [SOW, Section 5.4.7]

CNSI's evoBrix PMIS solution is highly scalable and supports multiple environments starting from Development to Production. Every environment mentioned below supports concurrent sessions and applications necessary to perform parallel concurrent processing. The environment topology along with the purpose and capacity estimates for Storage Area Network (SAN) and Network Attached Storage (NAS) is listed in Figure 6.4-1. Please see Appendix A, section A.6.4.5, for more detail on the environment topology.

Environment	SAN /NAS Reqts (in GB)
Build & Deploy	3250
Development	2550
System Test	2550
UAT	2550
Regression	2550
Conversion	950 / 500
Training/Outreach	2550
Disaster Recovery/Performance	10800/10300
Production	6900/10300

Figure 6.4-1. Environment Topology. List of all environments in CNSI's evoBrix PMIS solution along with their capacity estimates for storage requirements.

6.4.8 Support for SOA- and ESB-based System [SOW, Section 5.4.8]

Consistent with the core of AHCCCS integration strategy, CNSI delivers a solution for enabling an efficient, secure, and scalable transmittal of data, and consolidation of different disparate systems as required by MMIS business areas. The evoBrix's Interface Service Repository (ISR) uses an enterprise class service bus (Oracle SOA Suite) as the core orchestration tool of business processes across the different applications that support Medicaid operations. The evoBrix ISR core architecture leverages ESB features within the SOA framework to integrate disparate systems effectively. This architecture provides an integration backbone that connects core applications and services without directly accessing underlying systems. The evoBrix architecture is based on leveraging COTS products that use a services-based integration platform. Please see Appendix A, Additional Information, section A.6.4.6, for more information.

6.4.9 Leveraging Web Services and Adhering to Key Standards [SOW, Section 5.4.9]

CNSI's evoBrix ISR's core architecture leverages the ESB features within the SOA framework, leveraging web services to integrate disparate systems effectively. evoBrix PMIS also supports Oracle Web Service Manager (OWSM) via Oracle Service Bus (OSB) for centralizing policy management and security of web services. The evoBrix SOA framework strengthens the integrity and confidentiality of the messages exchanged between the underlying systems via data encryption, username/password validations, SAML authentication, security tokens and signed messages. The proposed solution is capable of handling common industry standards, such as SOAP, XML, UDDI, BPEL, WSDL and REST. Also, evoBrix can change the various attributes of the service without impacting existing clients. The ESB infrastructure will allow the Core MMIS to avoid point-to-point communication among different system components and will streamline the flow of all information throughout the AHCCCS/Med-QUEST implementation.

6.4.10 Accommodating MITA Changes [SOW, Section 5.4.10]

evoBrix and its PMIS module were designed to align with MITA, and the system can accommodate MITA changes that may occur through the life of the contract. CNSI monitors the CMS website for changes and updates to MITA, the MECT, and the MECL embedded in the MECT. In the planning phase of the project, CNSI reviews the State's selected checklist format and content against the most correct certification

requirements to build the initial certification worksheet content. If CMS introduces new MITA, MECT, or MECL requirements, we will work with the State and their IV & V vendor to determine if those new requirements will be applicable to the certification effort for AHCCCS/Med-QUEST, or if they will be applied in future certifications. If they will apply to initial certification, we will evaluate the impact of the change against our evoBrix PMIS to determine if remediation will be required. If remediation is required, CNSI will work with the State, as described in Section 6.2 of our response.

6.4.11 Supporting Data Processing in Multiple Formats [SOW, Section 5.4.11]

CNSI's evoBrix ISR manages numerous types of data exchanges typical of every MMIS implementation. The framework supports inbound, outbound interfaces, service mediation and pass-through data exchanges within AHCCCS/Med-QUEST and AHCCCS/Med-QUEST approved agencies. Complying with MITA standards, the framework can handle multiple formats, including XML, X12 NIEM, CSV, Fixed Length, all delimited files, and other industry standard formats. Any new interface requirements can be accommodated, configured, and processed through ISR.

6.4.12 XML-based Standards [SOW, Section 5.4.12]

CNSI's evoBrix solution adheres to XML-based standards for communication and integration within other environments of AHCCCS/Med-QUEST and state approved agencies. The proposed solution provides data exchanges and integration with other environments via file-based and real time using XML standards. CNSI handles file-based integration using ISR, powered by Oracle SOA Suite and real-time integration using OSB integrator. Additional details are provided in Section 6.15.18 of our response.

6.4.13 Changes to Licensed Software [SOW, Section 5.4.13]

CNSI will provide the State will all changes, modifications, enhancements or customized features to licensed software approved by AHCCCS/Med-Quest to be used in the evoBrix PMIS solution. The changes, modification, enhancements, or customized features are identified and tracked as Configuration Items (CIs), and each CI is stored in its respective Configuration Management Database (CMDB). Any change to a CI generates an audit trail. A change to a CI is approved as part of an agreed and scheduled Release Content, which, in turn, is decided by CNSI and AHCCCS/Med-QUEST Stakeholders, thereby providing a list of all changes, modifications, enhancements or customized features. Any change is promoted between the logical environments only upon appropriate approvals as defined in the change control process. Please see Appendix A, section A.6.4.7, for more details.

6.4.14 Plans/Procedures for Meeting Audit/Compliance Requirements [SOW, Section 5.4.14]

Each evoBrix module, including PMIS, as plans and procedures in place for meeting audit and compliance requirements. In the planning phase of the project, CNSI develops or updates the plans and procedures, documenting the project's approach to mapping evoBrix PMIS features, functionality, and architecture to the audit and compliance checklists. The plans and procedures document the information needed for each checkpoint review during the project as well as the information needed for the States' IV&V organization to prepare quarterly reports to CMS to fulfill audit and compliance requirements. Please see Appendix A, Additional Information, section A.6.4.8 for more details.

6.4.15 Supporting Rapid Failover or Redeployment [SOW, Section 5.4.15]

CNSI's private cloud will be hosted in the Oracle Government Cloud, and supports rapid failover or redeployment of IT resources (infrastructure components) in the event of planned or unplanned interruptions. This flexibility is because all infrastructure components are built using PaaS, IaaS, or SaaS, thereby creating a resilient and high availability environment. The Oracle Government Cloud is FedRAMP and HIPAA compliant. These data centers utilize a high availability architecture, coupled with resiliency-based infrastructure components. This private cloud supports resilient computing for Application VMs, wherein redundant implementations of these VMs exist across three different physical locations. These VMs are pre-configured in such a way that if one becomes deficient, processing is automatically handed over to another redundant VM.

6.5 Other System Architecture Requirements [SOW Section 5.5]

6.5.1 Configurable [SOW Section 5.5.1]

The evoBrix PMIS is a true 100% web-centric, multi-tenant, configurable solution delivered through SaaS

services. A multitude of configurability options is available in the PMIS solution and its associated modules which provides the ability to manage provider enrollment based on various provider characteristics, such as provider type, provider specialty, sub specialty, licensing, documentation requirements etc. In addition, evoBrix PCS module provides the configurability option to set the appropriate indicators on a provider based on the screening results, which will reduce manual intervention and promote operational efficiencies.

6.5.2 Prevent Creation of Duplicate Records [SOW Section 5.5.2]

The evoBrix PMIS centralized database eliminates duplicate enrollments using a single master record to contain all relationships the provider may have with the States. Even if a provider has multiple provider types, evoBrix PMIS retains the information under a single enrollment that is permanently linked to the provider's unique NPI and TIN combination. The evoBrix PMIS editing functionality performs the following validations to ensure data integrity before the provider basic information can be accepted and saved:

- NPI Validation. evoBrix PMIS verifies against NPPES database to make sure the NPI, provider name, and provider entity type entered match to the data registered with NPPES.
- Duplicate Check. evoBrix PMIS verifies the entered data against the enrolled providers in the system to ensure that the NPI is not already associated with a previously enrolled provider.
- The evoBrix PMIS solution also has the capability to perform additional checks, such as unique SSN validation, for atypical providers.

6.5.3 Single Provider Enrollment of Multiple Locations [SOW, Section 5.5.3]

CNSI's evoBrix PMIS allows a provider to be associated with more than one service location during the enrollment process. Providers can be tied to only one primary practice location, but the additional locations for that provider can be added as "Servicing Locations." Each Servicing Location will be of a specific address type such as "Location," "Pay To," "Correspondence," or "Remittance Advice." Screenshots of this capability are presented in Appendix A, Additional Information, section A.6.5.1, and depict scenarios where a provider is associated with multiple locations, as well as details captured for a specific location.

6.5.4 Optional Configuration for Single Provider to Register Multiple NPIs [SOW, Section 5.5.4]

The evoBrix PMIS provides the option to configure multiple NPIs for the single provider Tax Identification Number (TIN). Please see Appendix A, Additional Information, section A.6.5.2, for a sample screenshot.

6.5.5 Collect/Maintain Information Needed to Complete Provider Enrollment [SOW, Section 5.5.5]

evoBrix PMIS solution collects and maintains all information needed to complete provider enrollment in compliance with all state and federal policies and regulations. evoBrix PMIS provides a decision management framework for administration that allows authorized users to configure, define, and maintain the business rules required for provider enrollment, disenrollment, re-enrollment, and maintenance activities in compliance with all State and Federal policies and regulations. Additional information pertaining to the decision management framework, including activities supported, features, tools (Permission Matrix, Credentialing Matrix, and Rule Composer), and associated benefits, are provided in Appendix A, Additional Information, section A.6.5.5.

6.5.6 Provider Eligibility [SOW, Section 5.5.6]

The evoBrix PMIS is compliant with all State and Federal policies and standards for provider enrollment and credentialing, while supporting same-day enrollment and claims submission through self-service, automation, and real-time credentialing. The evoBrix PMIS derives providers' eligibility in accordance with state and federal policies which can be updated by one of the following methods:

- As part of the system initiated batch processes (such as license updates, monthly batch monitoring)
- As part of the PCS screening process
- CNSI's Provider Enrollment Staff as requested by provider or AHCCCS/Med-QUEST (based on provider sanction information received by the States)

Provider eligibility maps to Active or Inactive/Closed or Deceased status, and provider eligibility cannot be directly updated by providers. When the enrollment is approved, the provider eligibility is automatically

determined by the dates in the Business Status screen. Please refer to the screenshot in Appendix A, Additional Information, section A.6.5.6.

6.5.7 Interface with Licensing and Certification Entities [SOW, Section 5.5.7]

evoBrix PMIS interfaces with various licensing and certification entities (DEA, LEIE/OIG, EPLS/SA, NPPES, NCP DP, ABMS, State License entities, and other external sources) for retrieval, storage and utilization (processing) of data for conducting business. These encompass. The system can employ web service or a secured file exchange mechanism to interface with the external entities based on the system requirements. In addition, the system performs series of validations and perform necessary data conversion before processing the data for business needs.

6.5.8 Automated Provider Enrollment Screening/Monitoring Processes and Tools [SOW, Section 5.5.8]

The evoBrix PMIS PCS performs real-time credentialing in a matter of seconds through automated screening and monitoring processes that verify provider enrollment eligibility based on State regulations and policies. Periodic screening of providers is performed using the LexisNexis credentialing service and AHCCCS and Med-QUEST approved data sources (from State Licensing Agencies and Exclusion Lists). The credentialing module is also leveraged for providing alerts whenever changes are made to provider screening data. Additionally, the solution can be configured to flag results for State review and action, or automatically extend or terminate the eligibility of the providers based on the screening results obtained as part of the screening and monitoring process.

6.5.9 Real-time License Databased Checks [SOW, Section 5.5.9]

PCS, integrated with evoBrix PMIS, performs real-time license database checks as part of the screening process. The solution can perform a real-time web service call or load the data into the database periodically (and screen against it) to verify provider's license. As part of verification the system checks if the license belongs to the provider and if it is a valid one based on license expiry date and status as part of the license verification process. The comprehensive capabilities of PCS solution referred in 6.1 Overall Requirements overview section.

6.5.10 Pre-check Capability [SOW, Section 5.5.10]

evoBrix PCS leverages LexisNexis service in performing a real-time, name-based search to find conflicts of interests; group affiliations and hospital affiliations; excluded providers from OIG, SAM, and MCSIS databases; and other NPIs associated to the name. In addition, the screening process also performs criminal and bankruptcy verification of the provider in partnership with LexisNexis as part of real-time screening. All the data received from the screening is presented in a graphical user interface (GUI) for State staff to make business decisions.

6.5.11 Option for Manual Review for Provider Approval [SOW, Section 5.5.11]

evoBrix PMIS can be configured to prevent automatic approval of applications by making the review questionnaire mandatory for State users to complete before application approval to make sure the quality review is completed. This process, coupled with screening indicators, makes sure that all required checks are performed and screening results are reviewed before deciding on a provider's eligibility. The system will notify the authorized user from approving an enrollment before completing any of the required review steps. In addition, the system can be configured to alter the review steps per the States' requirement.

6.5.12 Configurable to Prioritize Provider Application based on Provider Type [SOW, Section 5.5.12]

CNSI offers integrated workflow management solution that provides configurable workflow routing, the same will be leveraged to prioritize the provider application based on provider type or other characteristics. Provider Enrollment applications or modifications can be routed to specific Business Organization Units and/or to a specific user within a group based defined configurations. The workflow feature comes with real-time configuration, task assignments, user notifications, and reporting capabilities, which can be leveraged to fast track the application review process.

6.5.13 Provider Credentialing [SOW, Section 5.5.13]

evoBrix PMIS includes a credentialing solution PCS for meeting AHCCCS/Med-QUEST's credentialing

requirements. PCS in addition to using the multitude of data sources will also be augmented to interface with the AHCCCS/Med-QUEST MCO credentialing system to receive and allow for data to be accessed by MCO. All the data received is housed and maintained in PCS, which can be accessed at any point of time by authorized users using the PCS GUI interface. When displaying the results, PCS will also show the source of the record giving the origins of the data received.

6.5.14 Identification of Provider by CMS Risk Levels [SOW, Section 5.5.14]

The permission matrix within the evoBrix PMIS solution provides the ability to define the CMS risk category at a Provider Type/Specialty level: High, Moderate, or Limited. evoBrix PMIS automatically assigns a risk category to all provider enrollments based on Provider Type/Specialty selected by the provider during the enrollment process. evoBrix PMIS also provides the ability to configure the revalidation periods based on risk levels, provider type/specialty, or enrollment type. More information on the screening activity is provided in Appendix A, Additional Information, section A.6.5.7.

6.5.15 Tracking/Notifying Providers Requiring Fingerprint/Criminal Background [SOW, Section 5.5.15]

evoBrix PMIS can track and notify providers and owners who are required to undergo fingerprinting or criminal background checks based on risk levels. As mentioned in section 6.5.14, providers' risk levels are derived based on the provider type, specialty, and subspecialty configuration or can be manually set by authorized State staff by setting the "Risk Level" indicator to limited, moderate, or high values. The system assigned risk level indicator is set during enrollment, reenrollment (modification), or revalidation. The system allows the risk level to be elevated as part of reenrollment or State staff can do it manually.

Once the risk level indicator is set or updated, the system automatically generates notifications to the relevant individuals who need to undergo fingerprinting and criminal background checks. The risk level indicator works together with other indicators, such as "Fingerprinting" and "Advanced Screening" indicators, which are set for providers and owners to capture and maintain the information. The system prevents approval of enrollment or modification if the relevant indicators were not set by displaying error messages at the time of approval. In addition, the system performs real-time criminal and sex offense background screening for all individual providers and owners as part of pre- and post-enrollment screening processes.

6.5.16 Tracking/Notifying Providers Requiring Site Visits [SOW, Section 5.5.16]

evoBrix PMIS provides ability to track and notify of new and existing providers required to go through a site visit during enrollment, reenrollment, or revalidation based on risk levels. As mentioned in section 6.5.14, provider risk levels are derived based on the provider type, specialty, and subspecialty configuration or can be manually set by authorized staff by setting the "Risk Level" indicator to limited, moderate, or high values. Using the risk level indicator, a provider site visit is scheduled and performed by the State staff before completing enrollment, reenrollment, or revalidation. If a provider risk level is elevated, the system automatically initiates new or prepones the scheduled site visits to meet the elevated risk level requirement.

6.5.17 User-customizable Template/Checklist for Site Visits [SOW, Section 5.5.17]

The evoBrix Site Visit Pro (SVP) module is application that allows business operations staff to manage provider sites and perform unannounced site visits. The application is mobile-enabled for tablets, eliminating the need for paper forms to document site visit processes. The application is based on a configurable template/checklist, which can be customized based on user preferences. This application supports organizations in performing site visits using real-time provider information directly from the Medicaid Provider Enrollment system, eliminating redundant data entry. SVP assists in the identification of fraudulent providers by capturing specific information about the provider's practice. SVP can be accessed from anywhere with a wireless connection.

6.5.18 Geographical-based Scheduling and Mapping for Provider Site Visits [SOW, Section 5.5.18]

The evoBrix SVP application allows the State staff to search and schedule site visits for providers based on zip code, county, or city. The application integrates with Google Maps to allow State staff to view and receive directions to the site visit locations. The system also checks and matches against "Do not enroll list(s)" or "open investigation list(s)" provided by the States before scheduling any site visits.

6.5.19 Medicare and Medicaid Match of Providers [SOW, Section 5.5.19]

The evoBrix PMIS provides the ability to match Medicaid and Medicaid using PECOS and MCSIS data sources. evoBrix performs both automated and manual verification of fee collection, fingerprinting, site visit information, and sanction information of the providers by utilizing the PECOS and TIBCO files. Automated processes include new enrollment submission, modification submission, and periodic monthly monitoring, while Manual processes encompass pre-enrollment on-demand screening and post-enrollment on-demand screening.

The PECOS file has fee collection, fingerprinting, and site visit information. The MCSIS/Medicare file from TIBCO/DEX contains the Medicaid and Medicare excluded (sanctioned/terminated) list of providers available at the CMS web site. These locations are only accessible to authorized State staff; therefore, the States must download the data monthly. CNSI will apply the downloaded data to evoBrix PMIS. The files will be used as part of the overall screening processes in evoBrix PMIS. The system will set appropriate screening indicators on the enrollment based on a data matching algorithm and business rules. State staff verify the indicators and take necessary action as part of the enrollment/modification approval business process.

6.5.20 Convert Existing Providers into a New Provider Type [SOW, Section 5.5.20]

Historical data from AHCCCS and Med-QUEST will be converted into a new provider type in evoBrix PMIS in a manner that allows for as much data as possible to be imported and used during provider re-enrollment/revalidation to eliminate initial registration process. As part of the Data Conversion strategy, CNSI's Data Conversion team will work with AHCCCS and Med-QUEST to identify operationally relevant data from the existing system that needs to be converted over to the new solution. Details regarding the conversion process are provided in Appendix A, Additional Information, section A.6.5.8.

The evoBrix PMIS solution will house the converted provider records brought over from the existing Provider Enrollment and Management system. Every converted provider in the target/new system will have a unique Application ID which is the primary means for a provider to track the converted provider application and for the State business operations staff to review it as part of the approval process. It means the provider data will be put through a Provider Revalidation phase in the new system to ensure that any historical data anomalies or operationally inadmissible data is fully corrected/accounted for before the converted provider application starts its life cycle in the new system.

6.6 Enroll Provider [SOW, Section 5.6]

6.6.1 Support Multiple Enrollment Designations [SOW, Section 5.6.1]

evoBrix PMIS is configured to support a variety of enrollment status values during the Provider Enrollment process. In Process, In Review, Denied, and Approved are the included provider enrollment statuses. "In Process" signifies the provider performing the enrollment, while "In Review" signifies the enrollment is submitted for an authorized user to review. The "In Review" enrollment will be either Denied or Approved based on the AHCCS business requirements. Once the enrollment is approved, the system maintains the provider enrollment eligibility via business status designations, including active, inactive/closed, and deceased. The system also maintains a comprehensive list of indicators that are used to determine the business status. These indicators will flag the provider as suspended, voluntary terminated, voluntary suspended, intent to terminate, deceased, or dis-enrolled. Additional status available related to provider dis-enrollment are as follows.

- Voluntary Suspension
- Involuntary Suspension
- Voluntary Termination
- Involuntary Termination
- Non-Renewal of License
- Retired
- Deceased
- Closure for Business and Institutions
- Returned Mail
- Change in Ownership
- Provider Left Group
- Re-validation Not Complete
- Terminated for Non-Payment/Auto-Process

Please see Appendix A, Additional Information, section A.6.6.1, for sample screenshots on status.

6.6.2 Support Multiple Payment Modalities [SOW, Section 5.6.2]

evoBrix PMIS supports collecting and maintaining the provider fee per ACA mandate using the First Data payment processing system processing over 30 billion transactions every year in the public-sector space for the last 30 years, providing expert professional services, simplifying transactions, reducing costs and transforming service delivery to help agencies improve lives. First Data helps governments efficiently administer Medicaid health programs, while successfully navigating the complex medical, technical and compliance challenges of the Affordable Care Act (ACA) and HIPAA. The First Data integrates with the evoBrix PMIS solution through real time webservices to process the payments. The provider fee collection supports online fee payment service during the pre-enrollment and post-enrollment process. evoBrix PMIS is seamlessly integrated with States' financial systems with the help of third party payment gateway. evoBrix PMIS supports configuration of the provider fee based on enrollment type and provider specialty. The system also provides extensive audit and reconciliation capabilities of the provider payment with States' financial systems. Provider payment is initiated during enrollment, re-enrollment, and revalidation processes. The system supports the different payment methods, such as EFT, Credit Card and Check. The fee collection solution is an interactive, online solution that integrates with the Provider Enrollment solution. The system also provides the ability to configure the provider fee collection parameters (e.g., fee amount, fee schedule, fee schedule start date and end date) based on provider type and specialty with the help of provider fee payment maintenance screens. Please see Appendix A, Additional Information, section A.6.6.2, for a sample screenshot.

6.6.3 Support and Notify Provider for Revalidation [SOW, Section 5.6.3]

According to the Affordable Care Act and 42 CFR 455, Subpart E, a state Medicaid agency should revalidate all Medicaid-enrolled providers and suppliers at a minimum of once every five years. The evoBrix PMIS solution offers a streamlined, configurable process for automated provider revalidation according to state/federal guidelines. evoBrix PMIS sends out notifications to the providers during the revalidation process. The providers will have at least 90 days from the date of their revalidation letter to complete the revalidation process. The number of days can be configured per state-specified rules. The providers are required to revalidate all the enrollment steps in the enrollment by completing each step listed in the Business Process Wizard (BPW) screen.

evoBrix PMIS also sends reminder notices for each provider 30 days prior to the revalidation due date. evoBrix PMIS terminates enrollments automatically and sends termination notices for the providers who do not complete revalidation within 90 days. The 90-day revalidation period and 30-day reminder notice period are configurable based on AHCCCS/Med-QUEST policy. evoBrix PMIS provides the ability to configure a five years revalidation interval by risk category (high, moderate, and low) or by provider type/specialty.

The evoBrix PMIS solution uses the PCS for screening the provider data after the submission of revalidation by the provider. The features demonstrate a significantly enhanced end-to-end automated revalidation process enabling greater MITA compliance for AHCCCS/Med-QUEST and adherence to federal and state enrollment guidelines and regulations. It supports a consistent and standard method for revalidation, making the process simpler for providers, while still maintaining the necessary controls to prevent enrollment of potentially fraudulent providers. Please see Appendix A, Additional Information, section A.6.6.3, for more details regarding the revalidation cycle.

6.7 Disenroll Provider [SOW 5.7]

6.7.1 Configurable Business Rules [SOW, Section 5.7.1]

evoBrix PMIS includes configurable business rules that allow authorized users to review, suspend, and restrict the enrollment of providers, trading partners, and clinics affiliated with individuals debarred by state or federal agencies, listed in Registries, or do not meet AHCCCS/Med-QUEST specific requirements. This is achieved with the help of two key PMIS components - 1) PCS, a comprehensive, one-stop screening solution developed according to the ACA Provider Enrollment Screening requirements that bring license and sanction information across all 50 states; and 2) RuleIT, a rules engine based on industry standards and built specifically to address Medicaid programs. The PCS screening is invoked during the pre-enrollment and post-enrollment screening processes. The pre-enrollment screening process occurs at the time of submission of the enrollment application. The pre-

enrollment screening results are available in real time within PCS web pages for authorized users to review and make appropriate decisions regarding whether to approve or deny the enrollment application. The authorized user can perform an on-demand screening of any provider at any point in time. The enrollment modifications are also screened through PCS, and the results are displayed on the PCS screening details page for further action by the authorized user. The post-enrollment has a batch process configured to monitor the providers monthly. Please see Appendix A, Additional Information, section A.6.7.1, for more details regarding our proposed rules engine.

6.8 Inquire Provider Information [SOW, Section 5.8]

Please see Appendix A, Additional Information, section A.6.8, for screenshots of evoBrix PMIS' search capability, query capability, and licensure search capability.

6.8.1 Search Capability [SOW, Section 5.8.1]

evoBrix PMIS provides a comprehensive filter, sort, and search capabilities as part of the data list. The provider list allows the authorized user to filter the data within the repository leveraging multiple search options, such as NPI, provider specialty, enrollment eligibility, provider tax ID, provider zip code, taxonomy, and more. The solution also provides the means to save the search results by exporting the results into an Excel sheet. The solution also includes an option to save the search criteria by clicking on the "Save Filter" option. A saved filter is available for selection for future use. Please see Appendix A, Additional Information, section A.6.8.1 for a sample screenshot.

6.8.2 Query Capability [SOW, Section 5.8.2]

The evoBrix PMIS solution provides query capabilities leveraging Cognos Query Studio, which offers authorized users to create, modify, view, and change the appearance and the distribution of ad hoc reports. IBM Cognos BI Packages, a set of metadata objects, are designed to contain information relating specifically to one or multiple subsystems per business requirements. Based on implementations of the ad-hoc query/reporting capabilities in multiple states, including Michigan, Washington, Illinois, and Utah, CNSI has significantly evolved the ad-hoc query capabilities by adopting a standard naming convention for assembling the data elements for ad-hoc reporting that includes multiple time fields, as well as date and timestamp fields, for inquiring the provider data from submission to completion. Please see Appendix A, Additional Information, section A.6.8.2, for more detail and a sample screenshot.

6.8.3 Search by Licensure [SOW, Section 5.8.3]

evoBrix PMIS has a comprehensive search capability for provider attributes, such as license or certification number. The system also provides the ability to search and sort by license or certification number and type. The Provider List page displays the license search results in an exportable grid. Once the search results are displayed, the authorized user has the capability to do a sort on the results. evoBrix PMIS also features the capability to drill down on the provider license information by clicking on the Provider ID. Please see Appendix A, Additional Information, section A.6.8.3, for a sample screenshot.

6.9 Manage Provider Information [SOW Section 5.9]

6.9.1 Support Real-time Edits [SOW, Section 5.9.1]

evoBrix PMIS provides real-time field level edits on each web page that greatly reduce keying errors during provider application process, while also allowing providers to submit corrections to applications as needed. Besides field level validations, business process wizards (BPWs) provide easy to use, step-by-step processes with built-in validations and feedback to ensure complete and accurate information is entered before submission. The wizard also displays validation error messages throughout the data entry process. evoBrix validates and ensures that all enrollment steps required in the wizard are completed. evoBrix prevents providers from submitting applications until they have passed all online validity and completeness checks for a given enrollment type. These interactive messages alert the provider about conditions which need to be corrected so that valid and complete data is captured prior to submission. Please see Appendix A, Additional Information, section A.6.9.1, for a sample screenshots.

6.9.2 Maintain Provider's Effective Date [SOW, Section 5.9.2]

evoBrix PMIS provides the capability to configure effective enrollment start date based on AHCCCS/Med-

QUEST requirements. The configuration allows the system to save enrollment creation date or approval date as the enrollment start date. In addition, the system also gives State staff the ability to override the effective enrollment date during the approval process. Please see Appendix A, Additional Information, section A.6.9.2, for a sample screenshots.

6.9.3 Interface with the AHCCCS/Med-QUEST information Management System [SOW, Section 5.9.3]

evoBrix PMIS solution supported by the SOA-based platform. The SOA capabilities are facilitated by the evoBrix Integrator. The Integrator exposes the SOAP/REST services to external systems and also consumes services from AHCCCS/Med-QUEST Information Management System. Through the underlying framework, evoBrix Integrator Services enables the evoBrix PMIS solution to leverage existing investments in legacy applications in AHCCCS/Med-QUEST in multiple ways:

- Use inbound interfaces to accept data from external applications that hold key data for evoBrix PMIS needs, such as external eligibility/vital records systems, payment systems, screening systems and data from other State agency applications.
- Use outbound interfaces to provide data to external applications that need evoBrix PMIS data to operate.
- Use evoBrix Integrator Services and orchestration services to provide and consume services from legacy applications through web services (SOAP/REST).

For documents, the evoBrix PMIS integrates with the IBM FileNet content management solution, which is CNSI's Enterprise Content Management (ECM) solution. As part of conversion and accessibility of documents, the following process is employed.

- Defining a unique set of parameters for each document type for the documents to be converted and indexed for search.
- Supporting the storage of a wide variety of document formats, including Word, PDF, Visio, Excel, PowerPoint, TIFF, JPEG, and others.
- Leveraging the data ingestion component provided by FileNet to upload the converted document (binary) files, parameters, and values into the ECM repository for document storage.
- Searching for, and accessing, the document from the application using any parameter or a combination of parameters, once it is available in FileNet.

6.9.4 Allow Providers to Update Profile Information [SOW, Section 5.9.4]

evoBrix PMIS allows providers to update profile information in the Basic Information step of the BPW during enrollment modification process. In this step, a provider can update demographic information, such as name, address, and contact information, but not NPI and Tax Identification Number fields. These field level restrictions prevent a provider from altering any restricted data. Please see Appendix A, Additional Information, section A.6.9.3, for a sample screenshots.

6.9.5 Notify Provider and CMS if State Applies Exclusion Policy [SOW, Section 5.9.5]

evoBrix PMIS allows authorized State users to apply exclusions on providers based on state and federal policies. If a provider needs to be excluded from Medicaid, a State user can set an indicator which flags the provider and a scheduled process will generate automatic letters or emails to the relevant entities, including the provider and CMS. The letter and email contents are configured to have placeholders for filling dynamic content, such as name, NPI, and reason for termination from the system. The system also provides the flexibility to generate manual or on demand correspondences with real-time edit capability to State staff to send notifications. Please see Appendix A, Additional Information, section A.6.9.4, for a sample screenshots.

6.9.6 Maintain Images [SOW, Section 5.9.6]

evoBrix PMIS seamlessly integrates with the IBM FileNet content management solution, which is CNSI's Enterprise Content Management (ECM) solution. The evoBrix ECM solution has the ability to accept, record, store, and retrieve attachments during enrollment process. It is optimized towards various document types and index parameters related to the provider enrollment process, utilizing index

parameters such as NPI, Name, SSN/EIN/TIN, Provider ID, and other parameters based on the States' requirements through configuration. FileNet can be used to maintain images for front, back, color, and duplex, along with the ability to add notes and comments. The solution supports various image formats, such as JPEG, PNG, GIF, TIFF, and others.

6.9.7 Assign Case or Tracking Number for Submitted Documents [SOW, Section 5.9.7]

evoBrix PMIS allows providers to upload required documents through the BPW Upload Document step. A unique Document ID is created as a tracking number for the uploaded document to allow AHCCCS/Med-QUEST to track and/or search for pending documents. All the documents that are uploaded by the provider can be tracked or retrieved by the provider at any point of time. Each uploaded document is tagged with index parameters and stored in FileNet, once archived, the documents can be retrieved via multiple search parameters, such as Application ID, NPI, and Document Type. Please see Appendix A, Additional Information, section A.6.9.5, for a sample screenshots.

6.9.8 Automatically Flag Previously Researched Providers [SOW, Section 5.9.8]

evoBrix PMIS automatically flags previously researched providers and only reports on current providers related to master death file, criminal, and excluded, in accordance with CMS minimum timeframe requirements through indicators. Indicators are maintained in the system with dates to track chronological history, which help State staff to identify past or current providers for indicators. The indicator "Date of Death Verified Source" is used to identify the date of death and track the source (state or federal) of the information. Similarly, the indicator "Sanctioned Source" is used to record any exclusions from OIG, SAM, or MCSIS. These indicators can be set manually after research or automatically by the system process. Please see Appendix A, Additional Information, section A.6.9.6, for a sample screenshots.

6.9.9 Provide Auto-generated Comments Section [SOW, Section 5.9.9]

evoBrix PMIS saves and maintains all executed actions and updates with comments in the system. The system stores the details of users who created and modified a record, the date the record was created, and the dates when the record was modified, along with a remarks section, which can be used to record any user comments or edits while performing the record update. Please see Appendix A, Additional Information, section A.6.9.7, for a sample screenshots.

6.9.10 Identify Discrepancies and Exceptions for Human Review [SOW, Section 5.9.10]

evoBrix PMIS identifies discrepancies and exceptions for human review and intervention in many areas. One such area where human intervention may be required is the provider screening. evoBrix PCS solution provides both pre- and post-enrollment screening processes. As part of the solution, the system screens providers and flags them for having any adverse information, such as sanctions, invalid licenses, or criminal offenses. State users can use this information to investigate and perform additional research to check the continuity of a provider's eligibility in Medicaid. Please see Appendix A, Additional Information, section A.6.9.8, for a sample screenshots.

6.9.11 Identify Tribally-owned and Operated Providers [SOW, Section 5.9.11]

evoBrix PMIS provides the ability to create and configure provider types, specialties, and subspecialties through the Permission Matrix. Authorized State users can create provider types in the matrix, such as Tribal Owned and Operated, and the providers can then select the appropriate type, specialty, and subspecialty through the BPW Specialties step and associate to it. After a provider has selected the specialty and submits, State staff can search and identify the providers who have selected Tribal Health Center from the Matrix. Please see Appendix A, Additional Information, section A.6.9.9, for a sample screenshots.

6.9.12 Identify MCO's Contracted Providers [SOW, Section 5.9.12]

evoBrix PMIS collects, stores, and maintains MCO(s) and contracted provider information, along with the dates of association, which providers can associate to an MCO or update their association as part of the BPW enrollment/modification process. MCOs can view their contracted providers through the BPW View Network Provider Details screen. This page is also available for state staff in expert mode. Please see Appendix A, Additional Information, section A.6.9.10, for a sample screenshots.

6.10 Manage Provider Communication [SOW, Section 5.10]

6.10.1 Trigger Process for Provider Notification [SOW, Section 5.10.1]

Using a trigger process, CNSI's evoBrix PMIS solution facilitates an automated provider notification and registration confirmation during the new enrollment process. Figure 6.10-1 details the specific triggers and each resulting outcome. Please see Appendix A, Additional Information, section A.6.10.1, for more detail.

Trigger	Outcome
Provider submits application	■ Unique 14-digit application number generated ■ Email notification of receipt of application and 14-digit application number, with guidance with number can be used as a reference to track and resume an incomplete application
Provider completes application	■ Message displayed acknowledging submission (and receipt) of application, with notification that provider can view enrollment application status at any time throughout enrollment process through self-service portal
Application denied	■ Denial letter issued to provider, with reason for denial
Application approved	■ Approval letter issued to provider ■ Welcome letter issued to provider, which can include additional information such as service limitations and restrictions, and relevant rules and regulations specific to the provider's provider type
Incomplete form or additional information needed	■ Letter issued requesting the provider to submit missing or corrected information, including due date for response and contact information for clarification

Figure 6.10-1. Provider Enrollment Process. evoBrix PMIS uses a trigger process to support an automated provider notification and registration confirmation.

6.10.2 Electronic and Paper Correspondence/Guidance [SOW, Section 5.10.2]

CNSI's evoBrix PMIS solution supports both electronic and paper correspondence communications once a decision is made on the enrollment application. evoBrix PMIS sends email notification automatically to the provider based on the different business event triggers. The system can be configured to send notification to relevant Departments and programs based on State-specified rules. evoBrix PMIS leverages the Pitney Bowes EngageOne DOC1 correspondence module for design and generation of outbound letters. All centrally-printed letters will comply with state and postal guidelines for using economical postage, which includes standardizing letters in accordance with US Postal Service (USPS) guidelines and validating addresses against the most current USPS address database. evoBrix PMIS letters, provider supporting documents, State policies and procedures manuals, and training materials will be stored in IBM FileNet, and can be accessed through the evoBrix PMIS portal and printed on demand. Please see Appendix A, Additional Information, section A.6.10.2, for a list of automated letters/notices.

6.10.3 Notify AHCCCS/Med-QUEST When Site Visit Required [SOW, Section 5.10.3]

CNSI's evoBrix Site Visit Pro (SVP) solution sends the notifications to AHCCCS/Med-QUEST when a site visit is required for certain provider types. The system will be configured to automatically set the site visit indicator on moderate or high-risk providers, which ensures the system not allowing a State user to approve the enrollment applications without performing a site visit. When the SVP is scheduled for the visit, the system provides the ability to set email reminder options, automatically sending an email notification to the processor. This application supports organizations in performing site visits using real-time provider information directly from the Medicaid provider. Additionally, the application has an embedded calendar, which the processor can use to view all the site visits scheduled for a month and plan accordingly. The calendar feature provides the processor the capability to add additional site visits, complete any in-process site visit, or use the maps for directions to the destination. Based on the preference saved by the visitor in the Visit Screenings Page, the visitor is notified about the upcoming visits by email. Please see Appendix A, Additional Information, section A.6.10.3, for sample screenshots.

6.10.4 Notify Provider that Site Visit Required [SOW, Section 5.10.4]

CNSI's evoBrix PMIS solution provides the ability to notify the provider that a site visit is required to complete enrollment, re-enrollment, and revalidation in compliance with ACA 42 CFR 455.432.

6.10.5 Provider Request for Action to AHCCCS/Med-QUEST [SOW, Section 5.10.5]

evoBrix PMIS provides the ability for a provider to submit a request for action to AHCCCS/Med-QUEST to include text and upload attachments and assign a tracking number to track the status of each modification request. The solution can request additional documents if required to complete the enrollment process. During the review of the enrollment application, if the reviewer decides to obtain additional documents, the reviewer changes the application Status back to "In Process." The reviewer puts the required document names in the "Review Comments" section. An email notification is triggered and sent to the provider alerting the status change. The provider can then log into the Provider Enrollment Screen and upload the required documents. Once the documents are uploaded, the provider can re-submit the application to assign it back to the reviewer. Please see Appendix A, Additional Information, section A.6.10.4, for a sample screenshot.

6.10.6 Customization of Provider Communication Messages [SOW, Section 5.10.6]

evoBrix PMIS provides AHCCCS/Med-QUEST with the capability to customize all provider communication messages based on system triggers and provider type, as well as enrollment type, specialty, and subspecialty. A key component of our evoBrix PMIS solution, Pitney Bowes EngageOne DOC1, the proposed document management system, will enable AHCCCS/Med-QUEST to customize the provider messages. DOC1 allows authorized users to customize the messages or communications generated by the triggers (e.g., approval letter, denial letter, welcome letter).

6.11 Perform Provider Outreach [SOW, Section 5.11]

CNSI will support the Outreach process for AHCCCS/Med-QUEST to foster open communication between the States and providers.

6.11.1 Communication with Providers via Portal View [SOW, Section 5.11.1]

CNSI's evoBrix PMIS includes a full-fledged provider portal through which the providers can receive notifications and communications. The provider portal also includes the ability to configure banner messages, inbox alerts, and access to documents and content on the provider portal, to include notices of system incidents, new provider relations phone numbers, and enrollment procedures. The banner messages display in the provider portal after authentication. They notify the provider about any system outages, and posts a welcome message or any general message.

The evoBrix PMIS "Contact Us" feature enables providers to contact the State's Provider Support team through the interactive chat, by email, or by phone. The interactive chat solution aims to improve the provider experience, reduce costs with fewer provider support staff, give faster resolution to problems, and better understand customer concerns or issues. The solution allows enrolled and authenticated users to chat with a designated representative within the online self-service portal. The solution records the session, providing AHCCCS/Med-QUEST staff the ability to access the details for reference and audit.

6.11.2 Interface with External Electronic Communication Solutions [SOW, Section 5.11.2]

CNSI's evoBrix PMIS solution provides support for integration with agency-supported solutions (such as Constant Contact) to send out communication to providers. Much like our solution interfaces with external solutions, such as Siebel, CNSI will use web services to deliver secured real-time integration with the State's external electronic communications solutions, such as Constant Comment. This is part of our overall outreach communication strategy using the Medicaid Portal and external electronic communications, which also includes e-mail, mailings, and bulletins, for delivering information, such as upcoming system enhancements or upcoming training opportunities.

6.12 Manage Provider Grievance [SOW 5.12]

CNSI's evoBrix PMIS Grievance and Appeal process provides ability to submit and track provider grievances and appeals through its life cycle. The solution includes:

- Submit grievance and appeal
- Route the appeals/grievance record to authorized division/worker
- Associate related appeals/grievance information
- Manage hearing and similar proceedings
- Capture hearing disposition
- Notify all stakeholders about the decision
- Implement the outcomes/actions

evoBrix PMIS tracks appeals at each stage of the process to ensure compliance, sends letters to the provider, and stores them within each record. All correspondence is automatically sent and meets regulatory timing requirements. The evoBrix PMIS Provider portal extends a self-service business process model to the provider to directly submit their complaints, grievances or appeals using an intuitive user interface. Please see Appendix A, Additional Information, section A.6.12, for more detail regarding our process.

6.12.1 Appeal Right Process [SOW, Section 5.12.1]

CNSI's evoBrix PMIS appeal right process facilitates the request from a provider or other approved entity to reconsider or change a decision for provider enrollment-related actions. The request from the provider includes any denial, suspension, or termination of status or benefits, or a failure to act in a timely manner. The Provider portal provides a screen to submit the appeal requests where the appropriate group works on the appeal record and similar grievances screen will be available. The submitted appeals request can be tracked using a unique number assigned by the Provider portal. The status of appeals can be viewed within the appeals list screen. Please see Appendix A, Additional Information, section A.6.12.1, for sample screenshots.

6.13 Reporting [SOW, Section 5.13]

6.13.1 Separate Reporting Server [SOW, Section 5.13.1]

CNSI is proposing our evoBrix ODS, which provides AHCCCS/Med-QUEST with a separate reporting server to minimize the impact of reporting functions on the production environment. The evoBrix ODS solution allows data to be updated in near real-time, or in a timeframe mutually agreed to by AHCCCS/Med-QUEST and CNSI. evoBrix ODS provides decision-support capabilities for improving operational efficiencies, augmenting reports and dashboards and expanding the data discovery and data analytics capabilities - all of which has considerable benefits for AHCCCS/Med-QUEST by making needed information readily available.

6.13.2 Standardized Operational Reports Library [SOW, Section 5.13.2]

CNSI’s evoBrix PMIS solution comes with a repository of 29 standardized operational reports out-of-the-box, which quickly facilitates day-to-day operational needs. These reports are configurable both at the detail and summary levels. CNSI’s HealthBeat solution also provides configurable, automated, and real-time visibility into business operations, SLA compliance, and system monitoring using real-time dashboards. Please see Appendix A, Additional Information, section A.6.13.1, for the list of reports and sample dashboard screen.

6.13.3 Report, Dashboard, and Query Templates [SOW, Section 5.13.3]

CNSI’s reporting solution uses IBM Cognos BI Workspace Advanced, which enables authorized users to modify and reuse standardized report, dashboard, and query templates. It also facilitates authorized users to retrieve or export their report outputs in various formats, including HTML, Excel, CSV, and PDF, which can be viewed online or printed locally. The reports can be exported in a certain format according to user’s preference. Predefined filters or designing report query parameters help selectively retrieve results in a report output as well. Additionally, CNSI’s reporting solution provides the option for parametrized reports in On Demand Reporting. The prompts may be dates, numbers or text. Depending on the design of the report, the query parameters may be viewed along with the report output. Please see Appendix A, Additional Information, section A.6.13.2, for sample templates and report formats.

6.13.4 Query Tool [SOW, Section 5.13.4]

CNSI’s reporting solution features IBM's Cognos BI Query Studio query tool, which enables users to design, create, modify, and view ad hoc reports and to manage the appearance and distribution of reports. Users can query the data using ad hoc reports to support the business operation’s needs. Please

see Appendix A, Additional Information, section A.6.13.3, for a sample ad hoc report.

6.13.5 Reporting Tool [SOW, Section 5.13.5]

CNSI's reporting solution provides the option for parameterized reporting in On Demand reports, enabling users to access specific information by entering query values based on formats such as numbers, date, or text. The parameters supported include wild card operators, such as =, >, >=, <, <=, IN, BETWEEN, LIKE, IS NULL or IS NOT NULL, and %, that may be used when searching or reporting, particularly for pattern-based results. Please see Appendix A, Additional Information, subsection A.6.13.4, for a sample parameterized report.

6.13.6 Display Data in Variety of Formats [SOW, Section 5.13.6]

CNSI's reporting solution leverages an extensive feature set provided by IBM Cognos BI Query Studio (Ad-hoc Reporting) and Report Studio (pre-built On Demand and Scheduled Reporting) to address complex reporting requirements for display in a variety of formats, including options such as graphs, charts, maps, or dashboards, resulting in appealing better visual depiction of reports and layouts. Please see Appendix A, Additional Information, subsection A.6.13.5, for sample report formats.

6.13.7 Produce Reports or Display Output Data [SOW, Section 5.13.7]

As described earlier in sections 6.13.3 and 6.13.5, CNSI's reporting solution for evoBrix PMIS provides users with the ability to generate reports based on various query parameters. These parameters include, NPI, Provider ID, AHCCCS/Med-QUEST proprietary ID, or taxonomy. Please see Appendix A, Additional Information, subsection A.6.13.6, for an example of a provider report filtered by taxonomy.

6.13.8 Ad Hoc Query Capability [SOW, Section 5.13.8]

CNSI's ad hoc reporting for evoBrix PMIS is facilitated by OLTP, and is, in turn, integrated with the evoBrix application. IBM Cognos BI Packages are designed to contain information relating to multiple functional areas per business requirement. These packages contain data elements, organized in a user-friendly way, that allow authorized users access to provider and trading partner data, such as provider enrollment status, alphabetic and numeric provider listing, re-certification listing, revalidation listing, group affiliation listing, provider classification listing, and category of service listing. Users can simply drag and drop the business elements required into their workspace to create their own customized ad hoc report relevant to specific operational and program business units. Due to the granular nature of data storage in OLTP, reports can be created at different aggregation levels (detail or summary) and tied to various dimensions.

6.13.9 Tracking/Reporting Summary and Detailed PE Information [SOW, Section 5.13.9]

CNSI's reporting solution allows users to design their own customized reports. Provider data related to enrollment, suspension, termination, certification and recertification, and revalidation can be reported at detail or summary level due to the granular storage of data in evoBrix OLTP. In addition to ad hoc reporting, CNSI's reporting solution also comes with a set of pre-built scheduled and on-demand reports that supports this information. Please see Appendix A, Additional Information, subsection A.6.13.7, for sample summary and detailed reports.

6.13.10 Provider Transaction Error Reporting [SOW, Section 5.13.10]

CNSI's Interface Services Repository (ISR) solution is responsible for interface completion notifications, and is the source for data for the Provider Transaction Error Reporting required by the State. Provider exceptions processed via interfaces are captured in data structures for appropriate notification. The first stage of error handling is email notification. The notification consists of interface run times, total records loaded, and number of records that failed in processing. The threshold for reported error counts through emails is configurable. A detailed error report extract, which includes the error, the date and time the error was identified, and the provider line(s) effected, is sent for review upon identifying more error records than the threshold value. Please see Appendix A, Additional Information, section A.6.13.8 for a sample report.

6.13.11 Initiation of Reports [SOW, Section 5.13.11]

CNSI's reporting solution follows four different modes of report delivery: scheduled, event-driven, on-demand, and ad hoc reporting.

- Scheduled reports are automatically generated based on a fixed schedule, finalized during the solution phase. Users are notified via auto-generated emails once the report execution completes on a given schedule.
- Event-driven reports are automatically generated, and, like scheduled reports, users are notified via auto-generated emails once the report execution completes based on that event.
- On-Demand reports are generated based on user action. These reports are generally parameterized and will require some user input before they can be executed.
- Ad-hoc reports lets users simply drag and drop the business elements required into their workspace to create their own customized reports.

CNSI's reporting solution uses IBM Cognos Content Archival to provide the capability to configure enterprise content management (ECM) storage that is outside of IBM Cognos BI to distribute and store report outputs to secure locations. evoBrix PMIS generated letters, along with the metadata and index parameters that uniquely identify the letters such as NPI and Provider ID, will be stored in the State's Document Management System for archival. Once archived to the Document Management System, the letters can be retrieved and reprinted on demand by the users through searches using the associated metadata and indexes. Please see Appendix A, Additional Information, section A.6.13.9 for sample reports.

6.13.12 Search Criteria for Reporting Solution [SOW, Section 5.13.12]

CNSI's reporting solution leverages IBM Cognos BI connection search feature that will enable users to search by report name, description, report filters, and data elements included in the report. Users could additionally refer to the Detail System Design Document (DSDD) to further explore the complete definition of the report such as prompt definitions and special requirements.

6.13.13 Header/Footer Information for Reporting Solution [SOW, Section 5.13.13]

CNSI's reporting solution uses IBM Cognos BI Report Studio to design pre-built reports that are scheduled or on demand. All Report Studio reports, including the list of system-included reports, follow header and footer standards defined by AHCCCS/Med-QUEST requirements, such as report number, report title, page number, and report date.

6.13.14 Access and Use Current and Historical Data [SOW, Section 5.13.14]

All current and historical provider information is retained in evoBrix OLTP, in accordance with AHCCCS/Med-QUEST-defined data retention policies, and can be accessed by authorized users for reporting purposes. CNSI's reporting solution uses On Demand, Ad hoc, and Scheduled Reporting to access all current and historical data on provider-related information stored in evoBrix OLTP. The reports are designed to be queried using user-specified parameters, such as dates or active status, allowing the ability to trace the oldest information stored in evoBrix OLTP.

6.13.15 Custom Reports [SOW, Section 5.13.15]

As a part of system monitoring, CNSI's HealthBeat solution provides reports that can be customized to address system anomalies with end-user response times, CPU utilization, failed logins, and hourly load averages on different servers. HealthBeat offers dashboard views for AHCCCS/Med-QUEST and CNSI to view system status at a glance of daily technical and business operations and/or future changes in policy and programs. Application management and monitoring, web services management, systems management and monitoring, network management and monitoring, performance monitoring, and event monitoring are all managed via the framework of HealthBeat.

As a part of Incident Management procedures, CNSI creates an Incident Report after the issue is resolved. The report compiles information on what triggered the incident, its impact, timeline of events, actions taken to resolve the issue, all the parties participating in the process, lessons learned, summary, and any artifacts including emails and voice recordings of conference calls and meetings. The frequency of the report is triggered by the number of anomalous activities. Please see Appendix A, Additional Information, section A.6.13.10 for a sample system monitoring screenshot and a sample incident report.

6.13.16 Online Reporting and Status Inquiry for all Change Requests [SOW, Section 5.13.16]

Defects and enhancements identified during operations are tracked through CNSI's Change Management process. The process and associated supporting artifacts, such as forms, templates, or reports will be included in the Change Control Plan. All identified changes are tracked as a Change Request (CR) in Atlassian Jira, an online ticketing system. The Jira solution helps improve team collaboration by integrating typically siloed processes such as solutioning, configuration, testing, and deployment, and allows users to view status, document coding changes, attach test results, and record notes from AHCCCS/Med-QUEST and identified CNSI staff. Reports can be generated from this data, and produced in a downloadable format approved by AHCCCS/Med-QUEST.

6.13.17 Defect Reporting and Tracking Tool [SOW, Section 5.13.17]

CNSI uses the Atlassian Jira COTS tool for defect reporting and tracking, and to log and track defect and issue resolutions as part of evoBrix PMIS technical and business operations. The Jira tool enables automation and control of enterprise change and delivery processes for improved effectiveness. It also helps to reduce vastly the number of time-consuming, error-prone manual tasks in the delivery methods, simplifying the overall compliance and reporting. CNSI has extensive experience in using the Jira tool to support business operations for multiple MMIS implementations, including Michigan (with Illinois), Washington, and Utah. CNSI will document, track, and share the list of defects with AHCCCS/Med-QUEST personnel on a weekly or scheduled basis, as required by the State. CNSI will also be responsible for conducting the timely reviews of defect and issue logs per the operational compliance needs established by the State. Please see Appendix A, Additional Information, section A.6.13.11 for benefits of the proposed tracking tool.

6.13.18 Report Design and Generation Toolsets [SOW, Section 5.13.18]

CNSI will leverage the industry-leading, highly powerful Business Intelligence (BI) tool IBM Cognos BI that offers flexibility while ensuring ease of use for accommodating report design and generation. IBM Cognos BI tools also provide a suite of easy-to-use drag and drop interfaces for users, enabling them to create personal ad hoc reports, without the knowledge of any programming language. A variety of reports can be supported, including but not limited to canned/scheduled reports, on-demand reports, and ad hoc reports. The IBM Cognos BI suite provides users with much more independence by allowing them to import data using tailor-made reports, fulfilling their requirements. CNSI will leverage the scalable data architecture and report templates that are already built and available within evoBrix to configure AHCCCS/Med-QUEST specific requirements.

6.13.19 Statistic Reports [SOW, Section 5.13.19]

CNSI's reporting solution allows users to design their own customized (ad-hoc) reports. Provider data related to enrollment, certification, and validation can be reported at detail or summary level due to the granular storage of data in evoBrix OLTP. CNSI's reporting solution also provides operational/DB reports that provide running totals/summary of historical data trends, provider statistics, including the historical trending data for AHCCCS/Med-QUEST such as revalidation completed over a certain time period, number of providers enrolled, terminated or suspended. These reports are currently in Production in multiple states managed by CNSI, and are widely used by the business operations teams for managing the day-to-day provider operations. Please see Appendix A, Additional Information, section A.6.13.12 for a sample statistic report.

6.14 Solution Help System [SOW, Section 5.14]

6.14.1 Link Training Modules [SOW, Section 5.14.1]

CNSI's evoBrix PMIS module includes an External Links feature to access information external to the module. Using this feature, providers and state staff can select the link for training and access the training modules without exiting the evoBrix PMIS module. Please see Appendix A, Additional Information, section A.6.14.1, for a sample screenshot.

6.14.2 Robust, Customizable Online Help Tool [SOW, Section 5.14.2]

evoBrix PMIS has a robust online help tool that is available to both internal and external users. We use Adobe RoboHelp, a help authoring tool that can be customized to meet specific requirements for

ACCCHS/Med-QUEST. The online help tool provides context-specific instructions and navigation options. Once invoked, it allows users to browse for related topics or search help for any part of the system. Additionally, the screens present with items in underlined blue text that are selectable links to take users to other Help details.

6.15 System Availability [SOW, Section 5.15]

6.15.1 Performance Monitoring Dashboard [SOW, Section 5.15.1]

CNSI's proposed solution includes a comprehensive and complete performance monitoring and reporting dashboard that will automatically monitor the processing of all transactions. This monitoring and reporting framework is based on our high availability framework and it is designed to be available 99.5% percent of the time on a 24x7 basis (excluding AHCCCS/Med-QUEST approved planned downtime) consistent with all system modules. As part of our framework, reports, dashboards, charts, kiosks, and notification alerts/emails are available to automatically notify AHCCCS/Med-QUEST of all system events affecting successful completion of transactions. Detailed architecture, tools, and processes for performance monitoring are provided in Appendix A, Additional Information, section A.6.15.1.

6.15.2 99.5% Availability [SOW, Section 5.15.2]

The high availability architecture in CNSI's evoBrix PMIS solution provides the necessary redundancy and scalability needed to support the system for more than 99.5 percent uptime, twenty-four (24) hours a day, seven (7) days a week (excluding AHCCCS/Med-QUEST approved planned downtime). CNSI reviews business process availability requirements and aligns them with our ITIL framework to ensure that cost-effective plans are in place and tested on a regular basis to meet the business needs of AHCCCS/Med-QUEST. Please see Appendix A, Additional Information, section A.6.15.2, for more detail about our Availability Plan.

6.15.3 Non-disruptive Rules-based Data Archival/Retrieval [SOW, Section 5.15.3]

Archived data records are held in a physically separate holding area that can be subsequently retrieved on an on-demand basis within the stipulated time based on configured archival parameters and rules. Archival processes are typically run during monthly maintenance outages to eliminate impact on production operations.

6.15.4 Non-disruptive Rules-based Data Purging [SOW, Section 5.15.4]

CNSI has modeled the data retention timeframes and purge process in our retention policy into a configurable, rules-based framework that will be leveraged for meeting the data purge needs for AHCCCS/Med-QUEST. Additionally, the "data selection criteria" (be it date-based or other configurable criteria) that determines which aspect of the historical data needs to be purged and which needs to be retained, along with the scheduling and execution of the end-to-end purge process, will be orchestrated with minimal disruption to evoBrix PMIS business/technical operations, as defined by AHCCCS/Med-QUEST.

6.15.5 Non-disruptive Rules-based Data Restoration [SOW, Section 5.15.5]

Based on our experience in several states, CNSI's solution suite to support a non-disruptive, rules-based data restoration framework ensures that our system will not be unavailable for extended periods of time during the restore process, as defined by AHCCCS/Med-QUEST. As previously stated, archived data records are held in a physically separate holding area, which can then be subsequently retrieved on an on-demand basis within the stipulated time, as directed by AHCCCS/Med-QUEST. Please see Appendix A, Additional Information, section A.6.15.3, for more detail regarding our data restoration framework.

6.15.6 Software Tools for Routine Monitoring [SOW, Section 5.15.6]

CNSI's evoBrix PMIS solution will be hosted in Oracle's FedRAMP compliant Government Cloud and it uses two types of Storage - Block Volumes and Object Storage.

Block Volumes: This type of storage is used to host manageable and versatile boot volumes for compute instances in the application tier as well as to store the database files in the database tier. Powered by a 60 IOPS per GB throughput and a bandwidth of up to 25k IOPS per volume, this storage type has an SLA of 99.95 percent uptime for region availability and 99.9 percent uptime for API error rate.

Object Storage: This type of storage is used to store large amounts of unstructured data like backups, logs and Big Data workloads. This storage type has an SLA of 99.9 percent uptime for API error rate.

Please see Appendix A, Additional Information, section A.6.15.4, for more detail about our tools.

6.15.7 Data Accessibility from Real-time Interfaces [SOW, Section 5.15.7]

Based on our past MMIS implementation experience in the states of Michigan, Utah and Illinois, CNSI understands the importance of maintaining strict performance standards and has built a robust maintenance "Centralized Tools Repository (CTR)" at the data tier supported by an efficient data model. All web service traffic to our AHCCCS/Med-QUEST solution will be routed via the Oracle Service Bus (OSB) managed by CNSI's Interface Service Repository (ISR) framework. CNSI's evoBrix Integrator solution, which has been proven in CNSI's current implementation with other states, enables AHCCCS/Med-QUEST's transactions to receive data from real-time interfaces to be accessible in the PMIS module within three seconds at least 99% of the time, excluding batch interface updates. The audit capability of the solution provides the ability to monitor request time, response time, requesting user, requested service, request message and response message. This enables AHCCCS/Med-QUEST users to measure the performance of real time transactions. Please see Appendix A, Additional Information, section A.6.15.5, for more detail about CNSI's CTR framework and monitoring/systems performance reporting tools.

6.15.8 Response Times for User-initiated Functionality [SOW, Section 5.15.8]

CNSI's evoBrix PMIS supports the capability to ensure that all user-initiated functionality related to simple queries have a response time which is less than three (3) seconds and for all complex queries, whose output is greater than 10,000 rows, the response time does not exceed thirty (30) seconds. The PMIS also has a central and unified data model for all business areas including Provider Staging, Provider Maintenance, PCS, Site Visit, and the supporting components for interfaces and RBAC. Please see Appendix A, Additional Information, section A.6.15.6, for detail regarding the entity-relationship and normalization approach, as well as key attributes of our solution to help ensure the desired response times.

6.15.9 User Interface Response Time [SOW, Section 5.15.9]

The evoBrix ISR core architecture leverages ESB features within the SOA framework to integrate disparate systems effectively, providing an integration backbone that connects core applications and services without directly accessing underlying systems. It leverages an enterprise class service bus (Oracle Fusion SOA) as the core orchestration tool between business processes across the different applications that support Medicaid operations and can change the various attributes of the service without impacting existing clients. The ESB infrastructure also allows the Core MMIS to avoid point-to-point communication between different system components to streamline flow of all information throughout the AHCCCS/Med-QUEST implementation. This ensures the maximum amount of time between the receipt of a transaction by the ESB through the response sent to the appropriate receiving system will not exceed two seconds.

6.15.10 Response Time for Modifying Data from Operational Components [SOW, Section 5.15.10]

CNSI's evoBrix PMIS is built on top of a robust and efficient data model, which is supported by a highly optimized PL/SQL back end design and best-in-class hardware and software components. CNSI's data model supports record level history versioning and audit capability. evoBrix captures every change in the system and maintains the history. It also captures audit information, such as what changes have been made (whether it is addition or update or deletion), who made the changes, when and how long it took. Our robust data layer processes millions of records weekly in our Michigan SaaS cloud for multiple states and has proven to be extremely high performance and scalable. A combination of a robust data model, optimized PL/SQL back end design, and a highly elastic and scalable hosting platform, will ensure that all data modifications, such as adding, updating or deleting data from operational components will not exceed three (3) seconds per action, when this is measured from start of action to the completion of process. The evoBrix PMIS will also allow AHCCCS/Med-QUEST to validate that appropriate action to data was completed, and to review action history for timing.

6.15.11 Interfaces Operate in accordance with Specifications [SOW, Section 5.15.11]

CNSI's evoBrix PMIS solution includes a comprehensive and complete system monitoring and reporting

framework to ensure all required interfaces for the PMIS module are working properly across the system, without degradation in performance. Please see Appendix A, Additional Information, section A.6.15.7, for more information regarding our proposed monitoring tools.

6.15.12 Restoration from Unscheduled Downtime per BC/DR Plan [SOW, Section 5.15.12]

CNSI's evoBrix PMIS solution is hosted in Oracle's FedRAMP Government Cloud. The primary data center is in Chicago, IL, and the Disaster Recovery (DR) Data Center is in Ashburn, VA. The sites are geographically separated to protect from environmental hazards. The remote site has the same capacity and configuration as the primary site and all data replicated in real-time from the primary site. In the event of the loss of the primary site the system is reconfigured to bring up the evoBrix PMIS on the remote site within four (4) hours from the start of the unscheduled downtime.

6.15.13 Alternate Business Site [SOW, Section 5.15.13]

CNSI has extensive experience setting up and maintaining facilities that enhance the work between partners during all phases of a project. Multiple redundant facilities will be used during each of the project phases to take advantage of strategic competencies established at each location and provide alternate sites in case a site becomes inoperable. All locations meet or exceed identified RFP requirements. Details regarding the various CNSI business sites, along with a description of these facilities is provided in Appendix A, Additional Information, section A.6.15.8.

6.15.14 Disaster Recovery Plan Test Results [SOW, Section 5.15.14]

To ensure any DR event is handled successfully, CNSI provides a Disaster Recovery Test Plan that is executed annually. The annual DR Plan test results will be submitted to AHCCCS/Med-QUEST within thirty (30) days of test completion. CNSI has successfully executed annual DR tests dozens of times in multiple states.

6.15.15 File Restoration [SOW, Section 5.15.15]

CNSI's backup and recovery processing approach is reliable and robust and is based on adhering to the following principles: 1) Data stored in native and encrypted format in local and remote locations; 2) Data deduplication and replication; 3) Instant mount features for low Recovery Time Objective (RTO) and Recovery Point Objective (RPO); and, 4) Fully-managed and fully-monitored solution by dedicated Operations team. Leveraging this approach and various Oracle tools (Cloud Backup service, Recovery Manager, and Cloud Infrastructure Storage service), CNSI will provide AHCCCS/Med-QUEST file restoration within six (6) hours of an incident where file corruption loss is detected.

6.15.16 Planned Downtime Requests for Scheduled Upgrades/Maintenance [SOW, Section 5.15.16]

CNSI will collaborate with AHCCCS/Med-QUEST to develop a detailed maintenance schedule and plan. This maintenance plan will be accompanied by an impact analysis plan as well as a timeline required for the downtime. All communication regarding the planning and approval of the planned downtime will be collaborated with AHCCCS/Med-QUEST at least five business days in advance.

6.15.17 Error Resolution Timeframes [SOW, Section 5.15.17; 5.15.17.1 – 5.15.17.4]

CNSI understands and agrees to abide by AHCCCS/Med-QUEST requirements for error resolution timeframes. We have a comprehensive and mature error resolution process as part of our Help Desk ticket prioritization. Please see Appendix A, Additional Information, section A.6.15.9, for a sample screenshots.

6.15.17.1 Priority Errors [SOW, Section 5.15.17.1 – 5.15.17.4]

Once an incident/problem is resolved following our comprehensive Incident/Error Resolution process, a completed Incident Report will be created and provided to CNSI management, and then, to the appropriate AHCCCS/Med-QUEST personnel. CNSI will conduct a Root-Cause Analysis to develop a thorough understanding of the issue and its causes. The Incident Reports for those problems will be used for tracking and understanding the incident and will act as the catalysts for corrective or preventative actions for reducing the risk of another occurrence. The corrective or preventative actions will be documented, implemented, and shared with AHCCCS/Med-QUEST. CNSI will also conduct follow up reviews of the actions to ensure that they are properly remediated the issue and to determine whether

there is a more efficient way of correcting or preventing the problem. CNSI's operations support team follows the incident processes and assigns incident ticket priority levels, as shown in Figure 6.15-1.

Priority Level	Description	Communication/Resolution Time Limit (RTL)
0 (Urgent) [SOW, Section 5.15.17.1]	The system is unavailable	CNSI notifies the impacted state within thirty (30) minutes and provides status updates every thirty (30) minutes until the corrective action plan is approved. The corrective action plan will be provided within two (2) hours
1 (High) [SOW, Section 5.15.17.2]	A service component which affects large volumes or poses significant impact, but has an alternate method of completion to allow a set grace period to be resolved	CNSI notifies the impacted state within thirty (30) minutes and provides status updates every hour until the corrective action plan is approved. The corrective action plan will be provided within two (2) hours
2 (Medium) [SOW, Section 5.15.17.3]	A function or service which poses limited impact and has an alternate method of completion	CNSI notifies the impacted state within thirty (30) minutes and provides status updates twice daily until the corrective action plan is approved. The corrective action plan will be provided within twenty-four (24) hours
3 (Low) [SOW, Section 5.15.17.4]	A service with limited or no impact on system and/or user functionality	CNSI notifies the impacted state within thirty (30) minutes and provides status updates every twenty-four (24) hours until the corrective action plan is approved. The corrective action plan will be provided based on the agreed-upon schedule between CNSI and AHCCCS/Med-QUEST (the impacted state).

Figure 6.15-1. Help Desk Ticket Response Times by Priority. CNSI's Help Desk process meets or exceeds SLA requirements.

6.15.17.2 Priority Level Review by AHCCCS/Med-QUEST [SOW, Section 5.15.17.5]

Incident ticket priority levels are identified based on the level of priority for the incidents and these priority levels will be subject to AHCCCS/Med-QUEST review and approval.

6.15.17.3 Contact Information for Reporting Incidents [SOW, Section 5.15.17.6]

CNSI will work with AHCCCS/Med-QUEST to collect and record contact information (upon contract award) and then update our operations contact lists accordingly. All incidents mentioned in Figure 6.15-1, within section A.6.15.9, Error Resolution Timeframes, will be reported to the identified contact lists.

6.15.17.4 Risk Mitigation Plan [SOW, Section 5.15.17.7]

CNSI agrees that AHCCCS/Med-QUEST will determine the level of criticality of each risk. For all (100%) high or critical risks, we will prepare a risk mitigation plan and will submit the same to AHCCCS/Med-QUEST within five (5) business days of risk identification.

6.15.18 ESB Data Interfaces [SOW, Section 5.15.2]

CNSI understands the need for enabling an efficient, secure, and scalable integration framework, resulting in the consolidation of different disparate systems, as required by AHCCCS/Med-QUEST business areas. We will ensure 100% of all Data Interfaces identified for the Enterprise Service Bus (ESB) integration are managed and orchestrated by the ESB. Details regarding the evoBrix ESR solution are provided in Appendix A, Additional Information, section A.6.15.10.

6.16 Security [SOW 5.16]

6.16.1 Arizona Baseline Infrastructure Security Controls 2017 (Attachment A) [SOW, Section 5.16.1]

CNSI has completed Attachment A, which is provided in an electronic format only and on CD, as clarified in Amendment #1. Please refer to "YH18-0033AttachmentA.xlsx"

6.16.2 Usage Anomalies and User Misuse Reports [SOW, Section 5.16.2]

CNSI's evoBrix PMIS is monitored and protected by various PaaS services within the security suite of the Oracle Cloud to help identify usage anomalies and potential system misuse. The solution suite, which includes

Oracle Security Monitoring and Analytics (SMA) Cloud Service, Oracle Log Analytics Cloud Service and OCM, enables rapid detection, investigation, and remediation of the broadest range of security threats across CNSI's cloud IT assets. Please see Appendix A, Additional Information, section A.6.16.1, for more detail.

6.16.3 Audit Capability [SOW, Section 5.16.3]

CNSI's evoBrix PMIS solution includes a robust and comprehensive auditing solution covering database, network, and application layers. On the database and network layers, the audit solution comprises Oracle database auditing (fine grained auditing), Oracle Log Analytics Cloud Service, and OCM's audit framework. On the application layer, the solution offers a configurable Application Audit Framework that maintains a complete audit trail of accesses and changes made to any data stored in the system. Please see section 6.16.2, Usage Anomalies and User Misuse Reports, for detailed information on Oracle Log Analytics cloud service and OCM solutions, as well as Appendix A, Additional Information, Section A.6.16.2, for more detail.

6.16.4 Encryption of Data at Rest [SOW, Section 5.16.4]

CNSI's PMIS solution employs a defense-in-depth approach to securing our solution by implementing multiple layers of system and database encryption technologies to ensure all data, including classified and potentially sensitive, is encrypted at rest. Please see Appendix A, Additional Information, section A.6.16.3, for a sample screenshots.

6.16.5 Penetration Testing by Independent Third Party [SOW, Section 5.16.5]

CNSI's evoBrix PMIS solution, which will be hosted in Oracle Government Cloud, undergoes penetration testing by an independent third-party audit firm periodically. Penetration testing will be conducted in the following time periods: within 6 months prior to implementation; annually; when new functionality impacting the security framework is added or modified; and when a new vulnerability is discovered. The resultant test reports will be submitted to AHCCCS/Med-QUEST. In case of any major or critical vulnerabilities, a mitigation plan will be provided by CNSI to AHCCCS/Med-QUEST.

6.16.6 Confidentiality, Privacy and Security of AHCCCS/Med-QUEST Data [SOW, Section 5.16.6]

CNSI's comprehensive security architecture protects and secures all data that passes through our networks. We employ a defense in depth approach to security and privacy consisting of multiple layers of network and data security measures combined with training and procedures to protect private data. These security and privacy measures have been designed and implemented to comply with the full set of standards required for operating Medicaid Enterprise Systems which process and store PHI/PII data.

6.16.7 Security Warning Banner [SOW, Section 5.16.7]

All access to the evoBrix PMIS includes appropriate security warning banners prominently displayed upon logging into the system and that adhere to federal, state and other applicable standards. Additionally, login screens for access to backend systems by systems administrators also display appropriate security warning banners in accordance with federal, state, and other applicable standards. Please see Attachment A, section A.6.16.4 Security Warning Banner for sample views.

6.16.8 Patching and Corrections Related to Security Vulnerabilities [SOW, Section 5.16.8]

CNSI has developed an extensive operational system and support infrastructure comprised of well-documented processes and procedures and it is built on an ITIL framework. All critical security vulnerabilities will be patched and corrected within three (3) business days while major security vulnerabilities will be fixed within ten (10) business days. Criticality level of these security vulnerabilities will be determined in consultation with AHCCCS/Med-QUEST and CNSI.

6.16.9 Prevent Shared Accounts [SOW, Section 5.16.9]

All CNSI personnel (including system administrators) must access the system (servers, databases, and application) using their own named user accounts only. Access to Application Service accounts or the Administrative accounts ("root," "dba") is restricted. CNSI personnel must create tickets in Operations Management Portal (OMP) and follow the User Access Request process to request for new named user accounts. OMP is a centralized tool based on ITIL standards used by CNSI's Operations Support team to track and process user access requests.

6.16.10 Security Incident Report and Assessment [SOW, Section 5.16.10]

CNSI's evoBrix PMIS solution includes a comprehensive security framework for detecting and reporting security incidents. This security framework includes Oracle SMA Cloud Service, Oracle Log Analytics Cloud Service, and OCM solutions (details provided in Appendix A, section A.6.16.1, Usage Anomalies and User Misuse Reports), which enables rapid detection, investigation, reporting, and mitigation of the broadest range of security threats across CNSI's cloud IT assets. Using this security framework, when the operations staff receives notification of any potential security incident, they initiate the process of notification. The operations staff will immediately contact the operations manager, the security manager, and the account manager to inform them of the potential breach, and begin collecting details regarding the incident. They will a written report and assessment to AHCCCS/Med-QUEST via the "Information Security Incident Report Form" within twelve (12) hours following the identification of any Security Incident. The Information Security Incident Report Form details the actions taken regarding the incident, including incident detector's information; type and description of the incident; potential impact and additional details of the incident; actions taken related to the incident; and current status of the incident and evaluation.

6.16.11 Meeting Security Standards at Time of Product/Service Delivery [SOW, Section 5.16.11]

CNSI will meet the following requirements, at the standards that are current as of the date that the service or product is delivered to AHCCCS/Med-QUEST, as shown in Figure 6.16-1. In the instance of a conflicting standard or requirement, CNSI will comply with the more stringent requirement.

SOW Requirement	Solution
5.16.11.1, HIPAA Privacy and Security	CNSI affirms and agrees to maintain compliance with current Health Insurance Portability and Accountability Act of 1996 (HIPAA, Public Law 104-1919) and Administrative Simplification (Subset of Title II) requirements, specifically CFR Title 45 Public Welfare, Part 164. CNSI performs regular assessments across all its Cloud assets to protect the confidentiality, integrity, and availability of the information systems, including Administrative Safeguards, Technical Safeguards, Physical Safeguards, and Policies, Procedures and Documentation Requirements.
5.16.11.2, AHCCCS/Med-QUEST of Arizona Security Standards and Policies	CNSI's PMIS solution, along with the supporting infrastructure platform, will comply with the respective security standards and policies set by ADOA-ASET. This includes all of the NIST 800-53 rev4 security controls outlined in the State of Arizona Baseline Security Controls 2017 (as shown in Attachment A).
5.16.11.3, NIST Special Publication 800-30	CNSI's FedRAMP and HIPAA compliant Data Centers perform annual audits to comply and achieve certification with SSAE/SOC and HIPAA standards. Additionally, CNSI's evoBrix PMIS solution includes security and privacy controls that are compliant with the most current version of NIST standards including NIST 800-30 Rev 1: Guidance for conducting risk assessments of federal information systems.
5.16.11.4, CMS Seven Standards and Conditions	evoBrix is aligned with MITA and meets all seven standards and conditions as detailed in section 6.1.23.
5.16.11.5, Applicable ACA Requirements and Standards	The cloud-based evoBrix PMIS being offered to AHCCCS/Med-QUEST was the first in the nation to become fully Affordable Care Act (ACA)-compliant. It is supporting over 420,000 active provider enrollments in a multi-tenant SaaS platform for the states of Michigan and Illinois since July 2015.
5.16.11.6, Annual Security and SSAE-16 Assessment	CNSI will comply with annual security and SSAE-16 assessment requirements, with all associated testing being performed by an independent, qualified third-party contractor approved by AHCCCS/Med-QUEST. This and any security assessment related to systems hosting or the environment will be provided to AHCCCS/Med-QUEST within 24 hours of finalizing the report. CNSI's evoBrix PMIS undergoes security risk assessment covering NIST SP 800-53 Rev 4 standards using NNT's Change Tracker product. Additionally, CNSI's FedRAMP and HIPAA compliant Data Centers perform annual audits to comply and achieve certification with Statements on Standards for Attestation Engagements/Service Organization Control (SSAE/SOC).

SOW Requirement	Solution
	CNSI's FedRAMP and HIPAA compliant Data Centers perform annual audits to comply and achieve certification with Statements on Standards for Attestation Engagements/Service Organization Control (SSAE/SOC). The following certifications are in place to provide for the confidentiality, integrity, and availability of the information systems: SSAE 16 SOC 1 Type II and SSAE 16 SOC 2 Type II. Please see Appendix A, Additional Information, section A.6.16.5 for more details.
5.16.11.7, Resolution of Identified Vulnerabilities	The resultant reports delivered during security risk assessment are reviewed with AHCCCS/Med-QUEST. If there are any high or medium vulnerabilities, a mitigation plan will also be provided by CNSI to AHCCCS/Med-QUEST and the identified vulnerabilities will be resolved by CNSI. For all low risk vulnerabilities, CNSI will discuss them with AHCCCS/Med-QUEST prior to resolution.
5.16.11.8, Security Incident Reporting	CNSI's evoBrix PMIS solution includes a comprehensive security framework for reporting and mitigating security incidents. CNSI will provide report any security incident, including any use or disclosure of PHI not provided for by the Business Associates Addendum (BAA), in accordance with the BAA. This solution suite enables rapid detection, investigation, reporting, and mitigation of the broadest range of security threats across CNSI's cloud IT assets. Once these security violations are detected and mitigated, the necessary audit data is preserved and archived using Oracle Archive Storage Classic Cloud Service. Detailed information about these cloud services and tools is provided in response to section 6.16.2, Usage Anomalies and User Misuse Reports. Please see Appendix A, Additional Information, section A.6.16.6 for more details.
5.16.11.9, Monitoring and Remediating Emerging Information Security Threats and Vulnerabilities	CNSI's evoBrix PMIS solution has a robust and extensive monitoring system in place to protect the integrity of the system as well as to monitor emerging information security threats and vulnerabilities. CNSI's Monitoring system is built with multiple PaaS services and tools that helps to identify usage anomalies and system misuse as well as detect intrusion and hacking. CNSI's Monitoring System is backed up by a comprehensive Incident Management Plan which includes the processes and procedures to report both successful and unsuccessful incidents, plan strategies and perform mitigation activities along with regular status updates to AHCCCS/Med-QUEST. The Monitoring System comprises of Oracle SMA Cloud Service, Oracle Log Analytics Cloud Service, Oracle Connection Manager, IDS, and IPS. Detailed information about these solutions are explained in section 6.16.2, Usage Anomalies and User Misuse Reports.
5.16.11.10, System Documentation, On-site Training and Training Manuals, and Desk-level Procedures and Practices	CNSI will provide complete system documentation, onsite training and training manuals, desk level procedures and practices, which include the related procedures and practices in place to avoid security breaches. CNSI also requires annual training of all employees that addresses security and privacy, HIPAA, and the handling of PHI/PII.
5.16.11.11, User Authentication and Authorization	CNSI will manage user authentication and authorization via LDAP version 3.0 or higher. CNSI's multi-layered security architecture ensures security and protection by placing the most sensitive portions of the system behind multiple security layers with a tiered architecture. For user authentication, the application is protected with Oracle Identity Cloud Service (IDCS) Single Sign On (SSO) solution. For user authorization, the application security solution is built on a Role Based Access Control (RBAC) model and is augmented by a configurable Application Security Framework. CNSI invokes various SSO technologies, including SAML based federated identity management, OAUTH 2.0 based identity federation, and LDAP authentication with reverse proxy.
5.16.11.12, Verification Mechanisms to Authenticate Authority	CNSI's evoBrix PMIS architecture is augmented by LexisNexis Identity Proofing solution and it is an optional component. It includes Identity Resolution, Identity Verification and Identity Authentication. This solution helps to confirm that an identity belongs to a person by asking a series of questions related to that person's identity. CNSI also uses multi factor authentication (MFA) to make sure the same person is using the system. thereby authenticating the authority.
5.16.11.13, Role-based Security	CNSI has a documented process and policy for User Life Cycle Management. These policies and processes are followed to manage user access requests from creation to termination, including unique sign-on (ID and password); user security profile that controls user access rights to data categories and system functions; mandatory password standards; and alerts to appropriate staff authorities of potential violations of privacy standards. Each security level and account follows our evoBrix RBAC model. RBAC enforces access control

SOW Requirement	Solution
	based on domains, profiles to domains, roles, profiles to roles, user accounts, pages, and pages to specific roles. Please see Appendix A, Additional Information, section A.6.16.7, for more details.
5.16.11.14, Enforcement of Password Policies	CNSI's password policy is based on a combination of password guidelines from both Center for Internet Security (CIS) Benchmarks v2.1.0 and NIST Special Publication 800-63B, and address such requirements as password life time (number of days existing password is valid), failed login attempts (before the user account is locked), minimum length of password and password complexity (number and types of characters), and password reset time. We can modify the password policy to meet AHCCCS/Med-QUEST requirements. Please see Appendix A, Additional Information, Section A.6.16.8, for more details.
5.16.11.15, Expiration or Termination of User's Session	CNSI's user access policy is based on a CIS v2.1.0 benchmarks. All authorized sessions are timed out and terminated after 30 minutes of inactivity. This time limit is subject to approval from AHCCCS/Med-QUEST and can be modified further based on additional discussions with AHCCCS/Med-QUEST.
5.16.11.16, Auditing/Tracking User Activity	CNSI's evoBrix PMIS solution includes a comprehensive audit framework for tracking, reporting and mitigating security incidents. The solution audits and tracks all user activities, including user name and user ID, date and time of last login, error codes and invalid login attempts, and all transaction activities, including inquiry, of that last session. This audit and security solution suite includes the necessary reporting functionalities that will alert appropriate staff authorities of potential violations of privacy safeguards such as inappropriate access to confidential information or inappropriate access to confidential information. The necessary audit data is preserved and archived using Oracle Archive Storage Classic Cloud Service.
5.16.11.17, Record Redaction	CNSI's evoBrix PMIS's security model provides authorized users the capability to redact records in whole or in part to comply with State and federal privacy standards based on role and authority.
5.16.11.18, Access to Source Code, Libraries, and Project Artifacts	CNSI will provide AHCCCS/Med-QUEST authorized entities access to source code, libraries, and other project artifacts, as we have provided for our MMIS implementations in Michigan, Washington, and Utah. CNSI will deposit a one-time full Source Code, Libraries and Build Files and Scripts, Solution Binary and Application COTS products with this third-party group. Post that, based on an agreed schedule and frequency between CNSI and AHCCCS/Med-Quest, CNSI will deposit updates to source code, libraries and application binaries from the previous deposit. For all project artifacts, AHCCCS/Med-Quest will have access to SharePoint.
5.16.11.19, Corrective Actions	CNSI's correction action plan to prevent future breaches will be documented in a Plan of Action and Milestones (POA&M) report, and will be used for the process of remediating any adjustments to the system. The POA&M worksheet has two sections and the format is based on the NIST standards. These documents of breach investigations are retained and copies of the same will be provided to the impacted State within twenty-four (24) hours of detection of the breach.
5.16.11.20, Remote Control or File Sharing Software	CNSI's solution architecture does not require the installation or use of a remote control or file sharing software. If such a need arises during the implementation process, then CNSI will place the request to AHCCCS/Med-QUEST for approval along with a technical and business justification for requesting this software.
5.16.11.21, Compliance with State and Federal Laws, Rules, Regulations, Guidelines, Policies and Procedures	CNSI's evoBrix PMIS solution maintains compliance with HIPAA and all applicable NIST standards listed in section 6.16.11, Meeting Security Standards at Product/Service Delivery. Additionally, the solution will be hosted in a HIPAA compliant and FedRAMP compliant data center. CNSI's evoBrix PMIS solution maintains compliance with all applicable state and federal laws, rules, regulations, guidelines, policies, and procedures relating to information systems, information systems security and privacy, physical security, PHI confidentiality and privacy. CNSI will work with AHCCCS/Med-QUEST on ensuring compliance with the applicable requirements. If there are items found to be non-compliant, then there will be a POA&M report also released with mitigation plans and the same will be presented to AHCCCS/Med-QUEST within ten (10) business days, with mitigation and testing to be completed in the timeframe defined in the mitigation plan.

Figure 6.16-1. Compliance with Security Standards.

6.16.12 Annual HIPAA and Security Training [SOW, Section 5.16.12]

As the first and most critical layer of our security strategy, CNSI mandates that all personnel complete the

HIPAA Privacy and Security Awareness training, prior to the employee's first day of working on the AHCCCS/Med-QUEST environments. Additionally, all personnel will also be required to take annual refresher courses thereafter. Our security awareness and education program comes directly from the SANS Institute security organization, ensuring our program is not only relevant to today's threats, but also meets or exceeds all applicable State and federal requirements. The necessary documentation related to this training will be consolidated and submitted to AHCCCS/Med-QUEST annually.

6.17 Project Governance [SOW Section 5.17]

6.17.1 MECL and IV&V Participation [SOW, Section 5.17.1]

6.17.1.1 Support Independent Verification and Validation (IV&V) Activities [SOW, Section 5.17.1.1]

CNSI will work closely with AHCCCS/Med-QUEST and the Independent Verification and Validation (IV&V) contractor at the project level to ensure smooth interactions with governance organizations. Our partnership with AHCCCS/Med-QUEST includes close collaboration with the IV&V contractor during requirements and design review, progress reporting, and Operations Milestone Reviews. Section 6.2.4 - Module Federal Certification defines our proven approach to supporting completion of the Medicaid Enterprise Certification Toolkit (MECT) checklists and CMS Certification(s) Final Review.

6.17.1.2 Support Program-level Change Management Processes [SOW, Section 5.17.1.2]

CNSI's proposed change management process fully supports the AHCCCS/Med-QUEST program-level change management process. The foundation of the process is to closely involve AHCCCS/Med-QUEST and the IV&V contractor at each step of the change management process. In developing our Change Management plan as part of the overall Project Management Plan, CNSI will work closely with AHCCCS/Med-QUEST and the IV&V contractor to understand their roles and responsibilities along with the coordination processes and preferences and will incorporate those into our own internal Change Management processes.

6.17.1.3 Provide Schedule Information [SOW, Section 5.17.1.3]

CNSI will tailor its standard schedule to meet the needs of AHCCCS/Med-QUEST. Due to our experience in multi-vendor environments, we know that it is necessary to coordinate activities and synchronize schedules to successfully implement the solution. We will work with other vendors to identify touch points, requirements for inter-contractor solution configuration and testing. We will also work collaboratively with AHCCCS/Med-QUEST and the IV&V Contractor to provide information to be included in the Integrated Master Schedule, ensuring that our Schedule provides the necessary linkage to the other contractors where interdependencies exist. These include phase, activity, and task start- and end-dates; Key project milestones, and milestones representing key integration points and cross-module dependencies with collaborating contractors work; and Deliverables, expected AHCCCS/Med-QUEST review cycles, and expected deliverable approval dates

6.17.1.4 Compliance with MECL Requirements [SOW, Section 5.17.1.4]

CNSI understands the activities required to complete the MECL and that a significant portion of the CMS checklist criteria are allocated to core requirements of the system components. We will establish a Certification Plan with AHCCCS/Med-QUEST to ensure that completion of each MECT checklist requirement is assigned. For this proposal, the MECL assumes that first 15 activities are performed prior to the arrival of the solutions provider. Therefore, at award, we will review the status of activities 1-15 in the MECL to determine if there are any gaps that need to be remediated. Assuming there are no gaps, CNSI will develop a plan to complete the remaining Activities 16 through 27 in accordance with the guidance provided by CMS and direction of the States. Please see Appendix A, Additional Information, section A.6.17.1, for more details about addressing the MECL activities.

6.17.2 Program Governance Support to AHCCCS/Med-QUEST [SOW, Section 5.17.2]

CNSI will support AHCCCS/Med-QUEST in all program governance activities as necessary throughout the life cycle of the Provider Management System project. Our project management approach ensures that the necessary program governance structure and governance activities are identified through collaborative discussions. We will work with the AHCCCS/Med-QUEST to embed those activities into our planning document. Our project governance organization structure, along with relevant roles and responsibilities, will

be documented in the Project Governance section of our Project Management Plan (PMP). All roles, responsibilities, and authorities will be included in a "Responsible, Approval Authority, Support, Inform, and Consult" (RASIC) matrix, tailored for this project, and encompassing all formal deliverables and major activities performed during the project. The PMP will be presented to AHCCCS/Med-QUEST for review and approval during the planning phase of the project. A sample RASIC matrix is provided in Appendix A, Additional Information, section A.6.17.2.

6.18 Project Management [SOW Section 5.18]

6.18.1 Project Management Approach [SOW, Section 5.18.1]

CNSI's iVision360 Cloud Framework (iVision360) incorporates CNSI's project management and system development methodologies. iVision360 specifically supports modular, Software as a Service (SaaS) evoBrix implementations such as the Provider Management Information System (PMIS) module proposed for AHCCCS/Med-QUEST.

iVision360 provides a comprehensive and flexible approach that CNSI tailors to meet the specific needs of AHCCCS/Med-QUEST. In contrast to a typical Design, Development, and Implementation (DDI) approach, iVision360 is a Solution, Configure, Implement (SCI) methodology. We will implement our evoBrix PMIS module, with minimal customization, using the same methodology we applied to our PMIS implementations in the multi-vendor environments of Michigan and Illinois. We based our iVison360 methodology on application of industry best practices, such as the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK), the Software Engineering Institute's (SEI) Capability Maturity Model Integration (CMMI), the Information Technology Infrastructure Library (ITIL), and the International Standards Organization/Electronic Industries Alliance/Institute for Electrical and Electronic Engineers (ISO/EIA/IEEE) system and software development standards.

6.18.2 Project Initiation Kickoff Meeting [SOW, Section 5.18.2]

As we do on all projects, and as part of our standard collaborative project management approach, CNSI will participate in the project initiation kickoff meeting with key stakeholders and the AHCCCS/Med-QUEST project team. CNSI will ensure that all the key personnel will be a part of the Kickoff Meeting. The kickoff meeting allows the project team to gain a common basis of understanding pertaining to scope, approach and timeline, key team members, ground rules, and an overview of the evoBrix PMIS.

6.18.3 Implementing Procedures and Tools for Project Tracking [SOW, Section 5.18.3]

CNSI's consolidated Project Management Plan (PMP) contains the procedures for managing action items, decision, issues, risks, and changes throughout the project. These procedures were assessed as compliant with CMMI for Development, V1.3 Level 3, in April 2017. At project start, CNSI establishes a SharePoint Project Documentation Repository to provide a central, organized collection point for project communication, information exchange, and storage of control spreadsheets. Additional information regarding our implementation procedures and tools is provided Appendix A, Additional Information, section A.6.18.1.

6.18.4 Distribution of Agendas, Meeting Minutes and Documentation [SOW, Section 5.18.4]

CNSI agrees to prepare, capture, and disseminate agendas, meeting minutes, and documentation necessary for successful execution of the Provider Management System (PMS) engagement as determined by the AHCCCS/Med-QUEST Responsible Accountable Signatory Informed Consulted (RASIC) Matrix. CNSI will distribute agendas at least 24 hours in advance of the meeting and produce related meeting minutes within two business days for each meeting that CNSI facilitates for the PMS project.

6.18.5 Deliverables/Documentation Defined in Project Work Plan (PWP) [SOW, Section 5.18.5]

CNSI agrees to provide the deliverables and documentation defined in the Project Work Plan (PWP) and approved by AHCCCS/Med-QUEST. We document our deliverables and documentation management processes as elements of the Deliverable Management section of our PMP. The PMP will be submitted to AHCCCS/Med-QUEST for review and approval. CNSI's deliverable management process features multiple content and format reviews to ensure high quality documentation deliverables are produced for the States. Please see section 6.18.10 for a more thorough discussion of our deliverable management processes.

6.18.6 Participation in Status Meetings [SOW, Section 5.18.6]

CNSI agrees to participate in status meetings to discuss project tasks and activities. The recurring status meeting is driven from the content provided in the monthly status report discussed in section 6.18.16, Project Status Reporting. The meetings will appear as a scheduled event in the Communications Management section of CNSI's PMP, and in the Project Work Plan under Project Monitoring and Control.

6.18.7 Participation in Meetings with Stakeholders and Other Contractors [SOW, Section 5.18.7]

CNSI agrees to participate in necessary meetings with project stakeholders and other project contractors to support the work required for the successful implementation and operation of the evoBrix PMIS. We will work collaboratively with AHCCCS/Med-QUEST's project management team to establish or identify the standard meetings required for the project. CNSI will document any regular repeating meetings as elements of the Communication Management section of our PMP, which will be submitted to AHCCCS/Med-QUEST for review and approval.

6.18.8 Conduct Meetings Specific to Scope of Work [SOW, Section 5.18.8]

CNSI will conduct meetings to discuss emerging issues and risks, project progress, change management, resource concerns, and other areas specific to the PMS engagement. The meetings will include designated AHCCCS/Med-QUEST and IV&V Contractor team members, and CNSI team members as needed. The meetings will appear as a scheduled event in the Communications Management section of CNSI's PMP and in the Project Work Plan under Project Monitoring and Control, and will provide a place for weekly collaboration.

6.18.9 Document Repository for Project Documents and Deliverables [SOW, Section 5.18.9]

CNSI leverages the SharePoint Project Documentation Repository as the communications and sharing hub for the project which can be replaced by or integrated with a tool agreed upon by the states. SharePoint has the capability of supporting multiple security profiles aligned to the user's roles and responsibilities. It also supports the ability to upload, download, and attach new or revised versions of documents. SharePoint also offers native mode version control tracking, allowing users with the appropriate security access to view all prior versions. Moreover, SharePoint supports the ability to define teams of users, such as AHCCCS/Med-QUEST and the IV&V Contractor. Access controls can be applied to groups or to selected individuals within a group.

6.18.10 Deliverable Review and Acceptance Process [SOW, Section 5.18.10]

CNSI's deliverable review and acceptance process, recently assessed at CMMI for Development V1.3 Level 3, will be used for the PMS project. The deliverable review and acceptance process will be provided in the Documentation Management section of our PMP. Review timelines are set based on the size of the deliverable. For example, the review period for deliverables of one hundred pages or less is five business days, and the review period is ten business days for deliverables larger than one hundred pages.

6.18.10.1 Review Cycles [SOW, Section 5.18.10.1]

CNSI will collaborate with AHCCCS/Med-QUEST to define State review cycles for deliverables. We plan for two AHCCCS/Med-QUEST review cycles for each formal deliverable. The first review is an opportunity for AHCCCS/Med-QUEST to provide comments for the deliverable. CNSI reviews and responds to the comments, incorporating all the relevant and applicable State comments in the deliverable. The second review is an opportunity for AHCCCS/Med-QUEST to confirm CNSI thoroughly and accurately responded to all comments and correctly incorporated all the relevant and applicable State comments into the deliverable. The review periods are based on the size and complexity of the deliverable and are detailed in our PWP and schedule. Our internal review process includes peer reviews, technical writing reviews, and independent quality reviews.

6.18.10.2 Coordination with Overall Modular Program [SOW, Section 5.18.10.2]

CNSI's deliverable preparation process incorporates all affected stakeholders including other contractors providing the multi-vendor coordination necessary to support AHCCCS/Med-QUEST's modular program. We include all affected stakeholders in the collaboration process needed to develop deliverables. After approval by AHCCCS/Med-QUEST, deliverables are baselined. Project change management procedures are applied to all changes to baselined deliverables.

6.18.10.3 Informal Reviews and Walk-throughs [SOW, Section 5.18.10.3]

CNSI routinely shares drafts and in-process documentation through collaborative sessions for requirements/solution analysis, design/solution modeling, test planning, and implementation planning. We believe that early participation in the construction of a deliverable leads to greater stakeholder comprehension, and higher quality results from deliverable reviews. Collaborative sessions are detailed in our PWP and schedule. CNSI conducts a walkthrough of all formal deliverables with AHCCCS/Med-QUEST upon submission to ensure reviewers understand the overall organization and content of the deliverable.

6.18.10.4 Eliminate Simultaneous Review of Excessive Deliverables [SOW, Section 5.18.10.4]

CNSI has made a concerted effort to recommend a plan where there is no excessive buildup of deliverables for any one stakeholder area. In the Planning phase of the PMS project we will revisit the proposed plans and incorporate any adjustments that are needed to ensure AHCCCS/Med-QUEST stakeholders are not asked to review multiple deliverables at the same time, while preserving the overall project timeline and milestones.

6.18.11 Quality Standards for Deliverables [SOW, Section 5.18.11]

6.18.11.1 Accurate and Comprehensive Content [SOW, Section 5.18.11.1]

Our iVision360 document templates, combined with multiple comprehensive deliverable reviews from our Technical Writing, Peer Reviewers and Quality Assurance teams, help ensure every deliverable includes accurate and comprehensive content.

6.18.11.2 Appropriate Technical Level [SOW, Section 5.18.11.2]

CNSI tailors each deliverable for the intended audience. For example, our PMP, PWP, and Design documents are written with plain-English content at a business-level focus, whereas the System Security Plan contains detailed, industry-specific IT security terminology.

6.18.11.3 Correct Grammar, Spelling, and Versioning [SOW, Section 5.18.11.3]

Every deliverable undergoes a Technical Writing review that ensures the document adheres to all documentation standards, including grammar, spelling and versioning. We employ professional technical writers who work with the teams to tailor or create documentation in accordance with our methodology.

6.18.11.4 Clear, Concise, and Value-Added Graphics [SOW, Section 5.18.11.4]

Every deliverable undergoes a Quality Assurance review, conducted by our team of professional quality engineers. Part of this review is to ensure all diagrams and illustrations that are clear, concise, and add value to the deliverable.

6.18.11.5 Compliance with Industry-related Standards [SOW, Section 5.18.11.5]

Our iVision360 document templates are built on industry standards, such as PMBOK, CMMI, and ITIL, among others. Each deliverable undergoes a Technical Writing review, Peer review, and Quality Assurance review to confirm the finished product accurately incorporates all standards.

6.18.11.6 Information Appropriately Defined and Referenced [SOW, Section 5.18.11.6]

Part of the Quality Assurance review which is performed by CNSI for each deliverable is to ensure there is comprehensive reference information for any outside references.

6.18.12 Project Management Plan (PMP) [SOW, Section 5.18.12]

CNSI uses a comprehensive PMP that addresses the elements required by AHCCCS/Med-QUEST. CNSI will work with AHCCCS/Med-QUEST to ensure the PMP for the PMS engagement is integrated with, and supports the, AHCCCS/Med-QUEST PMP. The WBS referenced in this requirement is provided as a component of the Project Work Plan deliverable as integrated into the project schedule. The PMO process area covered, and related activities, are tabulated in Appendix A, Additional Information, section A.6.18.2.

6.18.13 Project Work Plan (PWP) [SOW, Section 5.18.13]

CNSI will tailor its standard PWP format to meet the specific needs of AHCCCS/Med-QUEST. CNSI's

standard PWP contains a high-level Gantt Chart showing major phase and activity start- and end-dates which will be aligned to the scope of work outlined in this RFP. Our standard PWP contains the detailed WBS and schedule. CNSI continually refines the schedule. Our standard practice is to review and update the project schedule every week as a part of regular status reporting. The process of developing the PWP and Schedule is provided in Appendix A, Additional Information, section A.6.8.3.

6.18.14 Module Deliverable and Milestone Walk-throughs [SOW, Section 5.18.14]

Module deliverable and milestone walkthroughs are the foundation of CNSI's SCI methodology and provide a common understanding for all participants. We begin our Solution Analysis phase with demonstrations of the evoBrix PMIS module. We continue with solution-specific walk-throughs throughout Solution Modeling activities. CNSI agrees to participate in AHCCCS/Med-QUEST-required module walk-throughs of other modules as necessary for the implementation of the evoBrix PMIS.

6.18.15 Monthly System Enhancement Pool Report [SOW, Section 5.18.15]

CNSI will submit a monthly System Enhancement Pool report detailing change requests invoiced to the hourly pool, hours used, and hours remaining. This is a component of the monthly Status Report. It will be submitted as a report requiring AHCCCS/Med-QUEST approval each month.

6.18.16 Project Status Reporting [SOW, Section 5.18.16]

CNSI is committed to honest and transparent project reporting. We agree to provide accurate and honest reporting of the project's status to the AHCCCS/Med-QUEST Project Management team and IV&V Contractor.

6.18.17 Contribution to Systems Integration Services Collaboration Site [SOW, Section 5.18.17]

CNSI agrees to contribute to the AHCCCS/Med-QUEST or System Integration Services collaboration site for technical and non-technical project artifacts for our evoBrix PMIS module and module components, including baselined requirements, use cases, test cases, test scripts, test results, user, and system training documentation, as directed by the States, excluding proprietary software packages integrated with the evoBrix PMIS module.

6.18.18 System and Services Documentation Transfer to AHCCCS/Med-QUEST [SOW, Section 5.18.18]

CNSI will transfer all system and services documentation, as well as all data requested by AHCCCS/Med-QUEST to AHCCCS/Med-QUEST.

6.18.19 Turnover Results Report [SOW, Section 5.18.19]

CNSI will deliver a Turnover Results Report that documents completion of each step of the Turnover Plan. CNSI will include the Turnover Results Report as a repeating deliverable within the monthly status report during the Turnover phase.

6.18.20 Project Responsibilities [SOW, Section 5.18.20]

CNSI brings the same proven iVision360 project management methodology and system development framework that we used in our live production evoBrix PMIS implementations to the PMS project. Under the iVision360 methodology, CNSI's Michigan-Illinois alliance project was the first SaaS evoBrix PMIS implementation in the nation. iVision360 is based on industry best practices for project management and SaaS system deployment. SaaS projects inherently carry lower risk because the solution can be seen, touched, and explored from the beginning of the project.

6.18.20.1 Adherence to Due Dates for Deliverable Acceptance [SOW, Section 5.18.20.1]

CNSI draws upon extensive experience in preparing deliverables to ensure the PWP contains comprehensive tasks with realistic time frames for each deliverable. The tasks support not only documenting the deliverable, but also activities related to CNSI and AHCCCS/Med-QUEST review of each deliverable. CNSI closely monitors the completion of each task to the project schedule to ensure all deliverables are accepted by their due date.

6.18.20.2 Meeting Agenda Distribution [SOW, Section 5.18.20.2]

CNSI agrees to distribute a meeting agenda twenty-four (24) hours in advance of all meetings and meeting

minutes will be posted within two days of completing a meeting. Typically, agendas are posted to CNSI's SharePoint Document Repository, along with any materials to be reviewed during a meeting in this specified time frame. In addition to capturing the meeting notes, CNSI captures follow-up action items with assignments and due dates, emerging risks, and potential issues. We also keep a list of “Parking Lot” items that are outside the scope of the meeting, but need to be addressed at some point in the future.

6.18.20.3 Replacement of Contractor Key Personnel Positions [SOW, Section 5.18.20.3]

We understand the critical nature that key personnel play on projects, and the negative impact their resignation or termination can have. As we do on all our projects, CNSI will ensure a qualified substitute who meets the requirements of the RFP is in place no more than ten (10) business days after the separation date of the vacating resource.

6.18.20.4 Completion of Critical Priority Tickets [SOW, Section 5.18.20.4]

CNSI will ensure that 100% of all critical Priority tickets are completed and Implemented by the Required Implementation Date. We track all tickets related to enhancements, defects, maintenance, research, configuration, and mass adjustments through our iVision360 SDLC controls during the pre-Implementation phases of a project. This includes the utilization of change logs, action items, and documented risks/issues, where needed. Each ticket is assigned a due date, assessed for impact to the project's scope, schedule and cost, and is tracked weekly through completion. Details about the process for managing tickets and CNSI's utilization of Change Control Boards (CCBs) to manage the review and approval of changes is provided in Appendix A, Additional Information, section A.6.18.4.

6.18.20.5 Environment Maintenance [SOW, Section 5.18.20.5]

CNSI has established robust and proven ITIL compliant SaaS processes from implementations in Michigan and Illinois. These processes enable a DevOps model to maximize system capability and streamline the process to production readiness. The environment topology and purpose is listed in Figure 6.18-1.

Zone	Environment	Purpose
Build	Build & Deploy	This environment contains Applications, Tools, and Utilities that are required to perform Build, Deploy, Versioning, Modelling, Design, IDE, and Development functions.
Development/ Test	Development	Used for Development purposes. Contains de-identified data. No PHI/PII data is present here.
	System Test	Used for Unit testing and System Testing purposes by CNSI’s testing team to support operational releases. Contains de-identified data.
	UAT	User Acceptance Testing is performed here by business users to support Operational Releases.
	Regression	This is a Production Patch Environment and it support Emergency Operational Releases.
	Conversion	This environment is used for Data Conversion activities.
Stage/DR	Performance	Performance test and load test is performed in this environment before go-live and every major release. This has production like configuration and dataset.
	Disaster Recovery (DR)	Standby Environment that will become active during a disaster (within 4 hours).
Production	Production	Production environment.

Figure 6.18-1. Environment Topology. List of all environments in CNSI’s evoBrix PMIS solution.

6.18.20.6 Documentation of Business Rules [SOW, Section 5.18.20.6]

All business rules applicable to the functions of the evoBrix PMIS are documented in the Detailed System Design Document (DSDD). Any changes to business rules are managed through the project's change management process. A key step in this process is one or more collaborative sessions where AHCCCS/Med-QUEST business owners and CNSI project staff work together to define and document the

change. Once documented, the change is merged into the DSDD, which is resubmitted to AHCCCS/Med-QUEST within ten (10) business days after the change is deployed to production.

6.18.20.7 Documentation of Configuration Items [SOW, Section 5.18.20.7]

All configuration items applicable to the functions of the evoBrix PMIS are documented in the Detailed System Design Document (DSDD). Any changes are managed through the project's change management process. A key step in this process is one or more collaborative sessions where AHCCCS/Med-QUEST business owners and CNSI project staff work together to define and document the change. Once documented, the change is merged into the DSDD, which is resubmitted to AHCCCS/Med-QUEST within ten (10) business days after the change is deployed to production.

6.19 Training [SOW, Section 5.19]

6.19.1 Systems Training for AHCCCS/Med-QUEST & Provider Registration Staff [SOW, Section 5.19.1]

CNSI will provide procedure-based training to AHCCCS/Med-QUEST and Provider Registration staff. We use instructor-led, train-the-trainer sessions, and customizable computer-based training that can be delivered on demand, as noted in CNSI's response to Section 6.14 Solution Help System. Training is provided at the times agreed-upon in the implementation schedule. There are two critical training windows: Pre-User Acceptance Testing (UAT) and Pre-implementation. CNSI delivers pre-UAT training prior to the UAT phase beginning. CNSI has designed pre-UAT training to ensure AHCCCS/Med-QUEST UAT testers understand how to interact with the system during the UAT phase. CNSI will deliver pre-implementation training to any additional AHCCCS/Med-QUEST users that will be using evoBrix PMIS to perform their jobs. CNSI will deliver post-implementation training as required by the implementation schedule.

6.19.2 Education, Training, & Communication during Implementation/Transition [SOW, Section 5.19.2]

CNSI understands the importance of communication, education, and training during the implementation of a new system. CNSI agrees to assist and participate with AHCCCS/Med-QUEST in conducting these activities during implementation of evoBrix PMIS, and as needed to support major changes to the system. In the planning phase, CNSI will collaborate with AHCCCS/Med-QUEST to identify critical education and training milestones. As a part of project management planning and communication plan development, CNSI will define the purpose of each communication vehicle to be used throughout the project regarding education and training. Communication planning includes the audiences, the frequency, and the CNSI individual responsible for each type of communication.

6.19.3 Technical Training for Agency Project Resources and Contractors [SOW, Section 5.19.3]

CNSI's evoBrix PMIS includes the **HealthBeat** Reporting Dashboard and our Operational Data Store (ODS) **Medicaid Analytics** platform. CNSI will perform an audience analysis to determine the appropriate content and delivery method for training agency staff and designated contractors in how to use the evoBrix analytics tools and dashboards. For our previous implementations, we have found that demonstrations of the tools and dashboards, coupled with individual discussions, provides the support needed by most team members. This is particularly true for the Medicaid Analytics feature. Training will focus on providing the States' designated users with the ability to make use of the near real-time visibility into service level agreement (SLA) performance and other key business metrics such as number of providers using the system, provider application, and maintenance request throughput. CNSI's response to SOW 3.15.1 in Section 6.15.1, Performance Monitoring Dashboard, provides a more extensive discussion of HealthBeat.

6.19.4 Training Schedule [SOW, Section 5.19.4]

During the Planning phase of the project, CNSI will collaborate with ACCCHS/Med-QUEST to prepare and finalize a training schedule. During project execution, CNSI will continue to collaborate with AHCCCS/Med-QUEST to maintain the schedule and adjust specific elements to accommodate configuration changes introduced through solution modeling where necessary.

6.19.5 Training Environment Maintenance [SOW, Section 5.19.5]

CNSI will establish and maintain the training environment with de-identified, production-like data for use during user training. CNSI periodically refreshes the data in the training environment to ensure that it reflects conditions in the production environment.

6.19.6 Train-the-Trainer Sessions [SOW, Section 5.19.6]

CNSI considers train-the-trainer sessions to be a component of a successful implementation. By training Agency resources or other designated staff, ACCCHS/Med-QUEST develops deep expertise in the evoBrix PMIS module. These resources can train others, as well as assist others in using the system during UAT and in the post-go-live production environment. During the Planning phase, CNSI will collaborate with ACCCHS/Med-QUEST to identify the candidates for the train-the-trainer session. We will collaboratively develop the schedule for the train-the-trainer sessions. Training modules for CNSI's evoBrix PMIS will include the following procedures:

- User Account Registration and Enrollment Process
- Enrolling as a New Individual Provider
- Enrolling as a New Group Provider
- Enrolling as a Special Provider – FAO, Clearinghouse, etc.
- Enrollment Modifications – Individual
- Enrollment Modifications – Group Practice
- Enrollment Modifications – FAO, Clearinghouse, etc.

6.19.7 Training for New Functionality and/or Major Software Releases [SOW, Section 5.19.7]

When implementing new functionality and major software releases, CNSI evaluates the impact of the changes against the content of existing training modules. CNSI plans for the time and resources necessary to construct new training or adjust existing training for critical differences in the AHCCS and Med-QUEST system configurations. We review the impact of the changes or additions on the current state and provider users. Training modules are adjusted or developed and delivered in accordance with the plan. As described in our response Section 6.19.2 Education, Training, and Communication during Implementation and Transition, CNSI will deliver training reporting throughout the pre-and post-implementation training events.

6.19.8 On-site Requirements Definition, Training, and Implementation Sessions [SOW, Section 5.19.8]

CNSI agrees to provide in-person collaborative sessions for requirements definition (solution analysis), instructor-led training sessions, and implementation planning for AHCCCS/Med-QUEST. CNSI's approach is highly collaborative. We agree that there is great value in having face-to-face interactions throughout the project. CNSI also has extensive experience in performing collaborative sessions of this type remotely, using video conferences and in identifying the work that will benefit the most from on-site collaboration. During the Planning phase of the project, CNSI will work with the States to plan for those areas where on-site collaboration is best leveraged.

6.20 Testing [SOW, Section 5.20]

6.20.1 Test Environments [SOW, Section 5.20.1]

CNSI's testing approach includes integration testing, system testing, and regression testing environments. In addition, our testing approach also provides separate environments for data conversion testing, user acceptance testing, parallel testing (not applicable for PMS implementation), performance and load testing, security testing and pre-deployment smoke testing. CNSI plans and executes testing through a layered approach. CNSI’s Test Plan outlines the activities for each of the testing stages. Please see Appendix A, Additional Information, section A.6.20.1, for more detail regarding our testing approach.

6.20.2 Testing Inbound and Outbound Interfaces [SOW, Section 5.20.2]

Interface testing requires coordination across many entities including the SI/ESB, other state systems/agencies, other module vendors, and external trading partners. All interface relationships require careful and collaborative planning to develop mutual understanding and ensure timely and accurate communication. CNSI begins to work with interfacing organizations as early in the project as possible. We collaborate on developing the schedule for testing and the specific solutions necessary to exchange data securely, accurately, and successfully, across agency and organizational boundaries. We work with the other organizations to coordinate testing the interface solutions and resolving any issues that arise during testing. CNSI understands and agrees to the States' criteria for minimum acceptable defect levels at 100% resolved for both Critical and High defects.

6.20.3 Identification and Resolution of Interdependencies [SOW, Section 5.20.3]

CNSI works with interdependent organizations to identify and plan for collaboration and coordinated activities, which include jointly reviewing interdependencies, risks, constraints, restrictions, timing concerns and readiness activities. The identified interdependencies, risks and constraints are recorded in CNSI's System Test and State's User Acceptance Plan. We establish mutually acceptable milestones that we track through integrated planning with AHCCCS/Med-QUEST. When situations arise that impede testing progress, CNSI works with the mutually dependent organization to determine the root cause of the problem. Using formal decision analysis and resolution techniques, we jointly identify specific solutions to address the problem and resolve it as quickly as possible. CNSI understands that all resolution strategies for interdependencies must be reviewed and approved by AHCCCS/Med-QUEST prior to implementing the solution.

6.20.4 Test Results [SOW, Section 5.20.4]

CNSI performs testing for all specified levels of testing. Our testing methodology includes full traceability from AHCCCS/Med-QUEST's requirements through to the use cases where test results are reported. We provide test results reports that summarize all testing and provide the supporting details of the specific test cases (and use cases tested) as a part of the test strategy. All use cases are presented in CNSI Detail System Design Documents (DSDDs) that describe the behavior of the base evoBrix PMIS system and all AHCCCS/Med-QUEST-specific configuration and customization. We require completed test results to progress from each phase of testing to the next.

6.20.5 User Acceptance Testing (UAT) [SOW, Section 5.20.5]

AHCCCS/Med-QUEST is responsible for executing the User Acceptance Testing. CNSI establishes a separate environment for the State to conduct User Acceptance Testing. The UAT environment is configured with production-like features and functionalities. CNSI will provide system test cases and scripts for the State to build their User Acceptance Test Cases and Scripts. CNSI will populate the UAT environment with converted data that has successfully undergone system testing. The environment is available 24x7, except for pre-scheduled release and maintenance activity. CNSI helps the state in creating test data and running interfaces in the User Acceptance Test environment.

6.20.6 Facilitation of UAT [SOW, Section 5.20.6]

CNSI will facilitate AHCCCS/Med-QUEST UAT activities by:

- Providing **test cases and test scripts previously used by CNSI testers** during activities leading up to the UAT phase. The test cases and test scripts we use are tied explicitly to the use cases presented in our DSDDs. **[5.20.6.1]**
- **Assisting AHCCCS/Med-QUEST** team members accountable **to develop UAT test** cases by interpreting test case and test script material, advising on preconditions necessary to execute a specific test, and in defining expected results. **[5.20.6.2]**
- Establishing and supporting **a dedicated UAT** environment that is available to AHCCCS/Med-QUEST 20 X 7 except for schedule maintenance and release activities. Once established the UAT environment is available to AHCCCS/Med-QUEST throughout pre- and post-deployment activities. **[5.20.6.3]**
- **Performing data refreshes, code releases, and code fixes** on a pre-established schedule approved by AHCCCS/Med-QUEST. This applies to both pre- and post-deployment activities. **[5.20.6.4]**
- Providing **test data** converted from AHCCCS/Med-QUEST production environments, wherever possible, to ensure the most realistic possible tests. In the phases leading up to System Testing, CNSI identifies the data requirements for testing each AHCCCS or Med-QUEST configuration or customization. We select or construct data to correspond to each scenario. For evoBrix PMIS, we compile information on production-like providers to construct data for testing initial enrollment and credentialing scenarios. We use converted production data to construct maintenance scenarios. This data will be made available to AHCCCS/Med-QUEST test staff. **[5.20.6.5]**
- Providing AHCCCS/Med-QUEST access to **Atlassian's Jira tool for tracking defects**. Jira is CNSI's standard defect tracking tool. Jira is configured to allow AHCCCS/Med-QUEST team members to enter defects and inquire on the status of defects. It provides the capability to set a severity level and to include attachments such as screen shots. **[5.20.6.6]**
- Providing an industry-standard **SharePoint site to manage test plans, test scenarios, and test results**.

Early in the Planning phase of the project, CNSI establishes a SharePoint site to house and manage all project-related information. This includes test plans, test scenarios, and test results. **[5.20.6.7]**

6.20.7 Access to Test Cases, Test Results, and Defect Tracking [SOW, Section 5.20.7]

As noted in CNSI's response to the last bullet of proposal response section 6.20.6, in addressing SOW Section 5.20.6.7, we will establish SharePoint sites that will house test cases and test results. Separate SharePoint sites will be established for AHCCCS and Med-QUEST. Authorized **AHCCCS/Med-QUEST team members will have full access to test cases and test results** stored in the SharePoint sites. The sites are available 24x7.

As noted in CNSI's response to the sixth bullet of proposal response section 6.20.6, in addressing SOW Section 5.20.6.6, CNSI uses Jira for defect tracking. Separate Jira repositories will be established for AHCCCS and Med-QUEST. Jira will be configured with licenses for designated **AHCCCS/Med-QUEST staff to have full access the tool to record and track defects**.

6.20.8 Independent Testing [SOW, Section 5.20.8]

CNSI will provide a **dedicated UAT environment, separately, for AHCCCS' and Med-QUEST's independent testing needs**. It will be configured initially with the base system software and de-identified production data. As the project progresses through to the UAT phase, the software and data will be updated, through a State-approved release schedule, to conform to AHCCCS' and Med-QUEST's software configuration and converted data.

6.20.9 Work Proactively with Designated Testing Resources [SOW, Section 5.20.9]

CNSI's standard mode of operation is collaborative. Our project staff members **establish a collaborative relationship with AHCCCS and Med-QUEST staff members, including designated testing resources,** early in the project. As the Solution Analysis and Solution Modeling phases progress, CNSI team members and designated State staff work proactively using system demonstrations to show how the States' requirements are met in the evoBrix PMIS. This relationship is nurtured and maintained through the Configuration and System Test phases where designated test staff undergo formal training to prepare for UAT activities. CNSI team members will be available to support AHCCCS' and Med-QUEST's designated test staff throughout the preparation for, and execution of, UAT.

6.20.10 Coordination to Conduct Integration Testing [SOW, Section 5.20.10]

As noted in CNSI's response to SOW, Section 5.20.3, 6.20.3 Identification and Resolution of Interdependencies that Restrict or Impede Required Testing, CNSI will collaborate and **coordinate with all interdependent organizations.** We will plan and track the necessary activities and milestones to facilitate integration testing between specific subsystem owners for both AHCCCS and Med-QUEST.

6.20.11 Develop Test Criteria and Algorithms for Expected Outcomes [SOW, Section 5.20.11]

CNSI's defines **its test criteria and expected outcomes** based on our DSDD documents. The DSDDs provide step-by-step use cases, alternative flows, business rules, and system messages produced through executing the activities in the use case flows. We test every step of the use case and its alternative flows to ensure that the system behaves as documented. This includes confirming that each business rule behaves as documented and that every system message displays in the right context with the right content. Individual steps in the use cases invoke specific business rules. Please see Appendix A, Additional Information, section A.6.20.2, for more detail regarding our solution.

6.20.12 Allocation of Sufficient Time for UAT Activities [SOW, Section 5.20.12]

CNSI constructs its **Work Plan based on past implementations in multiple states to ensure enough time is provided for the States to** conduct and complete UAT activities. UAT timeframes are established based on the degree of configuration and customization required to support each state. CNSI assumes that AHCCCS/Med-QUEST will plan to provide dedicated UAT resources during the scheduled UAT period. CNSI understands we are responsible for extended UAT if the proposed UAT timeframe is not sufficient for the AHCCCS or Med-QUEST to validate the fully-configured evoBrix PMIS assuming UAT has sufficient dedicated staff from the States.

6.21 Maintenance/Operations [SOW, Section 5.21]

6.21.1 Automatic Inclusion of New Data Items in Migration Paths [SOW, Section 5.21.1]

CNSI's evoBrix PMIS solution is designed to ingest the data structure changes, including new data items, and process them as part of operational release for software upgrades that evolve smoothly at an interval appropriate for the data, or, when requested by AHCCCS/Med-QUEST to keep pace with changing business needs. CNSI's production data management processes ensure scheduled production updates for applicable data structures are completed as planned. Our stringent Change Management process includes creation and deployment of Structure Change Request (SCR) and Data Change Request (DCR) items which maintain any structural or data changes for the tenant. DCRs are critical for storing configuration changes that control system behavior. Additional detail about our solution's capability to accommodate software upgrades is provided in Appendix A, Additional Information, section A.6.21.1.

6.21.2 Consistent Use of Acronyms and Codes [SOW, Section 5.21.2]

CNSI’s evoBrix PMIS solution artifacts, such as the PMIS Core Data model, Data dictionary, and generic framework models follow consistent standards for acronyms and codes with windows, screens, reports, and databases/data dictionary. Acronyms and abbreviations to be used on screens and reports will be determined in discussions with AHCCCS/Med-QUEST business and technical teams and included in the respective Detailed System Design Documents (DSDDs) that get finalized during the Solution phase of the evoBrix PMIS implementation. Details regarding our solution's utilization of frameworks and codes are provided in Appendix A, Additional Information, section A.6.21.2.

6.21.3 Effective-dated Table Updates [SOW, Section 5.21.3]

CNSI's evoBrix PMIS solution adopts a data modeling paradigm that ensures no aspect of the reference information or changes to the transactional data are lost by archiving all versions of the changes. The solution systematically segments the data record to support a temporal report of events. Data segmentation helps visualize the data changes as effective "time slices" for varying time horizons, be it current, retroactive, or future. The AHCCCS/Med-QUEST transaction type will be determined by checking the effective date against the date of transaction. Supporting edits will be configured to suit the business needs of the State(s), depending on the type of transaction. For more information on the data analysis and update process, please refer to Appendix A, Additional Information, section A.6.21.3.

6.21.4 Read-only Access to Designated Staff [SOW, Section 5.21.4]

CNSI's evoBrix PMIS supports the AHCCCS/Med-Quest requirement of providing read-only access to system job and maintenance schedule, submission, and processing statistics, and system performance tools for designated staff via several system monitoring tools. A description of the corresponding process, tools, screens, and dashboard is provided in Appendix A, Additional Information, section A.6.21.4.

6.21.5 Ability to Terminate, Reverse, or Back Out a Software Update [SOW, Section 5.21.5]

The evoBrix PMIS supports the ability to terminate, reverse, or back-out a software update in the event an update is discovered to be erroneous or corrupted. It also provides the ability to restore the data to the state it was in prior to the update. Verification and validation process details are provided in Appendix A, Additional Information, section A.6.21.5.

6.21.6 Authorized Users Allowed to Sequence Multiple Jobs [SOW, Section 5.21.6]

CNSI's evoBrix PMIS allows authorized users to process and sequence multiple jobs based on the outcome of each successive job. Users can control jobs through the interface administration screens provided in the system. The ISR solution in evoBrix PMIS also has a built-in feature to check the prerequisites of a job before it gets processed. If the prerequisite/parent job is not completed, the ISR framework sends an email notification indicating the parent job is not processed. The ISR solution in evoBrix PMIS triggers multiple dependent jobs in a sequence after the successful completion of the parent job. A sample ISR email notification of triggering the dependents upon successful completion of an interface job is provided in Appendix A, Additional Information, section A.6.21.6.

6.21.7 Accommodate Varying Retention Periods [SOW, Section 5.21.7]

CNSI’s evoBrix PMIS solution is part of the transactional system that supports the storage of the

converted/ongoing operational data for managing the various aspects of enrolling and maintaining providers for AHCCCS/Med-QUEST. We bring a proven framework that is configurable to meet the varying data retention needs (such as periods for data, images, documents, etc.), and is driven by policy defined by business areas. CNSI's data retention framework and the process for accommodating varying retention periods is detailed in Appendix A, Additional Information, section A.6.21.7.

6.21.8 Use Secure (SSL/SSH) FTP for File Transfers [SOW, Section 5.21.8]

Data exchange from evoBrix PMIS to external systems is handled by the evoBrix ISR framework, which leverages the Oracle SOA suite file transfer features. The ISR framework supports secure data exchanges using available industry standards, such as SFTP, FTPS, SSH and SSL. CNSI's evoBrix PMIS is built on a multi-layered security approach that protects the backend client data from unauthorized access. Our Data Centers perform annual audits to comply, and achieve certification with, SSAE/SOC and HIPAA standards.

6.21.9 Flexible Framework to Export/Import Data [SOW, Section 5.21.9]

CNSI's evoBrix PMIS supports export/import of data using industry standard transmission protocols. For integration purposes, evoBrix PMIS leverages both batch interfaces via ISR for file-based exchange between the modules, as well as web services via the evoBrix Integrator for real-time data exchange between the modules.

6.21.10 Automatic Program Checks [SOW, Section 5.21.10]

CNSI's configurable evoBrix ISR solution was developed to manage numerous types of data exchanges typical of every MMIS implementation. To facilitate administration, the solution provides features for management of scheduling, auditing, error logging, and escalation, along with detailed reporting on interface execution status, combined with notification modules to track the execution of various interface transactions. evoBrix ISR allows the trading partners to follow a pre-defined header and trailer format that contains source system details along with audit information, such as transaction dates and total number of records. The ISR solution also maintains audit information, including total records in the file, error record counts during processing, time taken to process the file, and source/destination information of the file. Our ISR solution sends an email with the audit information after the processing is completed.

6.21.11 Import/Export Data [SOW, Section 5.21.11]

CNSI's configurable ISR solution supports automated data exchanges with various MMIS business process areas and interface partners. The evoBrix's ISR architecture uses an enterprise class service bus (Oracle SOA Suite) as the core orchestration tool of business processes across the different applications that support Medicaid operations. This solution supports inbound/outbound interfaces, service mediation, and pass-through for data import/export between our PMIS and the AHCCCS/Med-QUEST -approved agencies. The Oracle SOA suite has built-in adapters (FTP adapter, DB adapter, MS adapter, file adopter adapter and other industry standard adapters) to connect to the external systems for import/export of the data. For database import/export, the evoBrix PMIS leverages Oracle data pump export/import, recovery manager, database backup cloud service, and SQL*Loader to ensure minimal disruption, data backup and restoration capability, and high-speed data parsing and loading.

6.21.12 Integration with AHCCCS/Med-QUEST Calendar/E-mail Environment [SOW, Section 5.21.12]

CNSI’s evoBrix Interface ISR solution offers the capability to be configured and integrated with AHCCCS/Med-QUEST email functions, and utilizes industry-standard mail server protocols such as SMTP, POP3, and IMAP4 to automatically send interface processing notifications. The ISR can also be used for configuring schedules and/or calendar events for starting/stopping inbound and outbound interfaces and then sending email/alert notifications to both technical and business users.

6.21.13 Import/Export Data with Popular Desktop Applications [SOW, Section 5.21.13]

The evoBrix Provider Component also provides the flexibility to users for exporting information into MS Excel spreadsheets, or building their own reports. The function is an effective tool that lets users utilize numerous filter options on the Provider list pages to select data and export that data Excel for quick reporting directly from the list screen. CNSI is providing more information, along with a screenshot of the Provider List feature, in Appendix A, Additional Information, section A.6.21.8.

6.21.14 Meeting Service Level Agreements [SOW, Section 5.21.14]

CNSI is committed to providing quality performance, ensuring AHCCCS/Med-QUEST SLAs are met. Our team brings a management strategy to align with AHCCCS/Med-QUEST objectives, and to consistently deliver our services. CNSI's methodology ensures streamlined and standardized methods for maintaining performance compliance. Our staff will collaboratively work with AHCCCS/Med-QUEST throughout all phases of the project to promote transparency, accountability, and efficiency. Highlights of our SLA compliance strategy, along with details pertaining to monitoring and managing SLAs are provided in Appendix A, Additional Information, section A.6.21.9.

6.21.15 Track/Report on Remediation and Rebuild [SOW, Section 5.21.15]

CNSI recognizes that the software maintenance periods include "adaptive" maintenance/ modification of the system, performed after completion of deployment to keep the system usable in a changed or changing environment, and "perfective" maintenance which is modification of the system after completion of deployment to improve performance or maintainability. During this period, CNSI produces operations reports to track and report on remediation including key metrics for incident and maintenance requests with metrics related to the following items: System Incident Reports, System Defect/Enhancement Reports, Adaptive Maintenance Report, weekly reporting of any problem identified, and Monthly Status Reports. If additional defect-only rework hours appear to jeopardize on-time release delivery, CNSI will present a written mitigation plan to all impacted parties with the provision of additional resources at no additional cost to AHCCCS/Med-QUEST.

6.21.16 Automated Application and Network Performance Measuring Tools [SOW, Section 5.21.16]

CNSI's evoBrix PMIS solution includes a robust and comprehensive performance monitoring suite that spawns across multiple tiers including database, application and network tier. A combination of OEM, HealthBeat, Oracle Application Performance Monitoring (APM) Cloud Service, Oracle Infrastructure Monitoring Cloud Service, Building Management System (BMS), and Data Center Infrastructure Management (DCIM) solutions form the performance monitoring suite within our solution. These tools help to provide the necessary proactive system/application monitoring, tuning, reporting, and trend analysis capabilities across various layers of hardware and software components. They have built-in alerts and notification features that are configurable through multiple communication methods, such as email, SMS (messages), reports, and dashboards.

6.22 Method of Approach for Software Development/Configuration [Special Instructions, Section 3.1.1]

In this section of CNSI's response, we provide details describing our method of approach to:

- Business Process Redesign
- Requirements Confirmation
- Software Configuration
- Software Development (if applicable)
- Security Configuration
- Documentation
- Knowledge Transfer
- Cultural Change Management and Communication
- Deployment and roll out support
- Production transfer
- Post-Implementation Support

For the some of these items, there are no specific requirements listed in the RFP. We provide details on how our method of approach to the project supports the States' needs in the areas of Business Process Redesign; Requirements Confirmation; Knowledge Transfer; and Cultural Change Management and Communication. CNSI employs iVision360, an SDLC that aligns to industry standards. Our SDLC was recently assessed as compliant with CMMI for Development, V1.3, Level 3. CNSI developed the Solution, Configure, Implement (SCI) methodology to meet the specific unique requirements of a SaaS solution. The SCI methodology provides the context in which we accomplish all of the listed items. In Figure 6.22-1, we summarize our approach to the factors listed in the Special Instructions to Offerors section of the RFP.

Description	Approach
Business Process Redesign Successful, business process optimization is an important goal for the States in adopting a new provider management system. CNSI has provided a brief description of our approach to the project, and how we will support business process redesign in the absence of specific AHCCCS/Med-QUEST requirements for this activity.	■ Use evoBrix PMIS system demonstrations to identify potential changes to business processes ■ Assist with reformatting State business around the evoBrix PMIS application • Configure evoBrix PMIS to work with State-specific inputs • Work with the States to identify paper-based processes and work flows that can be replaced with automated, self-service processes and work flows in evoBrix PMIS • Replace individual manual credentialing checks with automated comprehensive credentialing reviews performed in near real time ■ These activities aid the States in identifying business processes that can be retired or modified to streamline work using evoBrix PMIS
Requirements Confirmation CNSI's SCI framework has a robust requirement and gap management methodology that includes requirements confirmation. We conduct requirements confirmation activity through a series of collaborative sessions in the Solution Analysis phase of the project. Collaborative sessions include AHCCCS and Med-QUEST stakeholders and CNSI business and technical experts.	■ Use system demonstrations of the evoBrix PMIS to work with the States to confirm requirements and identify gaps ■ Identify configuration gaps and gaps that require some degree of custom development (partial and material gaps.) ■ Baseline Requirements and Gaps on approval by AHCCCS/Med-QUEST. ■ Traceability to requirement available throughout the project in the Requirements and Gap Traceability Matrix (GTM) ■ Establish Conversion sources and targets ■ Prepare Conversion Plan
Software Configuration and Development CNSI performs software configuration and development using State-approved design artifacts. Our configuration and development process has been refined over multiple PMIS and MMIS implementations.	■ Apply configuration gap changes to evoBrix PMIS ■ Update training materials to conform to AHCCCS and Med-QUEST configuration ■ Adapt our test plan and adapt or develop test cases for AHCCCS and Med-QUEST configuration
Security Configuration CNSI's evoBrix PMIS solution is built on a multi-layered security approach that is augmented by a robust auditing and monitoring solution and a multi-tier intrusion prevention solution suite, thus complying with security standards, such as FedRAMP, HIPAA, HITECH, FISMA, CMS MARS-E, and NIST.	■ At the onset of the solution phase, itemize all controls; safeguards; applicable local and federal regulations, such as all FISMA, HIPAA and CMS MARS-E regulations; and all applicable DOD, OMB, and NIST standards. • Identify any standards, outside of those we already meet • Analyze our solution to determine if any new controls are needed • Establish the additional controls (if any) needed • Test our solution for compliance with all applicable standards • Provide compliance reporting to demonstrate successful testing both pre- and post-go live • Participate in State security audits as required and enact corrective action plans immediately if any issues are identified • Implement a specific incident reporting process customized to integrate with the States' security management plan and standards
Documentation Project documentation is the tangible output produced by many project activities. **Formal documentation** represents project baselines and requires AHCCCS/Med-QUEST approval (e.g., PMP) **Project artifacts** serve to document evidence of key project activities and	■ **Formal Documentation** • Included in project schedule • Managed as a configuration baseline • Undergoes mandatory technical writing and quality assurance reviews • Requires State approval and signoff • Subject to the project's Change Management process following State approval and signoff ■ **Project Artifacts** • Mandated by CNSI's CMMI Level 3-assessed processes • Audited under CNSI internal process audits

Description	Approach
includes items such as meeting notes, agendas, presentation materials, meeting invitations, and action items **Compliance documentation** is specific to exception situations that require formal communication (e.g., Security Breach Report)	• Not included in project schedule • Produced through routine project activities • Technical writing and quality assurance reviews optional • Informally reviewed; no signoff needed ■ **Compliance Documentation** • Not included in project schedule • Produced only in defined or exceptional circumstances • Timebound
KNOWLEDGE TRANSFER Knowledge transfer is the process by which the project team transfers knowledge to the team that will operate the system, both technical operations and business operations.	■ **Technical Knowledge Transfer** • The process starts several months prior to the project Go Live. • Meetings take place between the CNSI Project team and the CNSI Operations Application team, where training and transfer of documents occur • The CNSI Project team will also mentor the CNSI Operations Application team to make sure that they can fully support the PMIS • Once in Production, the CNSI Development team will closely support the CNSI Operations Application team for an agreed upon period; after which, support will only be for critical issues ■ **Business Operations Knowledge Transfer** • The knowledge transfer process begins in the solution analysis phase of the SCI with the demonstrations of the system • Business staff have multiple opportunities to question the subject matter experts throughout the solution analysis, solution modeling, test preparation, training sessions, and UAT phases • CNSI team members foster a close and trusted alliance with the business staff during the pre-implementation project, which continues after go live
CULTURAL CHANGE MANAGEMENT AND COMMUNICATION At the project level, cultural change management and communication requires the application of a structured process and set of tools implemented by project leadership to achieve the desired outcomes of the project. At the organizational level, it is a strategic capability designed to increase an organizations capacity to respond to change. CNSI has provided a brief description of our approach to the project in the absence of specific AHCCCS/Med-QUEST requirements for this activity.	■ Employ the researched based, industry standard Prosci© framework and tools to address the needs at both the individual and organization levels ■ Define an overall change management strategy for the project ■ Establish a coalition of change sponsorship who will help the organization prepare for, manage and reinforce the cultural change ■ Train and mentor change sponsors through a clear, structured implementation approach for the strategy using the Prosci© ADKAR framework and tools ■ Plan and execute against five critical change management activities that include: 1. communication, 2. sponsorship, 3. training, 4. coaching and 5. resistance management ■ Assess, analyze, take corrective action and reinforce the change through the life cycle of the project
DEPLOYMENT AND ROLLOUT SUPPORT CNSI provides support to the States throughout the pre- and post-deployment activity through collaborative planning, coordinated execution, and attention to detail.	■ **User-Readiness** • Provide access to our test cases and test results to aid the States in constructing their own tests • Provide train-the trainer sessions to support the States' training of staff during pre-production training • Provide in-person and remote technical and functional experts to support training sessions • Provide in-person and remote technical and functional experts to support practice rooms activities • Monitor questions and provide FAQs when we begin to see a trend in user questions or concerns with differences between their current work processes and the new work processes • Provide traveling support for State-managed provider road shows if planned for during contract negotiations – an option that has been successful in other

Description	Approach
	state's implementations ■ **System Readiness** • Coordinate with the States' technical staffs to ensure all security conditions are thoroughly tested • Perform through disaster recovery testing as a condition of deployment • Conduct exhaustive collaborative implementation planning as described in the "Production Transfer" section of this table ■ **Operational readiness** • Roll out our customer support processes early to familiarize users with how their requests will be processed post-go live, including using OTRS for requests
PRODUCTION TRANSFER The Implementation Phase of the SCI framework includes system deployment and rollout. In this phase we continue to emphasize collaborative effort leading to a successful implementation. CNSI will draw on the experience we've gained in managing successful implementations in Michigan, Washington, Illinois, and Utah.	■ Collaborate with the States to develop an exhaustive list of tactical tasks necessary to perform a smooth deployment. ■ Develop checklists and calendar of events; the checklists include targeted date, individual responsible for completion, and individual assigned to approve or verify that the task has been completed ■ With the State, monitor the defined activities beginning two months prior to implementation. Some of these tasks include: • UAT is complete and evoBrix PMIS meets all requirements • Business operations procedures are verified through UAT testing and communicated to the affected stakeholders • Provider outreach has been conducted and the providers are trained and ready to use the new evoBrix PMIS • All system performance and throughput standards are met • All necessary environments to operate the evoBrix PMIS are correctly configured and operating with the finalized, tested versions of all software • evoBrix PMIS is up and running successfully prior to the first day of use in production • Final data conversion is complete and verified • Certification data collection repository is established, and stakeholders have been trained in data collection process • The States' IV&V contractors have all the necessary information to perform their deployment checkpoint reporting to CMS ■ Receive final approval to cut over to production from AHCCCS/Med-QUEST
POST-IMPLEMENTATION SUPPORT CNSI uses a comprehensive monitoring approach designed not only to perform quality control, but also to provide feedback for process improvement. CNSI's monitoring approach includes three tiers: ■ CNSI Network Operations Center (NOC) non-stop system monitoring on a 24x7x365 basis ■ Application software engineers monitoring ■ Business area monitoring	■ In addition to monitoring system performance and processes, also monitor application throughputs to identify areas of improvement, either from the system or process perspective ■ Make changes to the system when needed to remedy performance deficiencies ■ Report operational performance measures and business performance measures through the evoBrix HealthBeat performance tool ■ CNSI's NOC generates system and workload reports ■ If needed, perform data corrections through the Request for Change (RFC) process, in which RFCs must be approved by the RFC Decision Maker

Figure 6.22-1. CNSI's Approach to Implementation Critical Success Factors. CNSI brings a thorough approach for implementing evoBrix PMIS for AHCCCS and Med-QUEST.

6.23 Proposed Timeline [Special Instructions, Section 3.1.3]

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7 EXPERIENCE AND EXPERTISE OF THE FIRM AND KEY PERSONNEL [SPECIAL INSTRUCTIONS, SECTION 3.2]

7.1 Past Performance [Special Instructions, Section 3.2.1]

With a proven SaaS PMS solution and more than 18 years of experience in implementing and supporting health IT solutions, CNSI will demonstrate in the sections to follow its ability to manage and coordinate the various types of activities required of the solicitation and deliver the services on time with quality.

Since 1994, CNSI has excelled at providing best-value IT solutions fueled by a philosophy of delivering innovation based on the need for change. The company has established itself as a change agent for effecting business transformation and enhancing the business processes of its customers. This has been a direct result of the company's philosophy of continuous improvement and innovation, customer focus, and process maturity. Additionally, CNSI has a proven track record of challenging the status quo and delivering solutions that transform the healthcare enterprise. We do so in a manner that is unique in the industry – collaboratively, with relentless focus on customer satisfaction, and with a partnership mindset. We measure success through the eyes of our clients.

CNSI has been involved in the healthcare and health IT industry since 1998, expanding our role from support of a legacy system to developing the first-of-its-kind MMIS platform. Over 80% of CNSI's revenues are derived from health IT and today we participate in a majority of the health IT initiatives underway across the country. These include the Affordable Care Act, HITECH, payment reform, Meaningful Use, transition to managed care, consumer engagement, and integrated care for the dually eligible. Our innovative team, armed with proven processes, methodologies, technologies, and health care knowledge, is more than capable of supporting AHCCCS/Med-QUEST through flexibility, adaptability, and rapid response to changes in programs and technologies, as demonstrated through the following:

- Launched the nation's first completely automated real-time and cloud-enabled Medicaid system, evoBrix, in partnership with the state of Michigan and the state of Illinois, in July 2015. The proposed module, the evoBrix Provider Management Information System (PMIS), includes a real-time Provider Credentialing Service (PCS) solution.
- Deployed the first of its kind fully-integrated, 100 percent web-based Medicaid Management Information System (MMIS), eCAMS, in the state of Maine in January 2005.
- Launched the first of its kind interactive mobile application, myHealthButton (myHB), with the state of Michigan, to promote connectivity between patients and providers in a real-time environment in January 2015.
- Deployed the nation's first fully-integrated, 100 percent web-based vital records management system with the state of New Hampshire's Vital Records Information Network in July 2004.

In addition to our innovative healthcare solutions, CNSI brings a business philosophy that encourages partnership and accountability and promotes operational transparency. This approach is comprised of the following key elements that help our clients achieve project success:

- **A Health Care Focus.** As a diversified healthcare solutions integrator, our commitment is to reducing healthcare administrative costs (i.e., operational costs) and improved provider and customer satisfaction by delivering the most advanced technology to automate and streamline business processes.
- **A Nimble, Responsive Organization and Management.** CNSI provides a lean, agile organization structure that not only empowers the project management staff, but also gives them access to a variety of seasoned professionals through our practice and shared services organizations.
- **Customer-centric Culture.** From the lowest to the highest levels, CNSI engenders a true culture of partnership and collaboration with the client, ensuring that the delivered solution and services meet their business needs.

In the health care arena, CNSI brings a thorough understanding of not only the requirements under federally-mandated standards, such as HIPAA and MITA, but also the key technical areas that must be addressed for a successful deployment. In fact, CNSI's first-of-its-kind web-based MMIS, eCAMS, first went into production in the state of Maine in 2005 and is the core component for the current MMIS implementation in the state of Washington. eCAMS was also the core component of the Michigan MMIS, CHAMPS. Both the Washington and Michigan MMIS solutions received CMS certification in 2011 – with no findings! The success of CHAMPS for the state of Michigan contributed to the establishment of an intergovernmental agreement (IGA) in 2013 between Michigan and Illinois, in which Illinois shares Michigan's MMIS - much like Hawaii shares Arizona's. As part of this agreement, CNSI developed the next generation modular Medicaid platform and the first cloud-based MMIS in the nation, evoBrix. Designed to meet State Medicaid program objectives driven by CMS directives, evoBrix is comprised of eight major modules, including the PMIS, which is live for the states of Michigan and Illinois.

Other state health care customers have included the Maryland Department of Health and Mental Hygiene, Maryland Developmental Disabilities Administration, New Hampshire Vital Records Administration, and Georgia Vital Records Division. CNSI has also supported the Centers for Medicare & Medicaid Services (CMS), architecting the Data Services Hub (DSH) component of Healthcare.gov – the only component that performed as designed without problems – and the Encounter Data Processing System (EDPS), which is based on the same core component as evoBrix and ***has been tested and proven to adjudicate more than 690 million encounter claims per year***. The Provider Module stores and maintains provider enrollment information for Medicare. There are approximately two million providers enrolled in Medicare across the country and the Provider Module interfaces with external CMS systems to receive, reconcile, and store monthly full files and daily partial updates. The encounter claim adjudication process validates provider specialty and active enrollment status against the Provider Module data.

CNSI's rapid growth has been fueled by our successful record of performance. This success has led to awards of new business in highly competitive markets, and recognition through formal industry and customer awards. CNSI's success in the healthcare industry has been reflected in numerous industry accolades. In June 2006, CNSI was listed as a Healthcare Informatics 100 company based on 2005 healthcare IT revenues. The annual list is widely recognized as an industry standard in measuring the success of healthcare IT providers. Furthermore, analyst firm Frost & Sullivan bestowed its 2006 Customer Value Enhancement award upon CNSI, determining that the firm "provided more innovative value creation and enhancement strategies than competing vendors." The award also recognized CNSI's customer-centric approaches and solutions, which have enabled the company to bring technological advancements to the North American Healthcare IT Market.

Provider Enrollment and Provider Management

CNSI's PMIS module is in production in four states: Michigan, Illinois, Utah, and Washington. Additionally, the PMIS module for Michigan and Illinois was implemented on the evoBrix cloud in 2015 – the first in the nation – and has been successfully operating in the cloud for two years. These implementations were the result of an early release schedule, and they were delivered on time and to the customer's satisfaction. The early implementation is planned to support the provider community through the necessary security processes to establish their online credentials in the system, and to facilitate provider review and confirmation that the provider data conversion from the legacy system into the new one accurately represents the provider's taxonomy and billing details. The significance of this early release is most relevant to the proposed schedule for the PMS and achieving the states' objectives.

PMIS in Production

State	Number of Providers
Illinois	255,000
Washington	201,000
Michigan	165,000
Utah	25,000

AZHI-PMS-07-001

Production-ready. With the release of evoBrix, and more specifically, the evoBrix PMIS module, CNSI has been able to deploy the provider enrollment and management capabilities on the cloud for Michigan in 9 months and Illinois in 11 months – far less than the 18-24 months of previous implementations. Since

the evoBrix solution is designed to meet the CMS certification criteria – particularly CMS' modular requirements and directives to the states for the Medicaid programs – evoBrix's PMIS module meets the majority of AHCCCS/Med-QUEST's requirements out of the box, with minimal configuration necessary, resulting in cost and time savings for the states.

Scalability. When Washington's provider enrollment and management module was first rolled out in 2008, it only needed to support fewer than 45,000 active providers. Now, nine years later, the system is supporting more than 201,000 providers, without any change in service. It is still required to meet the same service level agreements (SLAs) – 99.9% availability during normal business hours and a daily average system response time that must not exceed 4 seconds. Similarly, the cloud-based evoBrix delivers equal availability and response time to Michigan and its IGA partner, Illinois, with a combined total of more than 5.6 million members and 420,000 providers. evoBrix demonstrates its scalability and flexibility to support the number of members and providers of both Arizona and Hawaii, which have a combined total of more than 2.26 million enrolled members and more than 78,100 providers.

In the Cloud. CNSI's cloud-based evoBrix is the first of its kind in the nation – currently delivering Medicaid as a Service (MaaS) to the state of Illinois through the Michigan CHAMPS MMIS. With a SaaS model already in place, CNSI's evoBrix platform offers Arizona and Hawaii a low-risk, proven solution based on the same shared model.

Modularity. As noted earlier, evoBrix is modular in design, developed to meet CMS' modular directive for the states' Medicaid programs. The PMIS module is one of eight major modules of functionality, allowing for unique customization, reusable business functions, and continuous improvement. These modules can be implemented separately or in combination to support a state's need for integrated functionality. This approach reduces the cost of system implementation and operational costs and represents a lower risk to the state.

Interoperability. Operating under the SaaS delivery model, evoBrix leverages commercial off-the-shelf (COTS) components to simplify the integration of the PMIS module with any other MMIS component, requiring only the interfaces to be configured. This translates to a low-risk option for AHCCCS/Med-QUEST – an option that will help accelerate the states' ultimate goal of replacing the legacy MMIS.

CNSI offers AHCCCS/Med-QUEST a scalable, low-risk, proven SaaS solution that can be implemented within the states' required timeline. Additionally, having been designed to meet CMS' certification criteria out of the box, evoBrix offers AHCCCS/Med-QUEST the PMS solution that will ensure certification by CMS.

7.1.1 References

CNSI has successfully delivered its provider management system solution, Provider Management Information System (PMIS), to multiple states, including Michigan and Illinois, as a component of our next-generation and first-of-its-kind cloud-based modular Medicaid platform, evoBrix. PMIS is also deployed in the states of Utah and Washington as a component of our web-centric, modern Medicaid claims processing solution, eCAMS.

CNSI has identified three references from projects performed within the last five years, all of which demonstrate provider enrollment experience in a healthcare setting. The first project reference is for the state of Michigan and describes the provider management solution under the state's MMIS, Community Health Automated Medicaid Processing System (CHAMPS). The provider management function of this system has been migrated to the cloud, and supports not only Michigan's provider community, but also that of Illinois. The second project reference is for the state of Utah, which reflects the most recent provider management solution implementation, which went live in July 2016. The third project reference describes the provider management solution which is a key component of the full MMIS implementation for the state of Washington. CNSI has performed the work for all three project references as a prime contractor.

In each of the project references below, CNSI has performed the work as a prime contractor and successfully met the client's needs with a solution that delivers innovative design, proven performance, scalability, and flexibility – the same solution CNSI proposes for the PMS project.

7.1.1.1 Reference 1

Medicaid Management Information System
Client Name
State of Michigan, Department of Health and Human Services (DHHS, formerly Department of Community Health)
Contract/Project Description
In April 2006, CNSI was awarded a contract from the state of Michigan to design, develop, and implement an MMIS, identified as the Community Health Automated Medicaid Processing System (CHAMPS). Michigan went live with an early release of provider enrollment in 2008, a year in advance of the September 2009 go-live date, which allowed the provider community to establish their online credentials and validate their data prior to data conversion, ensuring accuracy of the taxonomy and billing details and minimizing the risk of any interruption in provider payment when the full MMIS went live. Currently, CHAMPS manages the expenditure of 25% of the entire state's annual general funds appropriation, processes approximately $15 billion in provider payments for healthcare services, adjudicates over 80 million claims and encounters annually, and supports approximately 170,000 active providers, who serve approximately 2.4 million beneficiaries annually. The system adjudicates 100% of the claims, and suspends claims based only on state requirements. CHAMPS was certified by CMS as fully-compliant with CMS requirements for an MMIS in 2011 with "no findings" based on the new Medicaid Enterprise Certification Toolkit (MECT). **Relevance:** The CHAMPS project is directly relevant because the proposed solution - evoBrix PMIS - is a COTS solution that has been in production in the state of Michigan and supporting Illinois as a result of an intergovernmental agreement (IGA), since July 2015. Rather than customizing a new solution for Illinois, CNSI has only had to configure changes to meet Illinois' requirements. Significantly, using a self-service portal, providers from both Michigan and Illinois have a centralized interface for enrolling, revalidating, and credentialing, as well as managing provider data - but with fully segregated data stored in separate databases. CNSI's Michigan MMIS, CHAMPS, has extensive online capabilities to submit claims, and its web portal for providers, integrated with CRM, supports dynamic provider access to status, billing information, and online help, thereby reducing administrative costs. The Provider Portal allows a provider to access their remittance advice and allows the provider to choose to have electronic delivery. It also allows providers to enter claims through a user-friendly set of screens. CHAMPS' comprehensive web-based self-service portals for providers and members have significantly improved data quality and have demonstrated quicker adoption of the new MMIS (e.g., provider verification in Michigan for 40,000 providers was completed in six months). Within the first year of go live, CHAMPS reduced the quantity of paper-based claims significantly, from 10% to less than 1% by providing the option of self-service options including Direct Data Entry claim submissions. CNSI implemented the automated PE system early to allow providers a chance to validate their current data as well as add data that was needed for the new system. Our approach reduced the amount of data entry that providers were required to perform for data that was already contained in the system by converting the existing legacy data into a usable format for the new system. This converted data was then pre-populated into provider records so that when they entered the new system to validate and re-enroll, their need for data entry was significantly reduced. CNSI assisted in developing operational procedures, training content information, end-user documentation, and online help to assist the state in transitioning from the legacy paper-based system to the new PE system with online application. The effort included data conversion of the legacy provider data. The technical and management processes that were used to support conversion to the Michigan implementation ensured traceability of legacy data and smooth data transition. While working closely with the state, CNSI also conducted the production implementation, which involved the infrastructure setup and configuration, final data conversion, production readiness checklist review, training, and support. CNSI's PE system created a centralized repository for consolidated provider data and introduced operational efficiencies by providing real-time eligibility and benefit information to providers.

Medicaid Management Information System	
In 2011, CHAMPS received CMS certification as fully-compliant with CMS requirements for an MMIS with "no findings" based on the new Medicaid Enterprise Certification Toolkit (MECT), and the State received full Federal funding retroactive to day one. In 2013, CNSI implemented Provider Credentialing Service (PCS) in the CHAMPS environment, thus introducing the first real-time provider credentialing solution in the U.S. PCS integrates with the LexisNexis Provider Screening Service and provides real-time provider data screening against national and state databases, such as NPPES, DEA, SSA, SAM, LEIE/OIG, and state licensing boards. Federal regulation mandates that all enrolled providers must re-enroll and be re-validated at least every five years. PCS maintains the re-enrollment schedule for each provider and facilitates an efficient re-enrollment process to ensure each provider continues to meet the eligibility requirement without service and payment disruptions. Also in 2013, Michigan signed an intergovernmental agreement (IGA) with the state of Illinois, allowing Illinois to share the Michigan MMIS, creating savings for both states and the federal government, which provides funding for the MMIS. Out of this agreement, CNSI developed its cloud-based, next generation modular Medicaid platform, evoBrix, which was designed to be fully aligned with the Medicaid Infrastructure Technology Architecture (MITA) and meet the CMS certification requirements as detailed in the Medicaid Enterprise Certification Toolkit (MECT). More importantly, CNSI's evoBrix platform is deployed using a Software as a Service (SaaS) model. Via this IGA, Illinois is running under a full SaaS cloud, which includes delivery of applications and support using Michigan's cloud infrastructure and CNSI's evoBrix platform. Data from each state is fully segregated and stored in separate databases to ensure data is not mixed. The evoBrix PMIS module went live in July 2015 in Michigan and Illinois – supporting the 170,000 providers and 255,000 providers in each state respectively.	
Period of Performance	**Total Dollar Amount of Contract/Project**
March 2006 - September 2018 *(currently negotiating an extension through September 2025)*	$533,886,284
Client Contract or Project Manager Name, Telephone Number, and Email Address	
[redacted]	

7.1.1.2 Reference 2

MMIS Replacement
Client Name
State of Utah, Department of Health (DOH)
Contract/Project Description
In March 2013, the state of Utah awarded CNSI the contract to design, develop, and implement a replacement MMIS, Provider Reimbursement Information System for Medicaid (PRISM). The project is being implemented in four releases, three of which have been deployed. The third release was for provider enrollment, which was implemented July 1, 2016. Once the fourth and final release (the full MMIS) has been implemented, the system will process approximately 22 million claims and $1.9 billion payments per year, supporting a state population of nearly 3 million residents, member enrollment of 375,000, and provider enrollment of 25,000. **Relevance.** This project is directly relevant because CNSI implemented PMIS for the state of Utah, leveraging the solution that we had initially implemented in Washington. Utah's PMIS is a COTS-based, modular solution that went live in 2014. Using a self-service portal, providers have a centralized interface for enrolling, revalidating, and credentialing, as well as managing provider data.

MMIS Replacement	
The PMIS introduces a self-service Provider Portal, allowing providers to complete enrollment applications online, update their records, re-credential, apply for the Electronic Health Record Medicaid Incentive Payment Program (eMIPP), and upload documents directly to their application and/or provider record. The new Provider Portal represents a significant change to the state's Provider Enrollment, eMIPP, and imaging processes. Providers can access web-based provider enrollment and eMIPP trainings. The Provider Management solution modernizes and streamlines the many paper and manual processes that had been used in the legacy environment, while substantially increasing the ability to respond to provider requests and improve customer service. It has replaced the Division's multiple provider files with a single database capable of managing enrollment and interrelationships of all types of providers. Its centralized database virtually eliminates duplicate enrollments, using a single master record to contain all relationships the provider may have with the Division of Medicaid and Health Financing (DMHF). Even if a provider has multiple provider types, the Provider Management solution retains the information under a single enrollment that is permanently linked to the provider's unique NPI and Taxpayer Identification Number (TIN). CNSI is working with the state to migrate to the evoBrix cloud platform, starting with the evoBrix PMIS.	
Period of Performance	**Total Dollar Amount of Contract/Project**
March 2013 - March 2018 *(contract modification in process)*	$79,906,181
Client Contract or Project Manager Name, Telephone Number, and Email Address	
[redacted]	

7.1.1.3 Reference 3

Washington MMIS Re-Procurement
Client Name
State of Washington, Health Care Authority (HCA, formerly Department of Social and Health Services)
Contract/Project Description
In January 2005, CNSI was awarded a contract from the state of Washington to design, develop, and implement an MMIS, identified as ProviderOne. The first phase, provider enrollment, was implemented in August 2008, far ahead of the ProviderOne go live in May 2010. ProviderOne is an enterprise-wide, complex system that supports a Medicaid population of 1.9 million and provider enrollment of 201,000, adjudicates over 60 million claims per year, and issues on average over $11 billion in annual payments to the State's Medicaid providers, social services providers, and managed care plans. One of the unique attributes of ProviderOne is its support for processing social services claims, which are completely different from medical claims, highlighting the extensive configurability of the platform. **Relevance.** This project is directly relevant because CNSI implemented the provider management and enrollment solution for the state of Washington, which has been in operation since 2008. Using a self-service portal, providers have a centralized interface for enrolling, revalidating, and credentialing, as well as managing provider data. Additionally, this solution supports other state agencies, including social services programs. The early provider enrollment implementation was planned to support the provider community through the necessary security processes to establish their online credentials in the system, and to facilitate provider review and confirmation that the provider data conversion from the legacy system into ProviderOne accurately represented the provider's taxonomy and billing details.

Washington MMIS Re-Procurement

This review and confirmation was desired because the conversion strategy included some provider record consolidation based on the implementation of taxonomy and NPI with the ProviderOne system. This early deployment of the provider enrollment module was a critical readiness factor to ensure no interruption to provider payment at the ProviderOne go live. The state did not have to issue any interim payments outside of the ProviderOne system. Additionally, having the provider enrollment module in production early also allowed the State and CNSI to refine operational procedures prior to the full ProviderOne implementation, based on lessons learned from running the provider enrollment and point-of-sale (POS) modules in production before the full MMIS.

Under the legacy model, the provider enrollment process was highly manual and laborious, fragmented across different business units. CNSI's provider services module automates the provider enrollment process and facilitates data management. The provider services module provides comprehensive decision management through enrollment business rules management, enrollment form wizard configuration, and credentialing requirements by provider and enrollment type. The solution offers a smart user interface to configure routing of applications with support for escalation, notification, and reminders for enterprise-wide tracking. Additionally, online reporting and dashboards offer real-time status updates and support for trending. A self-service portal offers providers easy-to-use enrollment wizards and self-maintenance of data in a secure environment, as well as the ability to search on application provider data, status of credentialing, and provider enrollment applications. The provider services module stores comprehensive provider data, including provider affiliations and different locations, and validates data against external sources, such as license boards and registries, to minimize fraud and abuse.

In 2011, a little less than a year after go live, ProviderOne received CMS certification as fully-compliant with CMS requirements for an MMIS with "no findings" based on the new Medicaid Enterprise Certification Toolkit (MECT), and the State received full Federal funding retroactive to day one.

In January 2012, CNSI deployed a major release to upgrade ProviderOne to accommodate the HIPAA 5010 transaction, meeting all federal and state requirements. The State and CNSI received acknowledgment and recognition from providers for the smooth and on-time implementation of 5010 compliance.

In December 2015, CNSI completed the implementation of a Provider Compensation Subsystem and Services (PCSS) solution supporting reimbursements for social services providers employed by client of DSHS, replacing the legacy Social Service Payment System (SSPS). The PCSS solution supports a provider base of approximately 70,000 providers.

Period of Performance	Total Dollar Amount of Contract/Project
January 2005 - June 2018 *(contract modification in process to extend to June 2021)*	$511,552,442
Client Contract or Project Manager Name, Telephone Number, and Email Address	
[redacted]	

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7.2 Key Personnel [Special Instructions, Section 3.2.1]

CNSI's AHCCCS program effort will be led by Mr. Fred Fiola, an accomplished service manager with more than 20 years of success supporting government and managed care operations. His technical, business planning, and management expertise spans systems planning and implementation, large project management, and production systems support for a variety of commercial and government organizations. Mr. Fiola will be CNSI's single point of contact for AHCCCS/Med-QUEST and its stakeholders. He will be supported by highly-skilled key personnel performing similar duties on other relevant contracts. Our proposed key personnel have extensive experience in ***Medicaid*** implementation and operations in multiple states, including some of the largest Medicaid states in the nation. They fully understand the complexities of implementing and managing Medicaid operations in an environment of ever-changing regulations while leveraging a shared services organization model that eliminates silos and enhances efficiency.

Team CNSI is proposing six key positions which represent critical leadership roles spanning implementation and operations. Please note that the Transition Manager is part of the implementation phase and will become the Operations Manager during the operations phase. Our past experience in multiple states has shown that the Operations Manager is most successful when they lead the transition from implementation to operations.

A summary of our key personnel and their qualifications is provided in Figure 7.2-1, while resumes detailing their experience, accomplishments, and qualifications are presented in Section 7.2.2.

[redacted]

[redacted]

7.2.1 Key Personnel Qualifications [Special Instructions, Section 3.2.2]

Team CNSI has developed a mature model for delivering SaaS services based in our experience in multiple states. This model requires an integrated, multi-disciplinary team of professionals to deliver the services entailed for Provider Management. Figure 7-2 represents the Key personnel identified and their associated qualifications.

LCAT	Description	Education/ Licensing/ Certification, etc.	Experience	Skills Required

[redacted]

LCAT	Description	Education/ Licensing/ Certification, etc.	Experience	Skills Required
[redacted]				

LCAT	Description	Education/ Licensing/ Certification, etc.	Experience	Skills Required
[redacted]				

LCAT	Description	Education/ Licensing/ Certification, etc.	Experience	Skills Required
[redacted]				

Figure 7-2. AHCCCS/Med-QUEST Provider Management System (PMS) Key Personnel Qualifications. Qualifications for a mature service delivery model for Provider Management.

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7.2.2 Key Personnel Resumes

A summary of our key personnel and their qualifications is provided in Section 7.2.1 Key Personnel Qualifications while resumes detailing their experience, accomplishments, and qualifications are presented in this section.

CNSI has provided resumes for the following key positions:

- [redacted]

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[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

7.2.2.3 Transition Manager, Jim Schloss

[redacted]

[redacted]

[redacted]

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[redacted]

[redacted]

[redacted]

[redacted]

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7.2.3 Organization Chart [Special Instructions, Section 3.2.4]

CNSI has developed a lean and effective organization structure for delivering Provider Management services in a Software as a Service (SaaS) model. Our organization structure contains the following key attributes:

- Aligned to delivery of services
- Provides consistent structure from implementation through operations (Note the Transition Manager from Implementation becomes the Operations Manager during Operations)
- Maintains clear lines of authority
- Offers single point of contact with the client through the Service Manager
- Leverages shared service organizations for maximum efficiency

Figure 7-3 depicts CNSI's organization chart for both Implementation and Operations.

[redacted]

CNSI will leverage our mature SaaS organization to deliver a high level of service to AHCCCS during the life of the contract.

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