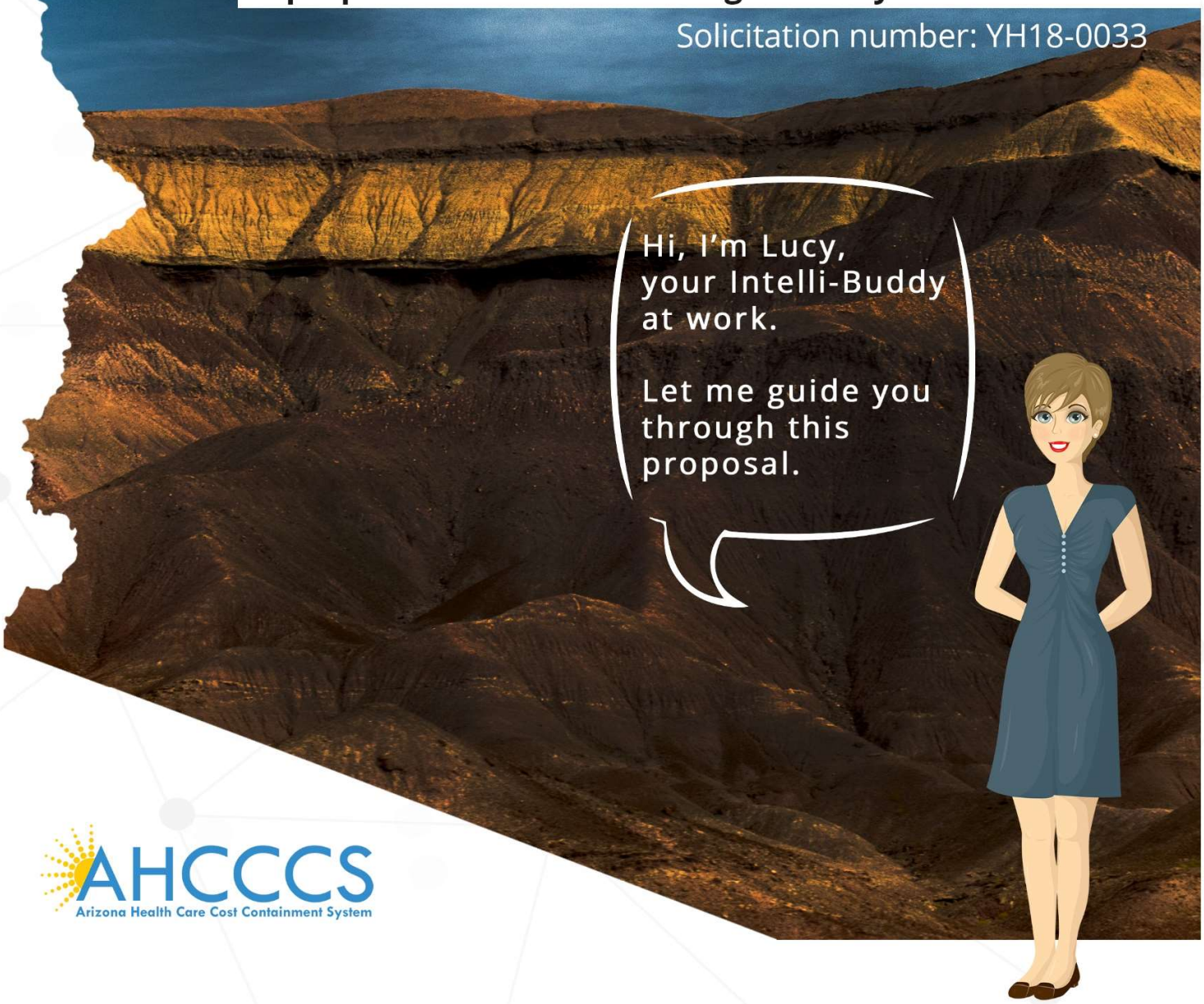
www.digitalharbor.com

DIGITAL HARBOR
...Connecting the Dots

SHAPING ARIZONA'S HEALTHCARE ...THROUGH DIGITAL HARBOR'S EXPERIENCE, QUALITY AND INNOVATION.

A proposal for Provider Management System to AHCCCS

Solicitation number: YH18-0033



AHCCCS
Arizona Health Care Cost Containment System

AHCCCS
Arizona Health Care Cost Containment System

DIGITAL HARBOR
...Connecting the Dots

2.0

COVER LETTER & EXECUTIVE SUMMARY

Digital Harbor's
Provider Management System
(Know Your Provider - KYP) won

at BIG Awards for Business

DIGITAL HARBOR
...Connecting the Dots

1775 Greensboro Station Place
Suite 105
McLean, VA 22102
T: +1 703-835-3477

March 14, 2018

Alice McLain, Procurement Manager
AHCCCS
701 E. Jefferson Street, MD 5700
Phoenix, AZ 85034
Phone: (602) 417-4749
E-Mail: procurement@azahcccs.gov

SUBMITTAL COVER LETTER

We are pleased to submit our response to your Provider Management System **SOLICITATION # YH18-0033.** We believe that our Innovative offerings and proven experience can deliver maximum benefit to the State in response to the RFP requirements. We look forward to collaborating with you during your selection process and to provide you the information necessary to make an informed decision. If selected, we are committed to meeting your business objectives through an open and mutual partnership with your Agency.

Bidders Name	Digital Harbor Inc.
Bidders HQ Physical Address	1775 Greensboro Station Place, Suite 105 Mclean, VA 22102
Bidders Mailing Address	PO Box 1266, Centreville VA 20122

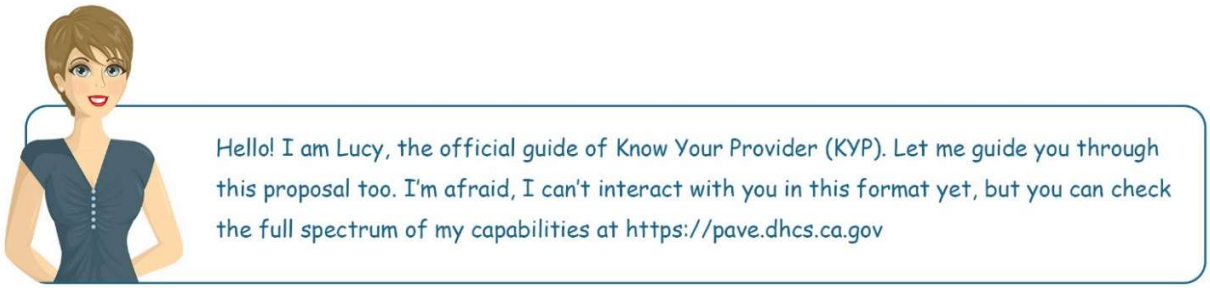
Regards,

Rohit Agarwal

President

Executive Summary

2.1 Introduction



Arizona Healthcare Cost Containment System(AHCCCS) has established its vision for a modular Medicaid Enterprise System, including a MITA-aligned Provider Services Solution (PRSS) module that meets the CMS Seven Conditions and Standards. What is particularly appealing to us is that your enterprise vision is based on (a) Member and Provider Centric focus; (b) Maximum process automation and data interoperability and (c) Adaption of Progressive technologies and Flexible enterprise platform.

We are excited to note that AHCCCS's enterprise vision is in alignment with our corporate philosophy of placing the user at the heart of product experience. And our vision of "connecting the dots" provides a unique enabler for your automation and Interoperability needs, We, at Digital Harbor were one of the first companies to create truly best-in-class COTS/SAAS based MMIS modules. Our first MMIS module was Know Your Provider (KYP) for end-to-end Provider Enrollment, Screening, Monitoring and Maintenance. KYP was first deployed in 2012 and has already been utilized by more than a dozen Medicaid customers to screen and monitor almost 700,000 providers. Not only does it represent the most deployed COTS Provider Management solution in Medicaid, it also has the distinction of fastest implementation timeframes and strongest business outcomes.

2.2 Differentiators

We offer the key differentiators described in Exhibit 1.

Exhibit 1. Differentiators

Differentiator	Description
Innovation-centric	Our team is dedicated to bringing transformational change. Expanding and pressing the boundaries of traditional thinking is core to our culture and DNA. KYP is built on the most innovative software platform to arrive in the Medicaid enterprise space in the last decade. **The platform combines the concept of (a) Social Media, (b) Predictive Analytics, (c) Semantic Web, (d) Mobile interfaces and (e) Cloud**

	Computing to deliver next-generation of "Conversational Applications" within the enterprise. For the Portal, it means "Social Forms" technology, where the burden shifts from the preparer of an application to an intelligent digital agent that collects the information from the user by guiding them through complex regulatory requirements. Examples of our strategic innovations include: **The world's first Talking Portal named Lucy!** Social Forms technology enables Facebook-style collaboration within electronic forms Social Case technology enables dynamic workflow and knowledge management between enrollment analysts and other stakeholders Social Analytics technology enables predictive scoring, link analysis, and alerts by matching against thousands of data sources
Business Transformation Driven	To Digital Harbor, modularity is not limited to breaking MMIS into multiple systems. Our goal for modularity is to transform individual business processes by removing the limitations of a monolithic environment. We start by analyzing customer objectives and refining the requirements and business processes to align with those objectives. We use technology to expand on customer's vision and to visualize what otherwise would seem highly challenging, if not unattainable. **Our Provider Management solution is designed to not only bring increased efficiency and effectiveness to Arizona Healthcare Cost Containment System Administration (AHCCCS), but to transform how the provider communicates and interacts with the broader healthcare community, and specifically with AHCCCS, resulting in higher provider participation and collaboration.**
Operational Intelligence Oriented	KYP goes beyond operational automation (MITA Level 2) and strives to deliver operational intelligence to achieve MITA Level 3 and higher. KYP does not silo reporting as a standalone tool outside of operational application and processes. **Instead, KYP embeds analytical dashboards within all workflow screens helping each stakeholder in operational case level decisions during the real-time workflows.** KYP expands Provider Enrollment and Provider Management capabilities to include Provider Analytics, Alerting, and Monitoring.
Agile Collaboration	We do not contract with our customers; we partner with them. We are driven to achieve positive outcomes to our customers. **We measure success not in terms of Go-Live but in terms of user adoption and realized ROI for our clients**. Our technology, processes, and methodology are built on the concept of agile collaboration. As a case study, we implemented over 50 refinements within a two-

	week sprint based on provider feedback. Our focus is continuous improvement based on quantitative analysis and measurements of processes for efficiency and effectiveness KPIs.
Highest ROI in the Industry	KYP is the only Provider Management solution that guarantees positive Return on Investment (ROI). With almost a dozen deployments, it has delivered over 3x ROI for every one of our customers. **In California, the Monitoring module alone delivered $30 million in savings in the first twelve months or over 10x ROI. The portal module is expected to not only save the state over $25 million a year, but also save providers over 600,000 man hours (or ~$50 million) in enrollment costs per year**.

Our differentiators are not broad-based promises to deliver; they are proven results not matched by any other bidder in the country.

2.3 World's 1st Smart & Modular Provider Network Management Solution

Know Your Provider (KYP) is the most comprehensive, first-of-its-kind and Innovative Provider Enrollment and Maintenance product suite in the world. It houses more than 70 major capabilities that are not found in any of the existing products in the market. These capabilities allow:

- **Guided-Enroll**: KYP recognizes that Medicaid Rules are complex, screening requirements are intensive leading to a high percentage of returns and data issues. Providers now don't need to know anything about Medicaid rules but will be guided by digital assistant and dynamic social forms to supply the required data and documentation

- **Social-Enroll**: KYP recognizes that most applications are filled out by one or more Credentialers and reviewed and signed by providers. KYP uses Facebook, Google+, Twitter and Skype style features to enable multiple users to collaborate on an application. KYP allows portal users to share any part of the application with relevant stakeholders any time using elastic security.

- **Intelli-Enroll**: KYP recognizes that key to increasing speed of enrollment while maintaining effective screening is to provide a data-rich decision support environment for enrollment analysts. With KYP's advanced analytics (Risk scoring, Red Flags, spatial, timeline and link analysis etc.) and Social Workflow capabilities, analytics can make rapid and intelligent decisions.

> **Unprecedented Innovation**
> KYP (delivered by SET) = TurboTax + Facebook + Google+ + iPhone + ...

KYP application suite addresses the majority of the AHCCCS's RFP requirements within its four major modules viz. Portal, Enrollment, Screening and Monitoring. Several other capabilities would be addressed using capabilities from KYP's ancillary modules such as Provider Directory and Provider Analytics/Reporting. Our solution offers highly differentiated capabilities that not only meet AHCCCS requirements but exceed them in several areas as demonstrated in **Figure ES-2**.

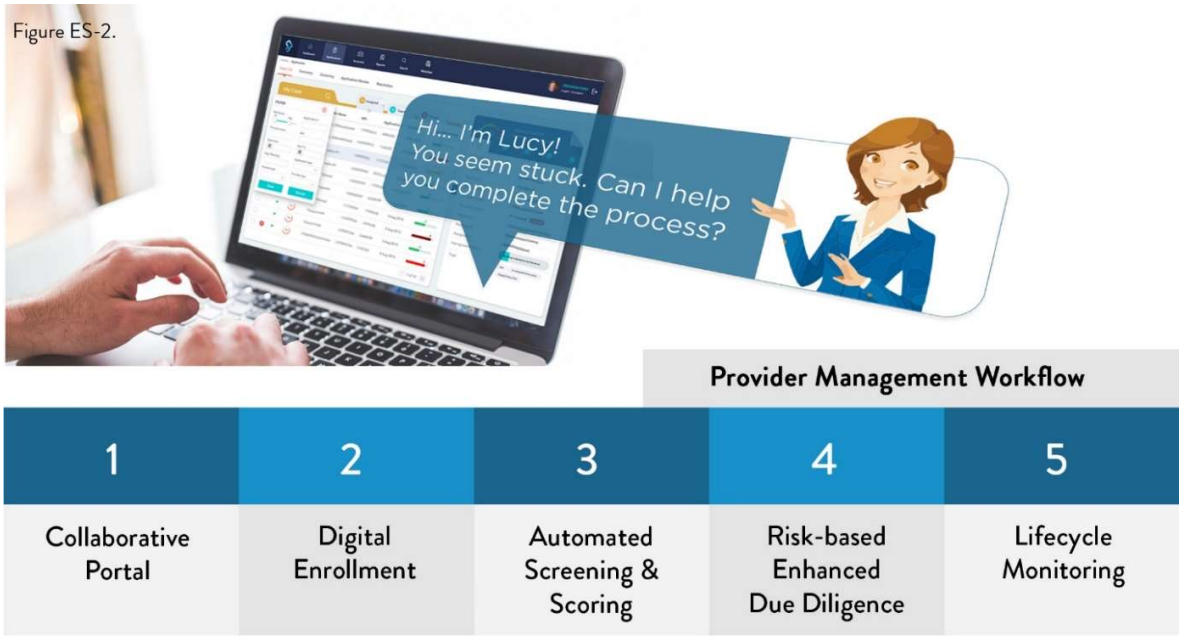


Figure ES-2: KYP closed-loop Provider Management

Our solutions enable integrated and real-time digital workflows between providers, our enrollment and screening analysts, and State staff.

The four differentiating modules of KYP include

Next-Generation Web Portal: Built using Social Form technology, Portal module assists the providers in filling out forms, guides them to add information and documents relevant to enrollment while ensuring adherence to State specific requirements. Everything about the portal is dynamic from context-driven questionnaires to auto-generated personalized applications to social collaboration features. Acting as provider's digital assistant, it dynamically changes the flow of the application based on provider's context. The module enables unprecedented collaboration between providers and enrollment analysts to identify and resolve issues within the application efficiently and effectively.

Enrollment: Our enrollment module automatically compares application data with past records or information from external market sources and enables guided validation of all disclosed data and documentation. The integrated communication and collaboration features inherent in the Enrollment module makes it a comprehensive Provider relationship management module. Some of the differentiated workflows offered by our Enrollment module include (a) waiver and moratoria workflows; (b) revalidation workbench driven proactive revalidation and maintenance workflows and (c) integrated appeals workflows. Moreover, KYP provides a unique concept of Account 360 which links all applications, communications, alerts and provider actions (resolutions) to Provider demographics, history and relationship into a holistic picture.

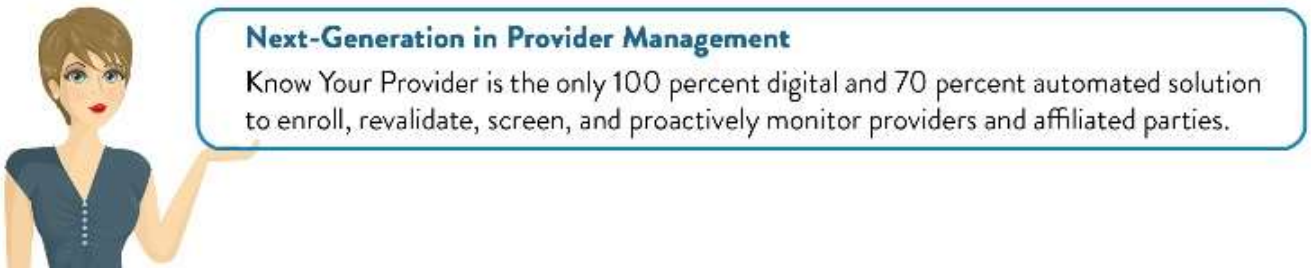
Screening: This module makes provider screening, a completely paperless exercise and is the only 100% automated screening module in the market that compares, scores, and links information from 15,000+ best-of-breed industry sources. Above all it creates a 360-degree view of the provider history and their relationships within minutes. In addition to performing the mandatory checks, Screening module enhances risk information about the provider by almost 300 percent. It provides integrated workflows for enhanced due diligence (background checks), field verifications (site visits), and fingerprinting. In addition to the checks outlined in this RFP, our screening module verifies identity, demographics (address and phone number), and negative news (bankruptcies, liens, and judgments) for all entities within the enrollment application/agreement.

Unparalleled Results

Best record in ACA screening.

Non-compliant providers identified in last four years:
- 3000 in Medicare
- 2000 in Medicaid

Monitoring: This module houses "Watch List Management" capability to generate near-time alerts (within days of status change) across dozens of watched data sources and provides digital workflow to triage, research, and render decisions on alerts within minutes. In addition to monitoring against LEIE (List of Excluded Individuals and Entities) and SAM (System for Award Management), Monitoring module enables augmented information collation including provider affiliations and information about managers, owners, and controlling agents (MOCA). KYP also provides real-time application tracking, comprehensive performance and risk reporting, and provider network management per the MITA certification checklists.



Unlike our competitors, KYP is not just a "record management" or "Case management" tool. It is the only COTS solution that fuses "Artificial Intelligence" (AI) with Predictive Analytics to enable proactive knowledge management, collaboration and decision support features across all the screens of all 4 modules.. Some of its notable highlights include:

- Conversational User Interface powered by Lucy (analogous to Siri or Alexa, but far advanced)
- Just-in-time social collaboration with elastic security that goes beyond the features offered by traditional electronic forms
- Ontology-driven Semantic Web based Micro Services Architecture
- Social workflow and intuitive dashboards

2.4 Our Best-in-Class Implementation Experience

Our successful track record is based on our mature platform suite, our out-of-the-box templates, our formal and proven implementation methodology, and our highly skilled staff.

Digital Harbor has been singularly focused on providing advanced risk management applications for over a dozen years. Our platforms, technologies, and experience emerged from some of the most challenging needs in the defense intelligence agencies for anti-terrorism screening. We received rapid adoption in customer screening processes in the world's largest financial institutions (banks, credit card companies, brokerages) to comply with anti-money laundering and anti-terrorism regulatory requirements ultimately servicing 60% of top 200 Financial Institutions in the world. In fact, these requirements subsequently became known as "Know Your Customer" regulations which was originally the name of our solution offering.

In 2010 the ACA screening requirements were inspired by the success of banking regulations. Digital Harbor built the technology for provider screening on this proven technology to provide states the necessary requirements to be MITA- and ACA-compliant. We worked with regulators and Centers for Medicare & Medicaid Services (CMS) to understand and develop an automated solution to operationalize these requirements. KYP is the result of that effort, which was subsequently implemented starting in 2012 in over a dozen federal and state customers including Mississippi, New Mexico, Montana, Wyoming, New Hampshire, New York etc. Our most advanced deployment was for the State of California (Medi-Cal) which comprises of almost 180,000 FFS providers, 80+ Provider Types, 30+ Application Packages, 25+ Enrollment Workflows and average application of 100+ Pages!

We offer the most experience in rapid implementation for Provider Enrollment and Provider Management solutions in the industry. As a reference, our first phase implementation of the Provider Portal and Enrollment in California was accomplished in just 8 months. Our most recent Phase 1 implementation for Maryland achieved UAT entrance in just 6 months.

Based on this experience, we propose a phased implementation approach for AHCCCS:

- Phase 1 is focused on Individuals, Groups and Rendering providers which comprise of between 60-80% of all providers in a given state. Our Phase 1 solution will configure existing State applications, agreements, forms, and letter templates to ensure rapid adoption. However, the forms would be mapped to take advantage of Social Forms capabilities. Deployment will include all modules – Portal, Enrollment, Screening and Monitoring. Phase 1 will achieve initial Integration with legacy system depending on the ability of MMIS to support the integration.

- Phase 2 is focused on remaining Provider types including Institutional providers. Phase 2 can also provide integrated support for paper applications as well as more robust integration with ESB or other MMIS modules. Phase 2 would also include deployment of Reporting and applicable Directory capabilities.

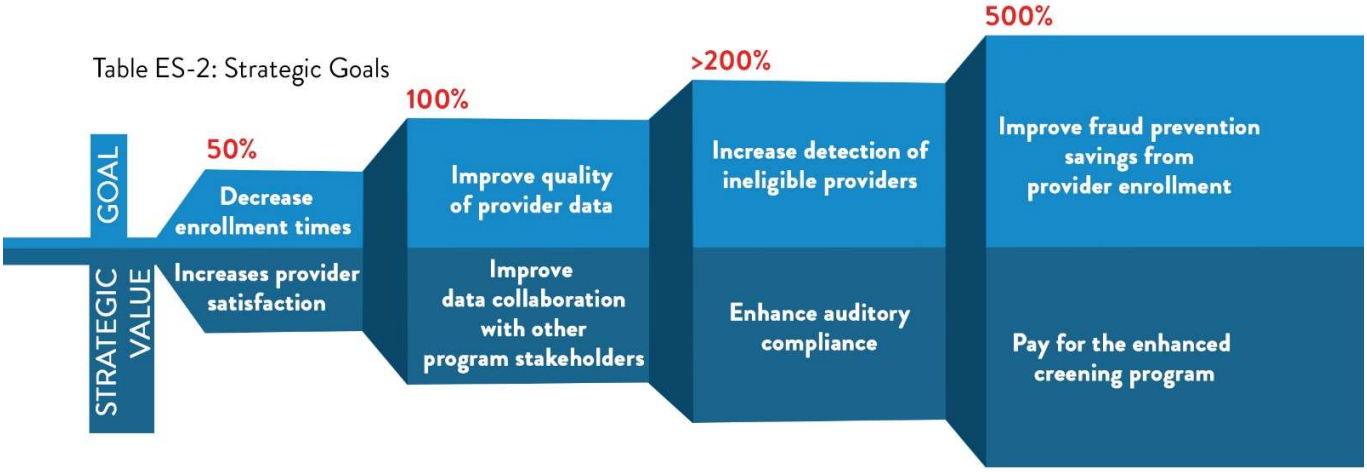
Our solution is already developed, deployed, and packaged as commercial-off-the-shelf (COTS) and addresses most of the comprehensive RFP requirements out of the box although significant configuration would be needed to adapt them to state-specific forms, workflows and business rules. The fact that we can deploy all components configured to state-specific forms and business rules for majority of the providers within just 7 months from contract start date, is the fastest turn-around time in the Industry. However, to achieve a phased approach within these timelines it is critical that state provides us the necessary flexibility by using our "Agile Project Management and execution Methodology", Partner-based collaboration spirit (vs. oversight and coordination) and streamlined documentation and reviews.

2.5 Digital Harbor's Unmatched Value Proposition

The Digital Harbor team is committed to helping the State achieve full statutory compliance with federal regulations contained in 42 CFR Part 455 Subpart E; however, our proposed offering goes well beyond

regulatory compliance. The Digital Harbor solution offers more "strategic value" to AHCCCS by delivering on the goals outlined in **Figure ES-2**.

Figure ES-2: Strategic Goals



These goals drive our Project performance. In California we met and exceeded all top Business Objectives set for 24 months after Implementation in just 10 months! Highlights include:

- Achieving a Provider Satisfaction Rating of 4.2 stars! (out of 5) from over a thousand reviews
- Reduction in Enrollment Processing by 70%
- Reduction in RTP rates by 80%
- Increase in Screening-based Denials by 300%

California PED calculated their Return on Investment from Monitoring module alone at ~30 Million annually. As DHCS prepares to calculate additional ROI from all four modules the number is expected to approach $100 million.

2.6 Summary

Digital Harbor, a leader in enterprise innovation and pioneer in conversational applications, enables Medicaid transformation through best-in-class modularity:

- End-User Focused with Unparalleled Provider Experience
- Enhancing access to care through Improved Program Integrity and Enhanced Provider Participation
- Leapfrogging to MITA Maturity Level 3 and beyond

Partnership-Driven

We don't just contract with our Customers. We Partner with them.

While we have developed significant expertise in Medicaid over the last five years, we are not a traditional Medicaid Contractor. We are a commercial COTS/SaaS company that follows commercial best-practices in implementation and technical operations within an efficient COTS/SaaS business model. We are excited to partner with Arizona and Hawaii states to achieve best-in-class module-based MITA transformation.

AHCCCS
Arizona Health Care Cost Containment System

DIGITAL HARBOR
...Connecting the Dots

3.0

OFFEROR'S CHECKLIST

	SUBMISSION REQUIREMENTS	OFFEROR'S PROPOSAL Page #
1	One (1) Hard Copy Proposal, 1 Electronic Copy	
2	Submittal Cover Letter	10
3	Offeror's Checklist (see ATTACHMENT D - this page)	11
4	Completed and Signed Offer and Acceptance page	14
5	Signed Solicitation Amendments, if any (signature page only)	17
6	Method of Approach - Written narrative in response to requirements with reference to requirement paragraph number.	19
7	Experience and Expertise of the Firm and Key Personnel – Writen Narrative • Successful and reliable experience in related past performance • Detailed related information and resumes of Key Personnel • Organizational Chart	68
8	A completed Arizona Baseline Infrastructure Security Controls 2017 (see Attachment A).	94
9	Pricing Schedule (see ATTACHMENT B)	97
10	Certification of Boycott of Israel (see ATTACHMENT C)	99
11	Statement of Intent to provide Certificate of Insurance	101
12	Detailed Legal Analysis (If any portions are requested to be kept confidential or proprietary) If any pieces of your proposal are **being requested to be kept confidential, and withheld from public viewing**, please submit an additional redacted copy of the proposal ON A SEPARATE CD. Our office does not require a hard copy of the redacted proposal, only an electronic copy. This will ensure that our office is crystal clear on which version of your proposal is acceptable for public viewing.	103

AHCCCS
Arizona Health Care Cost Containment System

DIGITAL HARBOR
...Connecting the Dots

4.0

COMPLETED AND SIGNED OFFER AND ACCEPTANCE PAGE

AHCCCS
Arizona Health Care Cost Containment System

DIGITAL HARBOR
...Connecting the Dots

5.0

SIGNED SOLICITATION AMENDMENTS

Intentionally Left Blank

AHCCCS
Arizona Health Care Cost Containment System

DIGITAL HARBOR
...Connecting the Dots

6.0

METHOD OF APPROACH

Our approach differs in that we put user at the heart of product experience. This helped our customer Medi-Cal achieve USD **$100 million** in annual cost-savings.

For your quick reference, I have tried to include references to specific high-level requirements in Section 5 (SOW) of your RFP. Individual responses to all requirements have also been included separately under the Additional Information Section.

6.0 KNOW YOUR PROVIDER™ (KYP) - SOLUTION OVERVIEW

6.1 KYP - CONVERSATIONAL WEB-PORTAL

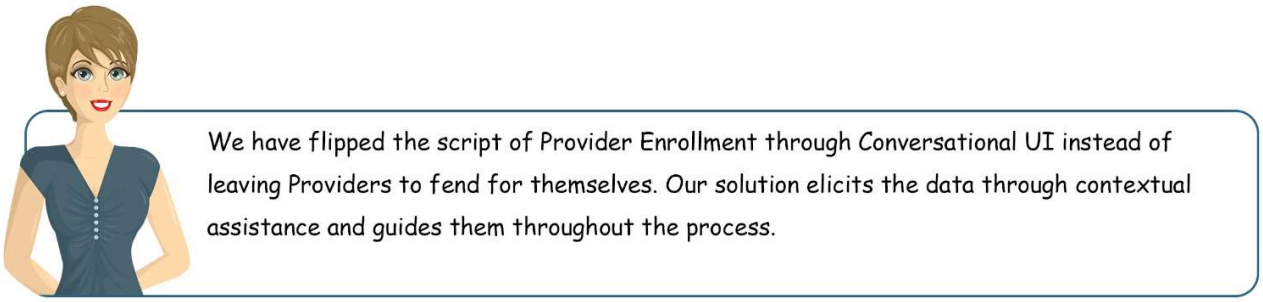
6.2 KYP - ENROLLMENT & SCREENING

6.3 KYP - PROVIDER MANAGEMENT & MONITORING

6.4 KYP - REPORTING CAPABILITIES

6.5 KYP - TECHNICAL SYSTEM ARCHITECTURE

6.6 PROJECT MANAGEMENT AND PROJECT GOVERNANCE



Arizona Healthcare Cost Containment System(AHCCCS) has established its vision for a modular Medicaid Enterprise System, including a MITA-aligned Provider Module that meets the CMS Seven Conditions and Standards. What is particularly appealing to us is that your enterprise vision is based on (a) Provider Centric focus; (b) Maximum process automation and data interoperability and (c) Adaption of Progressive technologies and Flexible enterprise platform.

We are excited to note that AHCCCS's enterprise vision is in alignment with our corporate philosophy of placing the user at the heart of product experience. And our vision of "connecting the dots" provides a unique enabler for your automation and Interoperability needs, We, at Digital Harbor were one of the first companies to create truly best-in-class COTS/SAAS based MMIS modules. Our proposed solution is based on our Industry leading Provider Network Management Solution called "Know Your Customer" (KYP).

Our approach to delivering your vision and SOW requirements uses three primary concepts:

- **Guided-Enroll**: KYP recognizes that Medicaid Rules are complex, screening requirements are intensive leading to a high percentage of returns and data issues. Providers now don't need to know anything about Medicaid rules but will be guided by digital assistant and dynamic social forms to supply the required data and documentation

- **Social-Enroll**: KYP recognizes that most applications are filled out by one or more Credentialers and reviewed and signed by providers. KYP uses Facebook, Google+, Twitter and Skype style features to enable multiple users to collaborate on an application. KYP allows portal users to share any part of the application with relevant stakeholders any time using elastic security.

- **Intelli-Enroll**: KYP recognizes that key to increasing speed of enrollment while maintaining effective screening is to provide a data-rich decision support environment for enrollment analysts. With KYP's advanced analytics (Risk scoring, Red Flags, spatial, timeline and link analysis etc.) and Social Workflow capabilities, analytics can make rapid and intelligent decisions.

KYP is the most comprehensive, first-of-its-kind and Innovative Provider Enrollment, Credentialing and Provider Management solution in the world. With over 70 major capabilities and managing over 700,000 providers it also has the distinction of fastest implementation timeframes and strongest business outcomes. Our Method of Approach outlines the KYP Solution Overview, Approach to module-wise capabilities that address SOW functional requirements, approach to architecture and finally our approach to successful implementation of a state-specific configuration of KYP deployed as an integrated modular SaaS solution.

6.0.1 Know Your Provider (KYP) – Solution Overview

Digital Harbor's *Know Your Provider* is an industry-proven Provider Management solution, built on its indigenously-developed *Social Enterprise Technology* platform, focused on bringing a quantum shift in the way provider enrolment and management process is done at Arizona Healthcare Cost Containment System (AHCCCS) State Medicaid program. It aims at increasing the efficacy of processes and productivity for both the provider applicants and AHCCCS program reviewers.

Know Your Provider (KYP) solution comes with first-of-its-kind industry innovations like the '*talking*' social enrolment portal which works with the philosophy of "eliciting the data" from the Providers as against normal forms-based portals where users are left to fend for themselves and receive no guidance in filling it with requisite information.
Lucy, the *Intelligent Personal Assistant* powered by Digital Harbor's *Social Enterprise Technology* platform, will ensure that collection process extracts superior-quality data, which minimizes provider-anxiety and return-rates by AHCCCS Enrolment department. Lucy will suggest, warn, help and guide all along the process of enrolling Arizona providers, be it during data entry or prompting for right document upload or highlighting group and rendering relationship for the provider (Figure-A *is a snippet of Lucy at work*). It is cognizant to the fact that application form can be filled by staff on behalf of the provider and accommodates this in the application workflow, signature and notification process. The portal has a dedicated console that can be used by Arizona providers to review the application progress under each account and profile along with capabilities to manage the communication, data and documents around the same. Lucy would also help Arizona providers initiate the supplemental applications like Change of Ownership, Change of Address and Affiliations/Disaffiliations for renderings under a given provider profile. Lucy assigns a unique application number for each transaction which can be used by Arizona providers for tracking the request along the lifecycle in portal.

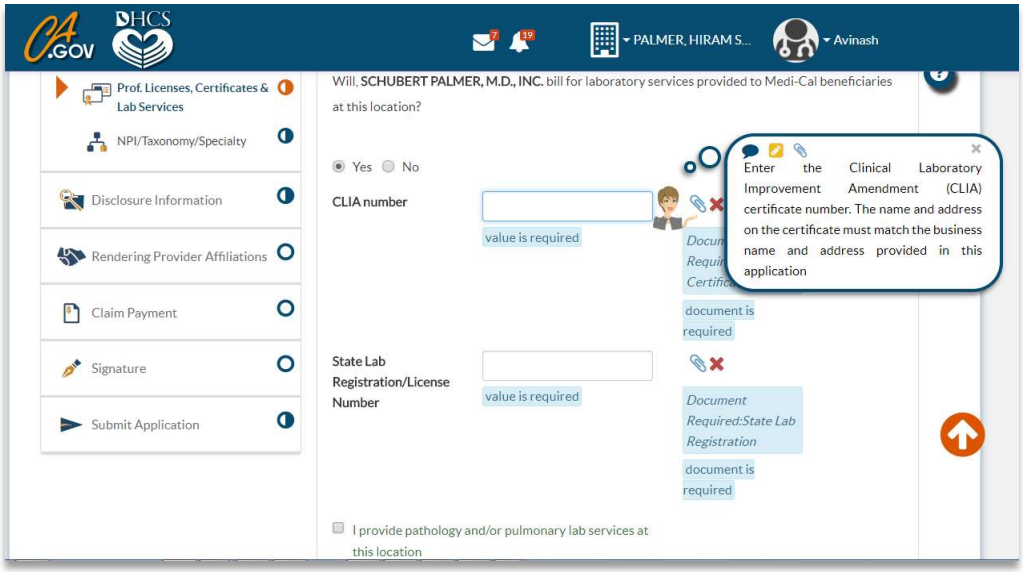


Figure-A Lucy explaining providers about specifics of documents to be attached

Once Lucy (in interactive portal) collects the information from Arizona providers, *Know Your Provider*'s automated screening process will be seamlessly executed and risk factors around various aspects of the provider as a ***professional, person or organization*** would be identified, and a *Provider Risk Score* will be generated which conveys the level of risk for the provider to *Arizona Healthcare Cost Containment System* (henceforth referred to as **AHCCCS** in this proposal). The subsequent sections of this document elaborate on the capabilities of KYP that would enable AHCCCS to organize, analyze, and make informed decisions on the incoming provider applications.

Under the automated screening process, many attributes of providers such as NPI, Taxonomy & License (as recommended under the *Title 42 Chapter IV-C Part-455 Patient Protection and Affordable Care Act of 2010)* will be validated against the real-world database. But, *Know Your Provider*'s value proposition goes much beyond that in terms of identifying the bankruptcies, criminal records, affiliations, exclusions and other related risks of the providers so that AHCCCS has a complete 360 degree perspective of its providers. Screening process not just validates the disclosed data but also identifies risk "surrounding" the data, referred to "red flags", like past deactivations, NPI type errors, identity theft and near-future expiry of critical documents / data so that AHCCCS can add specific providers to "watchlist" and monitor them post-enrollment. Despite the sophisticated automation and decision-making capabilities, *Know Your Provider* is sensitive to the fact that evaluating enrollment impacts population health plans, and there needs to be a manual oversight for the final decision. Hence, it allows AHCCCS users to *organize, research, analyse and make decisions* on applications via conversational user interface where Lucy (now on the AHCCCS's side) helps AHCCCS users *interpret screening results, identify risk patterns, highlight relationships between risk events and provide intelligent suggestions like identifying similar cases.* The integrated workflow will provide critical operational capability to vet the application through the required departments in AHCCCS like Enrollment, Audit, Site Visit, Compliance etc. through user work queues (Figure-B represents the work assignment queue)

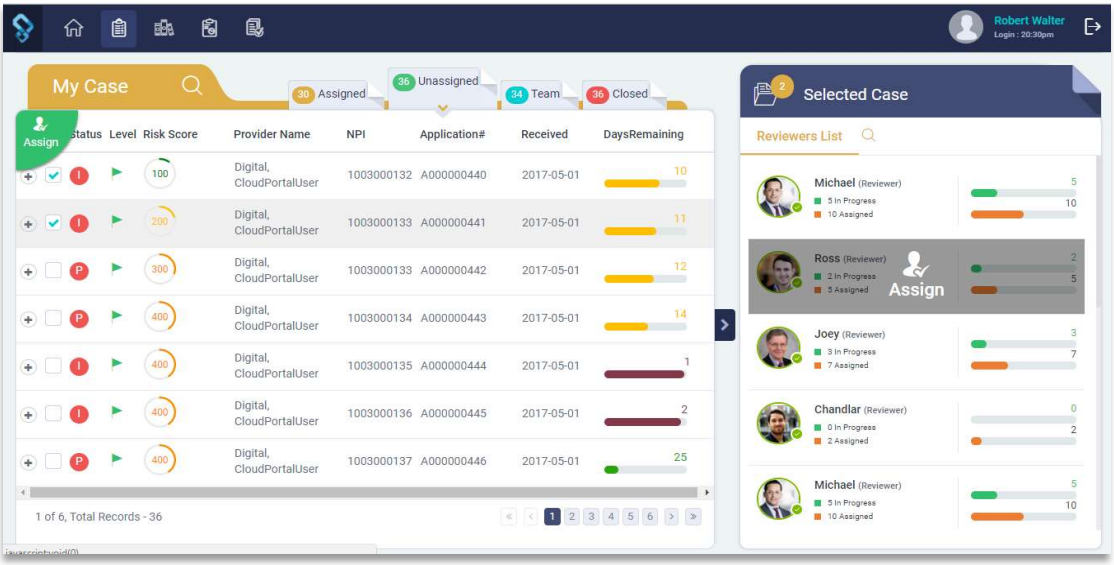
Know Your Provider's investigative case management capabilities allow for verification of the automated screening against the authoritative data source and their web interface. It equips this research with capabilities like automated screenshots of the validated sites and would facilitate AHCCCS enrollment analysts create "findings" around the risk elements. These investigative "findings" directly manipulate the automated screening risk after considering the manual updates of information and documents. In this way, *Know Your Provider* ensures the results of the manual investigation are reflected on the provider-application in the automated system and the risk perspective is gradually built for an informed decision on enrollment of providers by AHCCCS. All these actions are accurately tracked in audit logs and would be allowed to be performed only by authorised AHCCCS users via the role-based access control capability. *Know Your Provider* fuses *artificial intelligence (AI), business intelligence (BI) and collaborative intelligence (CI)* at every critical phase of enrollment process to deliver conversational UI to its users and suggest critical case actions like close-as-duplicate, similar cases, suggested users to collaborate, anticipate impending business constraints, data interpretation and many more use cases via the intelligent personal assistant "Lucy". All these capabilities would help AHCCCS have an operational control over the enrollment process.

Know Your Provider's conversational user interface would present the electronic application form submitted by provider, to the AHCCCS enrolment analyst, fused with powerful application review capabilities like annotations, explanations and create findings so that the enrollment analysts can review the data and documents submitted by the providers and build the resolution on the application. A unique capability of the *Know Your Provider* solution that allows temporary suspension action on an application and electronically "return the application to provider" for missing or unclear data and documents would be

available to AHCCCS. The review comments/concerns are contextually presented just next to the attribute / section of the electronic form where the Provider can quickly

review and amend the data / document and be able to re-submit the application to AHCCCS electronically, in line with the workflow. *Know Your Provider*'s configurable backend architecture will allow AHCCCS to define the mandatory review items on the forms based on application-types like new group, new rendering, supplemental etc. or based on provider types or other specific attributes.

Figure-B: Work assignment queue



After guiding the enrollment analyst along the screening review and application review process, *Know Your Provider* solution will allow AHCCCS to choose from bunch of enrollment actions on the application like Enrollment Granted, Deficiency Notice, Denied and Close as Duplicate. An account is created with a unique Account ID in *Know Your Provider* for new group and individual package applications which are approved. There are other transactions initiated by providers like changes in location, updates of contact information, etc. which go through limited review process and update the existing account. All the disclosed and investigated data, documents and communication around the provider account are consolidated in *Know Your Provider* and would be made available for quick reference by AHCCCS enrollment analyst at any point in time.

Throughout the review process, meaningful external notifications would be sent to the providers which help them track the status of the application and reduce the anxiety. Internal notifications to the AHCCCS enrollment analysts about days remaining, re-submissions, work assignment and to AHCCCS supervisors about accept/ decline / re-assignment of applications would provide the required visibility on the processing of the applications.

Digital Harbor understands that a vital element of post-enrollment provider management is to manage provider's requests along the life-cycle of provider engagement, ranging from updates like changes in

ownership, additions of controlling interest entities and people, additions of service locations, rendering services in multiple facilities, affiliations and dis-affiliations to various groups, to update basic information like phone number or address or contact person. Also, there may be a need from the AHCCCS's side to initiate actions on the enrolled account like temporary suspension, deactivation, period and qualitative re-validation and adding the account to an internal watchlist. *Know Your Provider*'s account management capabilities covers all of these in a comprehensive manner where the interface allows these actions to be taken, recorded and communicated in an intuitive way.

Post-enrollment, *Know Your Provider* facilitates automated periodic monitoring of active Arizona-enrolled providers for non-compliance and would be generating alerts which can be reviewed by AHCCCS. Monitoring process, which is an important regulatory requirement, uses external data sources like OIG, License Sanctions, DMF and many more to determine the risk and generate alert. AHCCCS would also be able to define their "Internal Watchlist" by adding providers, persons and organizations to it and monitor the accounts against them in the same process. Alerts generated on the account have transaction life-cycle like applications, i.e. they pass through the predefined workflows and require decision-making for actions like termination or suspension or site-visit on an account.

Note: Refer Section 9 of Additional Information for a bird's eye view of the unique features of *Know Your Provider (KYP*).

PROVIDER MANAGEMENT **SOLUTION**

Arizona Health Care Cost Containment System Administration

The following chapters detail the critical capabilities of the above-mentioned Enrollment, Screening, Monitoring and Account Management processes.

Note: Demonstrated our compliance w.r.t. CMS & MITA requirements in Additional Information.

6.1 KYP - Conversational Web-portal

Powered by Social Form, KYP portal enables Providers to have a conversation with the forms.

KYP Portal is my favorite Hangout! It's because I love Providers. And I think they like me back based on their 5 Star ratings My goal is to not just to make it easy but to make it a joyful experience to enroll and participate in Medicaid. No wonder, they call me Turbo Enroll.

Most existing Provider Portals support only the following basic capabilities: (a) static application for all providers; (b) basic form validation; (c) one-way submission; and (d) limited help or tracking of application across user sessions. Using this model, the user experience is limited to basic electronic form submissions and dozens of hard copy and email exchanges with high send-back rates.

Digital Harbor's KYP Provider Application Portal represents the most sophisticated Application Portal in the world, designed to make the functioning simple. To create it, we started by understanding and analyzing the critical pain points encountered by Providers in moving from paper to electronic:

6.1.1 Provider Pain-Points

Unlike simple forms, provider enrollment applications can be quite complex involving several hundred data elements and as many as a dozen supporting documents. An average application folder can vary between 50-100 pages. Recent ACA regulations increase data collection even further, including information for all Managing Employees, Owners, Controllers and Associates (MOCA) associated with the provider entity. As a result, majority of states continue to process applications via paper, even as existing Portals in Medicare and Medicaid average Provider Adoption rates are below 33%.

Reasons why providers continue to prefer paper to electronic forms include:

- Providers like to be able to preview the application in its entirety. Most electronic forms only provide visibility into the form one page at a time.
- Providers want the ability to skip specific fields and sections and revert to them later. Electronic forms usually prevent users to proceed with the application without filling all the required data in the indicated sequence.
- Providers need to fill an application over multiple sessions. Electronic forms provide very limited application navigation capabilities across sessions.
- Providers like to organize their documents and be able to review them side-by-side before packaging them in the final application. Most electronic forms have very limited document management capabilities usually allowing for a simple upload in a separate form.

- Providers usually collaborate with multiple stakeholders before submitting official applications. Often, they may use credentialers or admin staff to fill the main application while other users review the application; still others provide specific inputs such as personal information for directors, insurance etc. and finally the authorized individuals who can sign and or submit the applications. Paper applications can be supported by a manual workflow. However, most application portals are designed keeping in mind a single user who shall fill the application with very limited, if any, collaboration capabilities.

- Providers want an ability to print a nicely formatted application and associated provider agreement. Electronic forms usually support limited printing capabilities.

6.1.2 KYP Portal Solution Concepts

Our KYP Portal addresses the above pain points head on. Specifically, the web-based KYP portal enables:

- Providers to walk through the entire application using an interactive table of contents (TOC) on the left and corresponding form section on the right.

- Providers can fill out most sections in any order they please. The portal tracks the progress in real-time by showing sections that have been completed, started but pending and not started.

- Providers can skip fields or entire sections, even as the portal shows all gaps and errors within the summary and application checklist pages. These are cross-linked to the sections allowing provider to do the final corrections at the end.

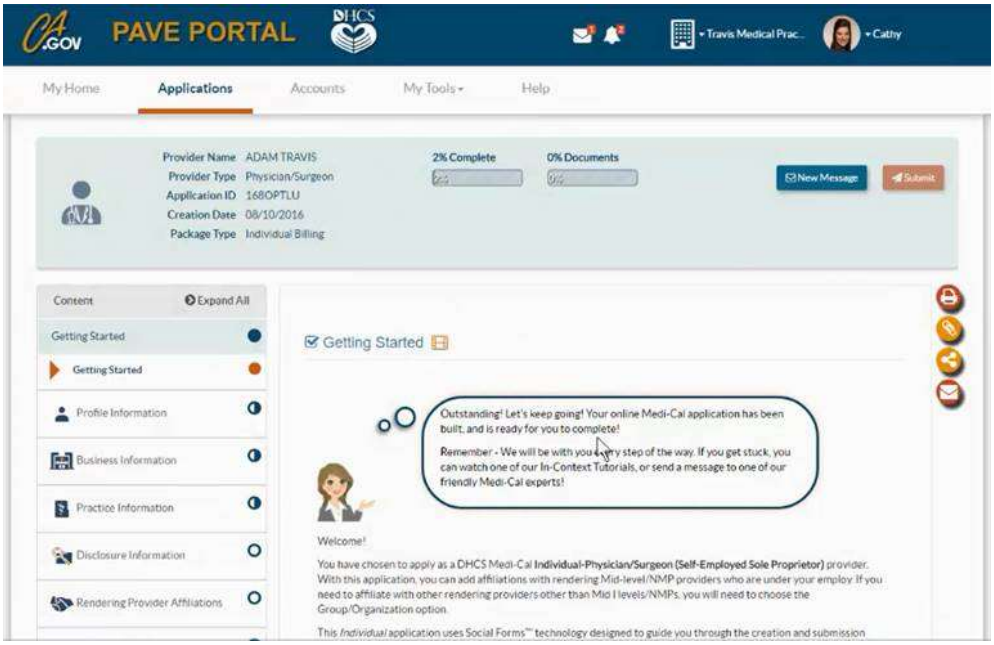
- Portal saves the form-data automatically as the provider moves from one section to another and provide can log back to continue completing the application without losing context.

- Portal provides comprehensive abilities to store and manage documents not only within the application but also across application by storing them within their profile resource library. They only need to be uploaded once with provision to version them with updates

- Providers can print the application in a nice format at any stage and not just at the end of completion.

- Send timely notifications on progress status and allows them to track the status of their application in the portal via unique tracking number specific to the provider's profile / account (addresses **5.9.7**).

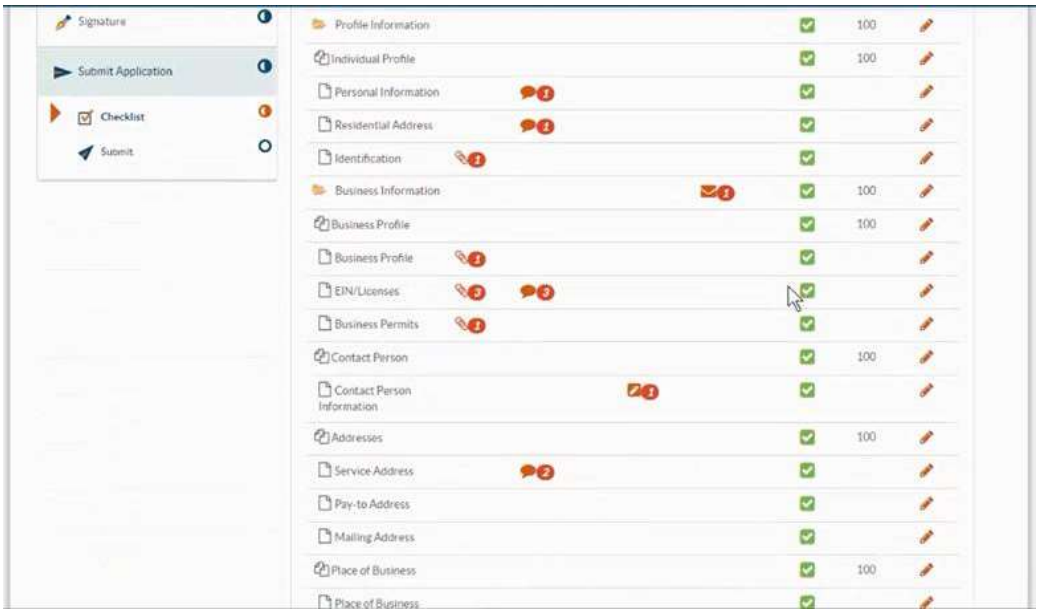
Figure D



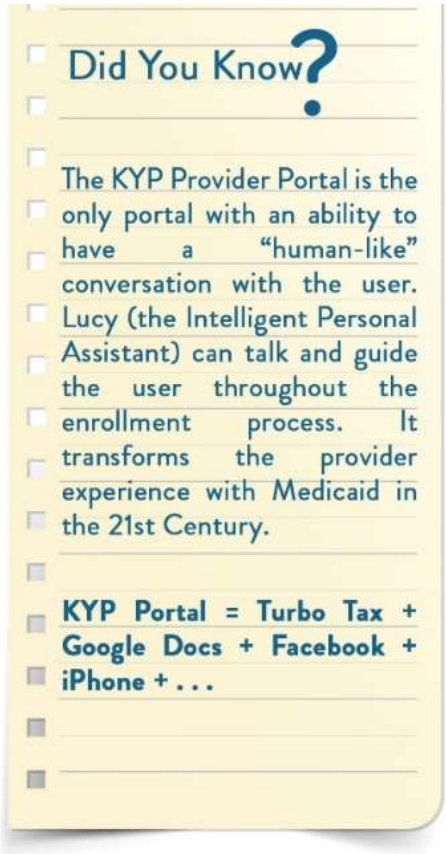
But KYP portal doesn't stop with making electronic forms achieve parity with paper applications. Pushing the envelope further, we have built a KYP Provider Portal that is the most advanced Enrollment Portal in the world. Arizona providers visiting the KYP Portal would be welcomed with a friendly agent Lucy, their Intelligent Personal Assistant. Lucy would ask a series of questions to Arizona providers to create the right application package. She then guides them through the application explaining what is needed, filling information from databases where available, correcting mistakes as they are made, and expanding or collapsing the application based on the specific situation (addresses **5.1.4**). As they prepare the application, Lucy would indicate what documents are needed while creating and managing a documentation checklist defined by AHCCCS (addresses **5.1.6**). She would even create a virtual file cabinet with search and versioning to allow them to reuse these documents across applications or even other payers. When providers ask for help, Lucy would answer their questions from response cards through subject matter experts to tracking their progress from start to finish. She would even allow them to share any part of the form with their colleagues and engage in social chat just next to any field within the form (addresses **5.14.2**). KYP portal links all data, documents, chats and messages within the same application package. Providers can even manage their affiliations as easy as friending or unfriending other providers.

KYP Portal uses Social Forms and Artificial Intelligence to enable highly differentiated features making it the most advanced Application Portal in the world. Top 10 capabilities which would be available to AHCCCS include:

- **Turbo Tax-like Form**: The form is assembled on the fly and changes based on user context and



eligibility.



- The form asks for data and documentation without requiring extensive prior training or Medicaid knowledge, which increases accuracy, timeliness, and facilitates rapid approvals.

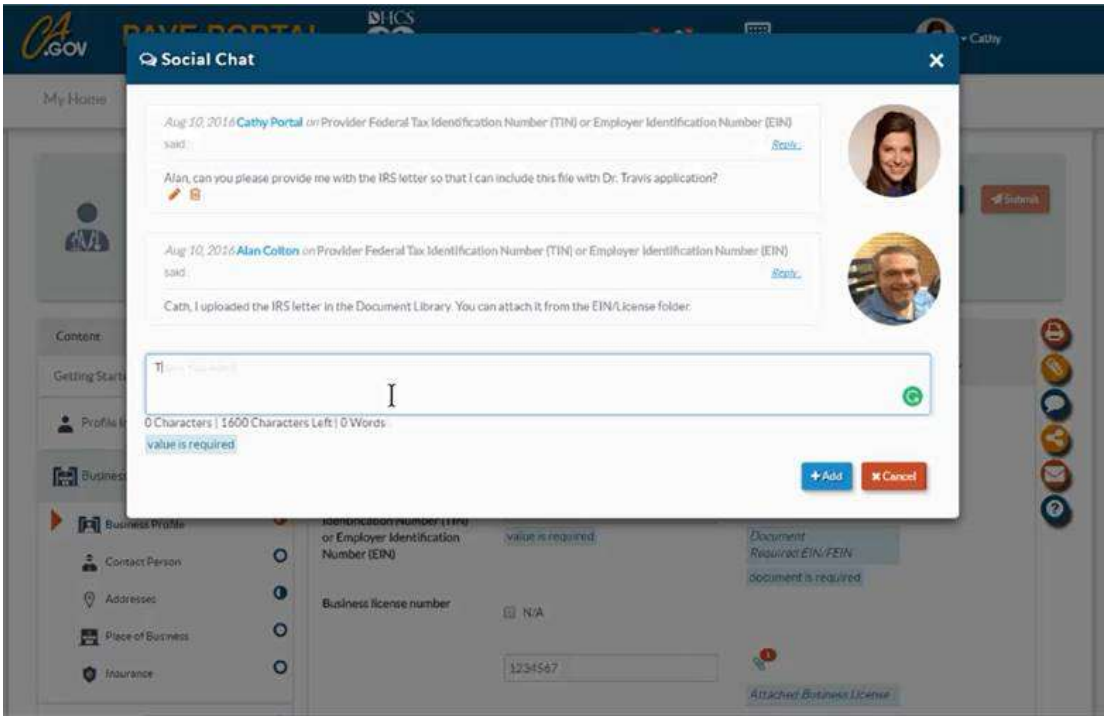
- **Social Documents**: Documents are no longer standalone but linked to the data. KYP guides user on what documents need to be provided based on providers situation, link it with the relevant data and creates a dynamic checklist to ensure all mandatory and optional documentation can be tracked and reviewed before submission (addresses **5.1.6, 5.1.7**).

- **Social Messaging**: In addition to comprehensive messaging capabilities (more than embedded Portal Mailbox), messages can be initiated within any part of the application or account and linked to the appropriate content. Messaging includes features from Social Media platforms allowing new users to be invited to the platform automatically based on user-initiated messages (addresses **5.1.2, 5.1.4, 5.10.6**).

Social Conversations (Chat): Within any field or section of the application, users can chat with one another, and all social conversations are tracked within the form. These conversations are not limited to call center, instead they

can support intra-provider, inter-provider, intra-state, provider-state or state-stakeholders. Conversations can occur in an asynchronous mode making them more effective to support the full application lifecycle.

Figure E



- **Application Share**: Users at provider's organization can share any portion or the full application with others who jointly work on it, which not only increases accuracy, but also responds to providers' apprehension regarding sensitive information. Share is provisioned with elastic access to users such as Officers and Directors, enabling them to participate in application preparation as well as allow credentialers to prepare the applications while Providers can review and sign them.

- **Auto-Population**: Whether it is a new application, revalidation or supplemental the Portal uses existing account data as well as real-time third-party sources (e.g. NPPES, USPS) to pre-populate portions of apps reducing Application preparation effort by as much as 80%.

- **Two-way Embedded Collaboration**: AHCCCS Enrollment analysts can return applications with deficiencies within the same workflow along with electronic comments guiding them to where the deficiency is and defining what it is (addresses **5.5.11**). This unique concept where the submitter (provider) and reviewer (AHCCCS) can use a Facebook/Wikipedia style paradigm to remediate and correct a form reduces Return to Provider (RTP) turnaround to as little as 24 hours.

- **Enhanced Security:** In addition to basic security features provided by most portals such as masked PII fields, KYP has significant number of advanced security features including protecting sensitive documents and using elastic security to allow only portions of apps to be viewed or edited by specific users. These

security features can ensure rapid adaption and effective collaboration as sensitive data is protected even in the event of theft of user credentials (addresses **5.16.11.21**).

- **Dynamic Versioning**: All form data and documents within the form version themselves based on change and show in-line version tracking. KYP ensures that pre-populated portions are actively reviewed, and any changes tracked and highlighted for both Provider and Reviewer (addresses **5.9.1, 5.9.7**).

- **Lucy**: Lucy, the Intelligence Personal Assistant (IPA), can serve as a personal guide and even enhance ACA compliance. Lucy uses in-context Speech Bubbles and Video Tutorials (ICTs) to provide next-generation in Situation-based proactive help. Lucy also personalizes all forms content into first party and third-party references, as appropriate.

KYP Provider Portal is more than just a website to submit and track applications and send/or receive secure messages. It would allow Arizona providers to:

- View and Manage their existing Accounts
- View and Manage Provider Affiliations
- View and Manage Plan Affiliations
- Receive Proactive Alerts for Account Maintenance and Revalidations
- Collaborate with all stakeholders
- Search Providers to support claims submission
- Manage Document, Document and Applications Library (addresses **5.1.3, 5.10.5**).
- Manage their directory Information for beneficiaries (enterprise version even provides social collaboration tools with beneficiaries)
- Self-Learn and Self-train on enrollment process and related regulations (Learning Center)

In fact, KYP not only allows Providers to interact with Medicaid, it even provides them a "free" tool for managing their enrollment and compliance related corporate data and documents in a searchable repository accessible securely and virtually (their own SaaS).

Figure F: Web Portal - high level features

Our proposed solution goes beyond the call of Provider Enrollment requirements listed in Contractor Responsibility in Notice of Request for Proposal and offer the following additional configurations within our proposed price:

- **ID Proofing**: We will configure KYP to allow existing Providers to be able to self-authenticate by answering dynamic questions that will successfully verify their identity enabling them to access their accounts. These questions will be generated from a combination of account and 3rd party data that only the provider is likely to be able to know creating a threshold authentication score. This unique capability will allow rapid adaption by existing providers.

- **Counter-Signatures**: KYP will ensure that affiliation apps require counter-signature and use its unique embedded sharing-based workflow to enable these counter-signatures. Disaffiliation can be initiated by either party. By authenticating all affiliations, this key Program Integrity feature can ensure that Providers can no longer bill for Phantom Providers based on ID theft or expired affiliations.

6.2 KYP – Enrollment & Screening

Connecting the dots from over 15,000 data sources

6.2.1 Enhanced Screening

The essential backbone of the enriched screening capability of the enrolment module is the manner in which Know Your Provider is able to source intelligent information from over 15,000 authoritative data sources and make it available for a comprehensive risk profiling of the provider

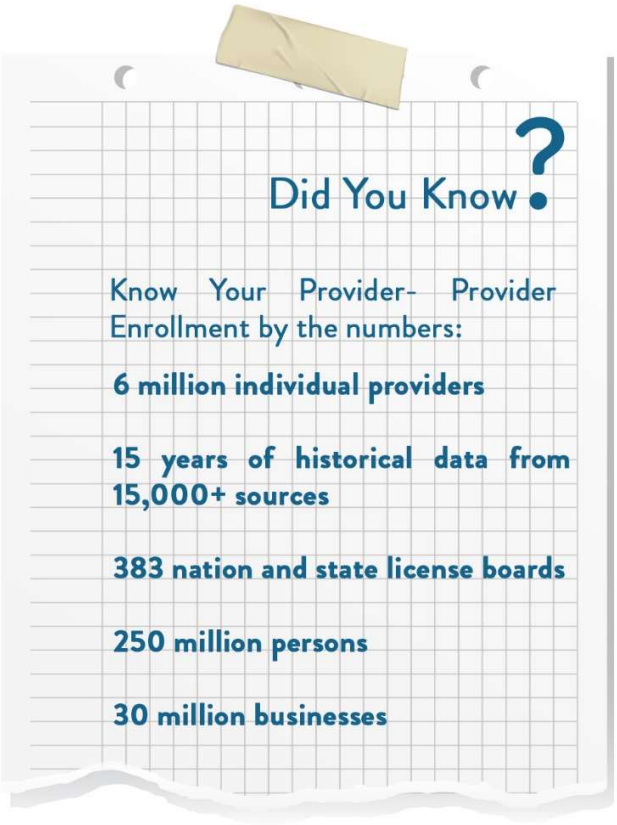
The enriched screening of the provider's information collected from the Portal is a big success with all our customers due to the following intelligence data sourcing capabilities.

Provider and Health Organization Verification Reference Data

Know Your Provider - Provider Enrollment provides access to more than six million individual providers, two million healthcare organizations, and 15 years of historical data from more than 15,000 sources, including nearly all 383 national and state license boards and certification agencies. The data already integrates most sanctions/exclusions sources and links them to known licensed providers. We use data sources that captures near real-time updates of demographics data from the Provider Data Consortium (PDC) prescription filings; and conducts call centre–based direct telephone verifications. This ensures that the data are most current and accurate for address, contact, and organizational affiliations.

Person and Business Verification Data

While practitioners are the primary entities that need to be screened in a primary application, it is also essential to verify the identity, demographics, and negative information on businesses and individuals affiliated with the provider. *Know Your Provider - Provider Enrollment* provides access to information on over 250 million persons and 30 million businesses from over 15,000 original data sources. It provides a comprehensive criminal picture that includes sex offender registries, AOC, DOC and US federal criminal courts (addresses **5.7.1**). It also contains a more complete business view by combining Secretary of State information with D&B, FEIN, and FBN. In addition to capturing accurate identity information (including aliases) from credit data, it captures accurate demographics from daily updates from utilities as well as the latest criminal activity from daily and monthly court record updates.



Our data sources are best suited to meet program integrity needs, such as:

- Offering the most current and accurate information by leveraging information from real-world business transactions, including prescriptions, credit, and utilities, in addition to public records
- Cross-verification from multiple sources to disambiguate entities
- Proven effectiveness in screening, anti-fraud, and compliance applications

Using the above-mentioned data intelligence capabilities, the screening process does a comprehensive risk profiling by identifying exceptions and risk events in the gathered data as explained below

Screening (Database Checks) process – A reference to ACA

ACA defines "screening" as validating provider enrollment information and determination of eligibility through external verification from independent sources. Traditionally, most provider information has received limited validation through application review that relied mostly on supporting documentation submitted with the application. Often, due to staff limitations, external verification is focused on primary practitioners only. The following items (addresses **5.3.5**) that are usually externally verified include:

- Practitioner license in the state of practice, based on primary source-board website where available
- Name search for provider's legal name on OIG website for HHS exclusions (LEIE)
- State-specific databases

Other checks are limited to case-by-case basis, such as looking up a provider on Google or checking business or incorporation record on the Secretary of State website.

ACA significantly revises this provider screening rule as published in 42 CFR Part 455 Subpart E. The rule is based on the recognition that most enrolled providers, including individual providers, are enrolled as a "business entity." Driven by a new focus on front-end fraud prevention, ACA expands the scope of verification to "comprehensive risk assessment of the enrolling entity." This includes screening the businesses associated with the enrolled provider as well as all managers, owners, and controlling associates (MOCA). The ACA Provider Screening mandate expands external verification to more than three times the number of parties to be checked for each enrolment, against more than three times the number of databases.

Our Comprehensive Automated Screening Process

Our experience in working with Centres for Medicare and Medicaid Services (CMS) and many other Medicaid states, affords us a unique insight and opportunity to develop a best-practices screening process to verify all entities represented in a Medicaid provider application. Screening steps include:

- Matching of provider information, such as license, NPI, name, address, and accreditation with the provider master database
- Matching of business information—name, DBA, tax ID, address—to corporate master database
- Identification of any undisclosed officers and directors
- ID verification of persons, including name, SSN, DOB, address for each owner, authorized or delegated officials, or supervising physicians to include identity check, and death status
- Detection of all negative information, such as sanctions on provider, and criminal history for persons
- Watch List Monitoring of providers against multiple negative sources, such as LEIE, MED, SAM, MCSIS, State OIG Exclusions, DEA sanctions, and NPDB

Above-cited capabilities of Automate Screening address **5.5.1, 5.5.5, 5.5.6 and 5.5.8**

We have developed an ACA compliance checklist in accordance with this process (Table 1).

ACA 6028 Required Check	KYP
Provider/Practitioner	Y
NPPES (NPI, Type & Status)	Y
States (s) of Licensure and Status	Y
License Sanctions & Adverse Actions	Y
GSA Exclusion List (EPLS/SAM)	Y
OIG Exclusion List (LEIE)	Y
DEA Number	Y
CLIA Number (if applicable)	Y
Specialty/Taxonomy Validation	Y
Specialty Certifications	Y
Accreditations, such as JCAHO and DMEPOS	Y
Practice Associations (Groups)	Y
Hospital and LTC Affiliations	
Medicaid & Medicare Terminations & Exclusions (MCSIS)	Y

Table 1. ACA Compliance Checklist

Managing Owners and Controlling Associates (MOCA)	
Identity (SSN & DOB)	Y
Death Records (SSA DMF)	Y
GSA Exclusion List (EPLS/SAM)	Y
OIG Exclusion List (LEIE)	Y
Criminal Background Checks	
Fingerprinting	Y
TIN/FEIN	Y
Corporate Owners and Officers	Y
Site Visit	Y

Table 2: MOCA

This checklist is encapsulated in our screening model which will be extended for AHCCCS solution and it is responsible for creating a composite risk score for the application based on information about all the entities included in the application.

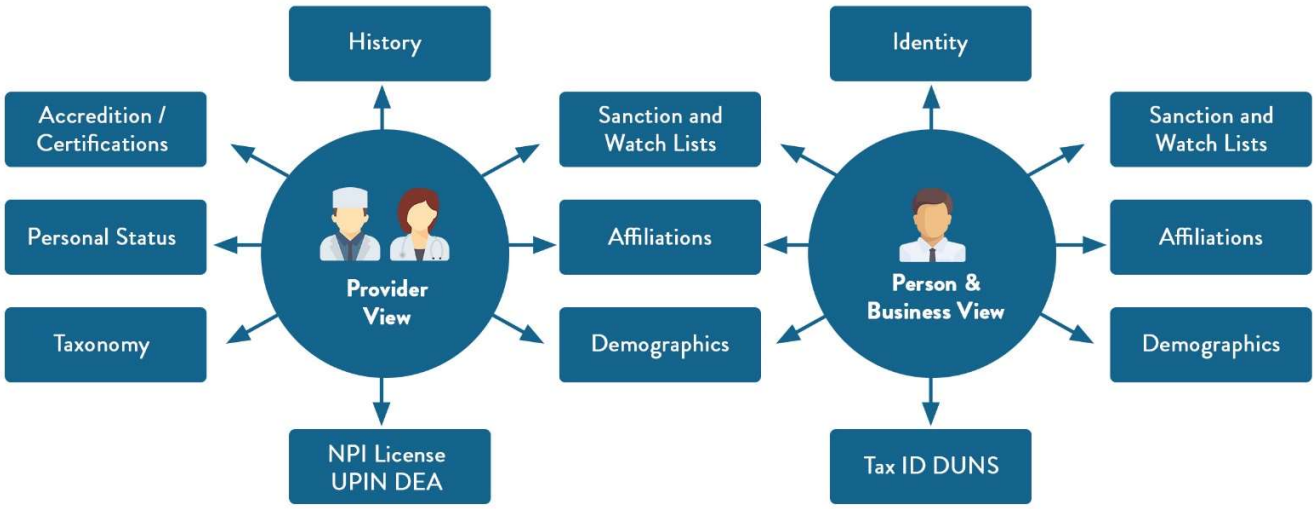


Figure G. Comprehensive Automated Screening Model

The screening model creates a composite risk score based on entity information

Our KYP Enrollment *solution is unique in the industry as it provides a 100 percent automated screening module that matches, scores, and links information from more than 10,000 best-of-breed industry sources and within minutes creates a 360-degree view of provider, including history and relationship. It then presents this information to the Enrolment Analysts within integrated workflows to support enhanced due diligence and program integrity research where necessary (addresses **5.9.10**. Refer **Figure H** for a snippet of Screening Results page highlighting the discrepancies)*

The AHCCCS enrolment analysts can record all their findings and can either share the screening summary report or escalate the entire case to their supervisor or AHCCCS staff for approval/denial decisions.

Our solution provides AHCCCS automated validation against all required ACA checks including:

- State licensures and accreditations across 383 medical-related boards nationwide (addresses **5.5.7 & 5.5.9**)
- NPI verification (NPPES)
- SSA death master file (SSDMF)
- Medicare enrolment(PECOS)
- HHS exclusions (LEIE and MED)
- Federal GSA exclusions (SAM)
- Medicare and Medicaid exclusions (MCSYS) (addresses **5.5.19**)

Additionally, our solution for AHCCCS also screens the provider on the following:

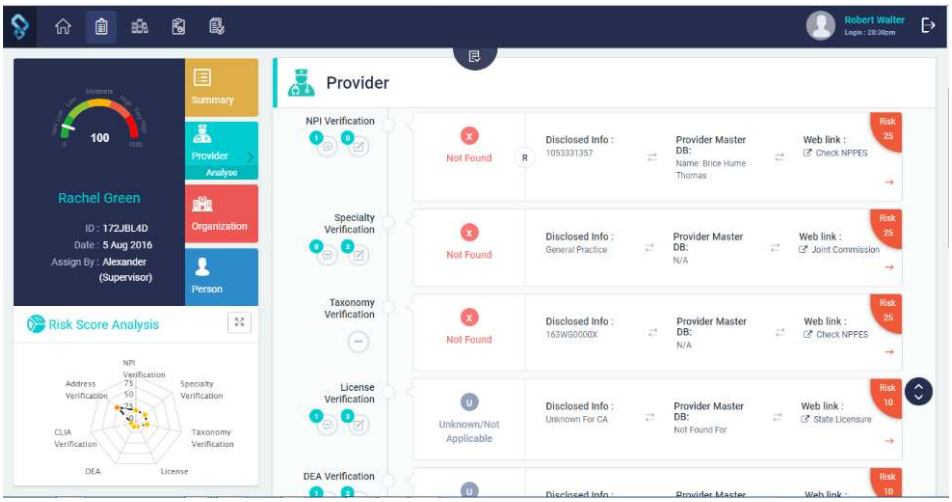
- Provider demographics validation
- ID verification (SSN or Tax ID) for providers
- ID and sanctions verifications for all owners and officers, contacts, and listed billing agents
- Board sanctions
- Criminal background checks for high-risk provider types (DME, Home Health)
- Composite risk score based on ACA-compliant risk factor model.

Above-cited capabilities of our Automate Screening address **5.5.8**

Did You Know?

With more than 50 types of unique red flags and more than 40 dimensions of risk scoring, our screening model is the most innovative, comprehensive, and accurate in the industry. Our solution automates the detection of these red flags, so state analysts can review and investigate them with a high degree of efficacy.

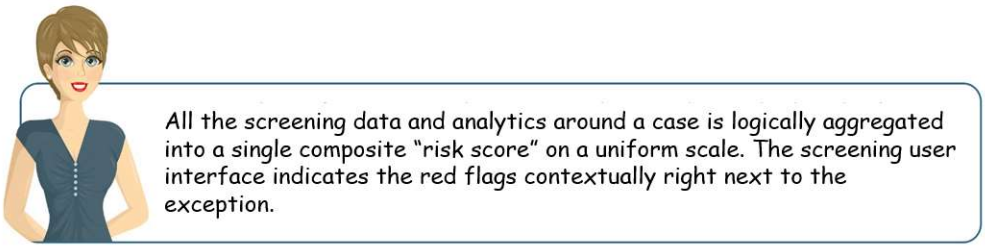
Figure H. Provider Checks



For group providers, our solution automatically conducts checks for all rendering providers affiliated with the group application. Our standard configuration is to break the screening into separate but linked cases to allow independent

decisions on multiple rendering providers. Often group-to-individual affiliations data are incomplete; for instance, providers do not file rendering apps for all providers in their group providing services to Medicaid beneficiaries. Our solution also automatically identifies undisclosed practice affiliations based on commercial claims databases at the time of screening.

The Screening module also uses CMS risk classification for each provider and flags off applications from providers as "high", "moderate" or "low" risk level. These flags have an input in the total risk scoring process and enrolment analysts can create their findings based on investigation around these applications (addresses **5.5.14**)



All the exceptions / risk events are fed into the Digital Harbor Provider Risk Scoring model and the analysis is presented in very intuitive manner to Enrollment analysts

Provider Enrollment has superlative risk scoring capability that aggregates all the risk events identified during the verification and screening of the provider application and displays an overall risk perspective about the provider on a uniform scale of 0-1000 which is standard for all provider applications.

There are unique risk visualization capabilities like the interactive risk skewness chart that displays the risk spread of a case and helps AHCCCS enrollment analyst build a high-level map of the distribution of risk elements for a provider so that he can focus his investigation accordingly along the review process.

Red flags and location-based investigation tools equip the Enrollment Analyst for qualitative review

Provider Enrollment evaluates lot of qualitative characteristics of the disclosed information during screening process and raises red flags around those to highlight imminent risk like License nearing expiry or deactivated in past despite a perfect database match on the License number. Red flags are also raised for susceptible provider types or specialities like "psychiatry". The red flags are presented contextually alongside the disclosed data to contextually represent the analysis. With 40+ conditions for identifying a red flag, Provider Enrollment helps maintain the program integrity.

Provider Enrollment intelligently identifies and displays related providers on an interactive map so that analysts can perform investigation about high risk cases. Related providers are identified based on list of combinations of provider attributes e.g. NPI, Location and Name can be used to identify possible linkage based on common type of fraud that happens during enrolment process (addresses **5.5.10**).

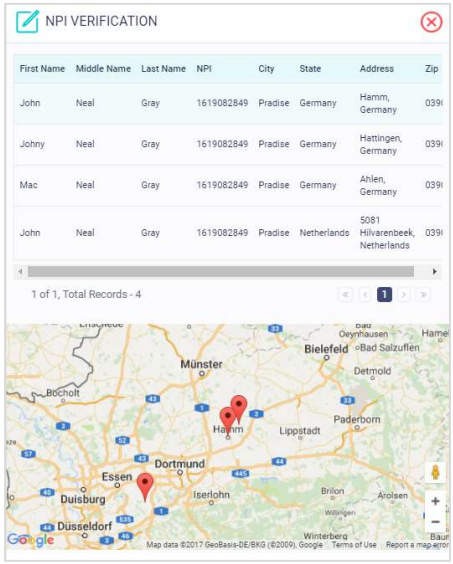


Figure I. Location-based investigation

All the applications duly enriched with screening and analytics information follow the case lifecycle where they are worked upon at various workflow steps as explained below:

Application Validation

Know Your Provider - Provider Enrollment provides robust support for enrollment processing and can identify and screen license information across all fifty states, flagging any negative adverse action history even if not disclosed within the past fifteen years. Licenses are verified using automated screening. Incoming cases are routed to appropriate queues where they can be assigned to individual analysts. AHCCCS analysts can search (including filter and sort) for a given provider or application by various parameters including but not limited to NPI, Provider Name, various date combination, risk score, document name etc. throughout the module using global and custom search options (addresses **5.8.1**) The AHCCCS analyst gets the same view of the application as in the portal, with additional review capabilities. *Know Your Provider - Provider Enrollment* automatically identifies related cases and accounts including any duplicate applications (possible in the case of paper submissions). Linked account data or external database information is presented side-by-side for easy evaluation. For example, if a revalidation is submitted, the system intelligently highlights what has changed compared to existing account information. It can show the information side by side. *KYP Enrollment* has an advanced documentation review workbench to review documentation against a review checklist and annotate it.

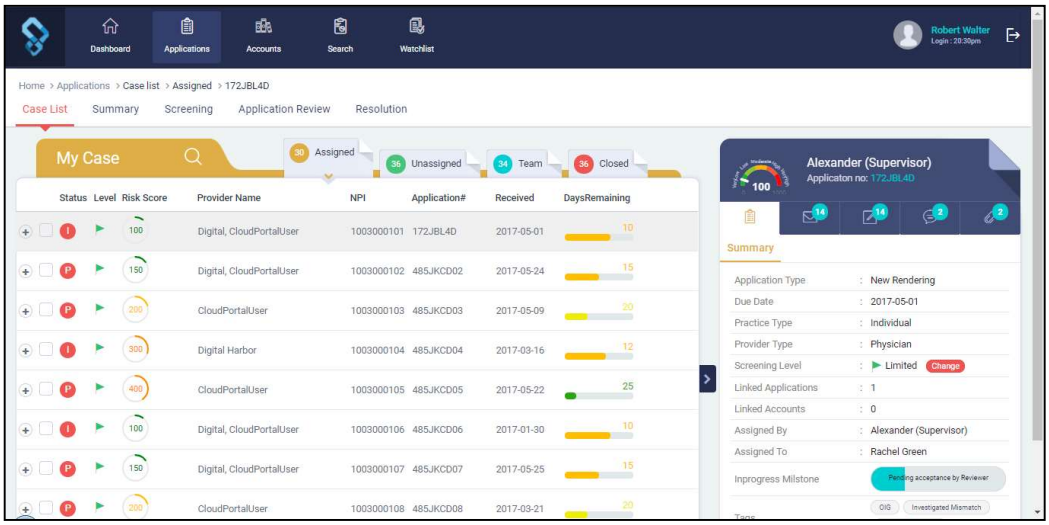


Figure J: KYP - Provider Enrollment - Queuing Capabilities

Cases are routed to appropriate queues where they are assigned to individual analysts.

Additional tools such as geocoding, finding other providers at that address or similar providers (type, specialty) near that address are also available to AHCCCS analyst. Analysts can also use an 'interactive review help function' to cross-check policies, add notes, and attach internal documents to the case and record findings.

Using the *Know Your Provider – Provider Enrollment,* AHCCCS analysts can perform a comprehensive review of embedded checklists and any flags raised by *Know Your Provider - Provider Enrollment*. Analysts can also be guided towards reviewing specific enrollment data and individual documents for completeness and accuracy. Enrollment Analyst can send-back (Return To Provider) the case if there are any missing information or request for additional docs through Enrollment system itself. All the deficiencies are

highlighted within the Provider view of the application, inline (addresses **5.5.7**). Providers can review them by looking at the Enrollment reviewer's notes and directions, correct the mistakes or gaps and respond to reviewer notes with their own comments before re-submitting.

Related, Similar and Affiliated Cases are identified.

The *Know Your Provider – Provider Enrollment* does intelligent grouping of incoming applications based on similar SSN, NPI or Tax IDs and application having group-rendering or billing-NMP relationship and for applications sharing similar demographic so that the department analyst can look at similar applications together and try to connect the dots or close the duplicate ones submitted multiple times by the providers (addresses 5.5.2).

Intelligent Workflow Driven Resolution

Know Your Provider – Provider Enrollment incorporates intelligent integrated and real-time digital workflows to guide and support the user in their tasks. The workflows recognize key decisions points in business processes to facilitate the execution, escalation or reassignment of in-flight processes. In addition, each step of the workflow is fully auditable to allow a complete listing of all workflow steps completed with associated details like activity status, user, date started, date completed, total number of days, and user notes (addresses 5.4.14). All this information is contextually shown to the Enrolment users under the comprehensive workflow history and milestone progress timeline view which helps them get a quick update on milestones, covered and pending, to complete the case (addresses **5.5.11**). This capability can be used by any user to quickly understand the historical actions that have been taken within a workflow at any point in time.

Options included with the Workflow engine include the ability to:

- *Suspend* – This option can be used to suspend (temporary) working on an activity. System records the timestamp and the minor activity status as "Suspended".
- *Resume* – This option allows user to resume suspended activity. System records the timestamp and the minor activity status as "Resumed".
- *Return* – This option is available to Confirmer and Approver roles. They can return an alert to the original reviewer. System places the alert in the reviewer queue as a working alert.
- *Reassign* – This option is available to Supervisor to reassign alerts within the same role from the team queue. This option is also available to Confirmer and Approver to reassign an alert to another user with the same role.

KYP Enrollment is my Passion. I love to stroll through thousands of databases to support comprehensive screening. My goal is to troll the bad guys while increasing access to care through speedy approvals of the good Providers. .

Our proposed solution will handle the following workflow for AHCCCS enrollment process

- **Revalidation Workbench:** We propose to include this enterprise capability to allow enrollment analysts to initiate and manage mass state-wide revalidations as "campaigns" based on ad-hoc criteria (addresses **5.1.2**)
- **Integrated Moratoria Workflow**: We propose an electronic capability to manage Moratoria based on ad-hoc criteria as well as processing of applications requesting waivers to activate Moratoria using a CMS-compliant moratoria workflow
- **Integrated Appeals Workflow**: We propose to allow electronic filing of appeals with a 3-way workflow between Provider, Enrollment Department and Appeals agency who can share portions of the rejected application (addresses **5.12.1**)
- **Provider 360 (Timeline and Link Analysis)**: We will configure this advanced enterprise edition capability for AHCCCS within our proposed solution. This capability enables enhanced screening as well as understanding of provider affiliations.
- **Configurable Risk Scoring and Red Flags**: While risk-scoring and a limited number of red flags come out of the box in standard edition, we are proposing to configure these to AHCCCS-specific policies.

Note: Demonstrated our compliance w.r.t. CMS & MITA requirements in Additional Information.

6.3 KYP- Provider Management & Monitoring

World's 1st smart & modular provider network management

6.3.1 Account Maintenance - Overview

Know Your Provider has integrated account maintenance capabilities that records all the provider-related people, data and documents in a single, consolidated account, which accurately shows the business relationships too. Arizona providers can have multiple accounts based on NPI and Service Locations. All the accounts for a provider can be accessed under the profile of the provider which is accessible from the *Know Your Provider - Portal*. It allows providers to manage and update the account under changing business events (addresses **5.5.3, 5.5.4**) described below:

- Changes in ownership of the business
- Changes in address of practice
- Additions of controlling interest partners / business associates
- Addition of supplemental information like phone number, location
- Addition/removal of rendering service provider

Each change of business event is appropriately tracked and driven by workflow-based approvals in *Know Your Provider- Digital Enrollment*.

It has a comprehensive digital re-enrolment and re-validation capability where AHCCCS analysts can create the re-enrolment schedules and trigger them to providers who can access the same via the provider-side view (*Know Your Provider – Portal*) of the Account and submit the applications. *Know Your Provider* accurately tracks the ending re-validation period validity and triggers email and letter-based notifications alerting the providers of the required actions to be taken to stay enrolled and stay compliant (addresses **5.9.5**)

The *Know Your Provider - Monitoring* completes the Account Maintenance by periodic monitoring of the related provider accounts. This component uses "Watchlist Management" technologies to generate near-time alerts (within days of status-change), to AHCCCS, across dozens of watched data sources and provides digital workflow for AHCCCS to triage, research, and take decision on alerts within the same day.

6.3.2 Account Management

Our account management module will provide AHCCCS with significant capabilities for review and update of the existing enrolled provider accounts. It retains the copies of original applications and correspondence with the provider over the life of the account. *Know Your Provider* will allow AHCCCS to quickly review of account information like:

- Business Information
- MOCAs (Managing Owners and Business Associates)- e.g. information on MOCA Names, Type of Association, Adverse Actions and Entity type
- Practice Information (e.g. Licenses, DEA, CLIA information)
- Delegated Officials (EIN, Adverse Action, Address)
- Sub-contractors (Entity type, Address)

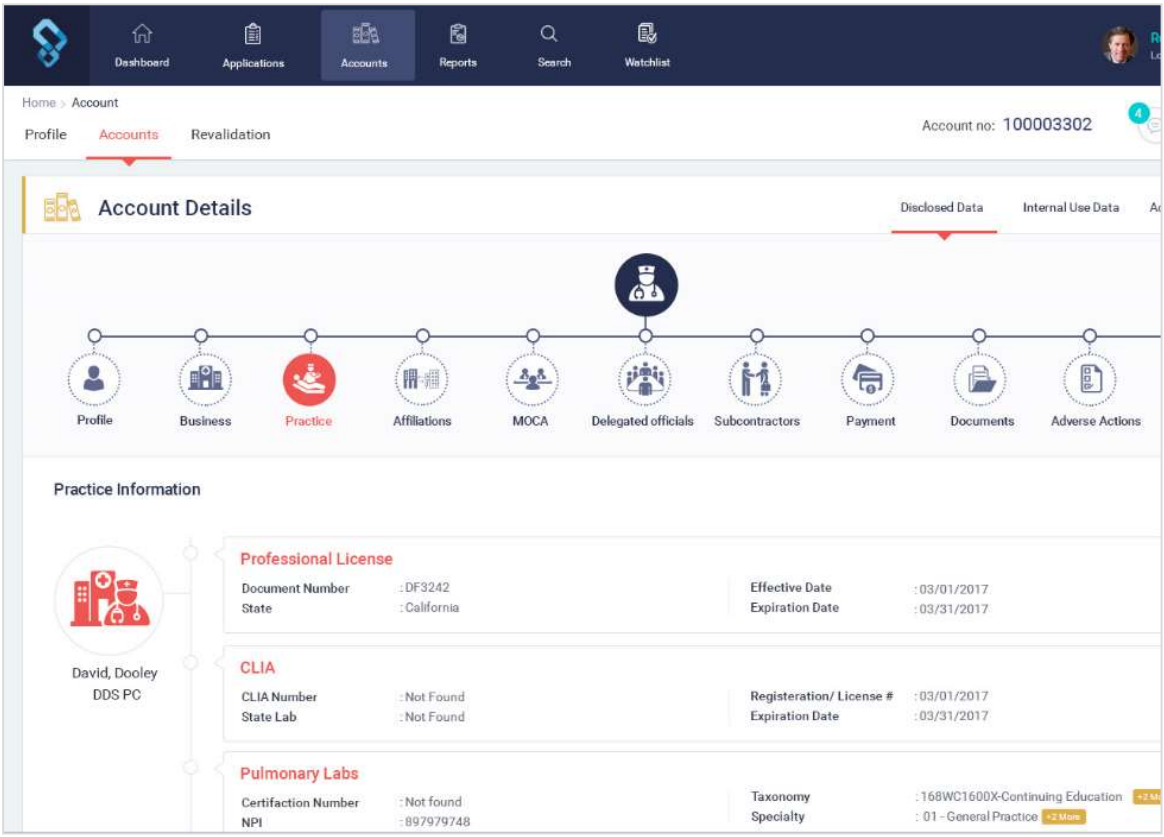
- All documents submitted for all the applications along with life cycle
- Adverse Actions (Disclosed)

Our solution provides separate workflows for opening new accounts, adding additional accounts, making updates to existing accounts, re-enrolments/revalidations, deactivations, re-activations, and dis-enrolments (addresses **5.6.1**). The solution will link all communications (inbound and outbound) into a unified case associated with the respective account or provider profile. The account will also include all relevant documents both submitted by the provider as well as by AHCCCS (training, memos, welcome letters, etc.). All data, documents, and communications can be searched using advanced functionality integrated into the solution. **Figure K** shows the unified view of the account information (addresses **5.5.10**)

The solution classifies the provider into multiple configurable categories (classification schemes) including provider type, locations/geography, affiliations, etc. The solution manages a lifecycle history of the provider across enrolments and includes precise auditability to support visibility into all changes (addresses **5.4.14**). Finally, the solution includes comprehensive reporting capabilities, including ad-hoc reporting capabilities, which are configured to specific operational and strategic functions.

Comprehensive Data, Documents and People of the Account

Figure K – Unified view of Account information



Internal Use Information

Through industry experience, Digital Harbor has identified a definite need to augment the provider's disclosed information with state-specific classification information (office use/internal use information) based on various aspects like provider type or category of service or it can be purely based on state's own operational requirements to classify the applications. *Know Your Provider* solution will allow AHCCCS to internally classify the provider accounts by adding lot of "office use only" data like "category or service", "enrolment effective date", "billing status", re-validation schedule and many more (addresses **5.9.2**). All this data can be gradually added by users as the case moves along the workflow in the Enrolment system. The backend architecture makes this capability "configurable" with AHCCCS being able to define attributes which constitute such internal use data. Such internal use data is not extended to the providers.

Conduct Initial and Ongoing Revalidations

(addresses **5.4.14**)

- *Know Your Provider* automatically tracks the five-year timeframe from the point providers initially enrolled. It triggers a state-approved mailing prior to their revalidation date.
- It provides automated support for ongoing revalidations as well. Providers receive notifications when the revalidations are due based on the timelines and frequencies required by the state. If they choose to complete their revalidations through the portal, the agreement is prepopulated with existing account information,
  making it easier for them to identify changes or update documentation. Revalidations are routed through our normal enrollment processing, including automated risk-based screening.
- We understand that the requirements for revalidations require a unique approach to enable compliance from such a large volume of providers within a short amount of time. Given enhanced ACA data collection, we believe that we need to wait until implementation of the electronic portal to conduct these revalidations. While the initial set of notices will be sent out earlier, it is easier for the provider to submit revalidations through the portal.
- Risk-based Initial Revalidations: We have developed a unique risk-based methodology to address this ACA requirement. We propose this approach to make it possible to maximize revalidations in the shortest time-period. Our methodology considers these five key factors:
- ACA Risk Level: High and medium risk providers will be segregated based on geography, due for site visit requirements.
- Medicare Enrollment: Provider mailings for high and medium risk providers will be synchronized with the Medicare revalidations where possible (as obtained from PECOS) to leverage Medicare site visits thereby reducing the burden on providers.
- Provider Type: Limited risk providers will be segregated by provider type and mailings would be sent in collaboration with their respective associations (addresses **5.5.15**)
- Know Your Provider Preliminary Risk Indicators: We will conduct a one-time analysis of existing information in the provider file against master data sources; providers with potentially outdated information or material red flags will be targeted in earlier mailing cycles based on provider type (addresses **5.5.15**)
- Prepopulated Applications: The Know Your Provider portal will enable pre-population of any required agreements with existing account data. This provides visibility to the provider into their account information and the need to update it; and make it easier for them to complete revalidations.

Moratoria

- ACA provides a new program integrity tool to Medicaid agencies by allowing them to impose temporary moratoria on enrollment of new providers or impose numerical caps or other limits that a state Medicaid agency identifies as being a high risk and having as significant potential for fraud, waste or abuse.

- Know Your Provider solution supports the state in this process by providing tools to enforce the moratoria once it has been approved by the Secretary. If the state determines that a moratorium must be placed on specific provider types, *Know Your Provider* will update the criteria which is stored in a configuration table and a set of business rules. The state can specify the moratoria at the provider type level, type and geography, type and enrollment rate threshold or more specific criteria, such as NMP for behavioral health providers (addresses **5.5.1**)

- Providers that meet the moratoria criteria (or other limits/caps) will have their application automatically put on hold and routed directly to the compliance team for approval of the requested waiver. State staff can pull up the application and determine if they want to grant a waiver. Based on their determination, the application is suspended, denied, or approved for further processing through the standard enrollment workflow (addresses **5.6.1**). All applications under moratoria would be treated as high risk regardless of provider type. Moreover, the provider can track the status of their application including whether and when they have been granted a waiver.
- This approach provides early notice to the provider regarding moratoria through notification to the portal; flexibility to allow providers under a moratorium to seek and receive case-by-case approval; and transparency to the provider related to status of its application.

Note: Demonstrated our compliance w.r.t. CMS & MITA requirements in Section 5, Additional Information.

6.3.3 KYP - Account Monitoring

Our proposed solution goes beyond the call of Provider Monitoring requirements mentioned in point 5.3.5 of the Notice of Request for Proposal

Monthly Database Checks:

A unique feature of *Know Your Provider* is that it provides much of the monitoring functionality most programs seeks "out of the box," including monthly database checks. Upon receipt of a provider application, the provider, group members, and any individuals or entities identified on the Ownership/Controlling Interest and Conviction Disclosure form are including in these monthly database checks, which includes:

- LEIE Alerts
- SAM Alerts
- SSDMF alerts
- NPI deactivation alerts

Additionally, *Know Your Provider* exceeds the minimum monitoring requirements commonly asked by the states with the following automated alerts for program non-compliance:

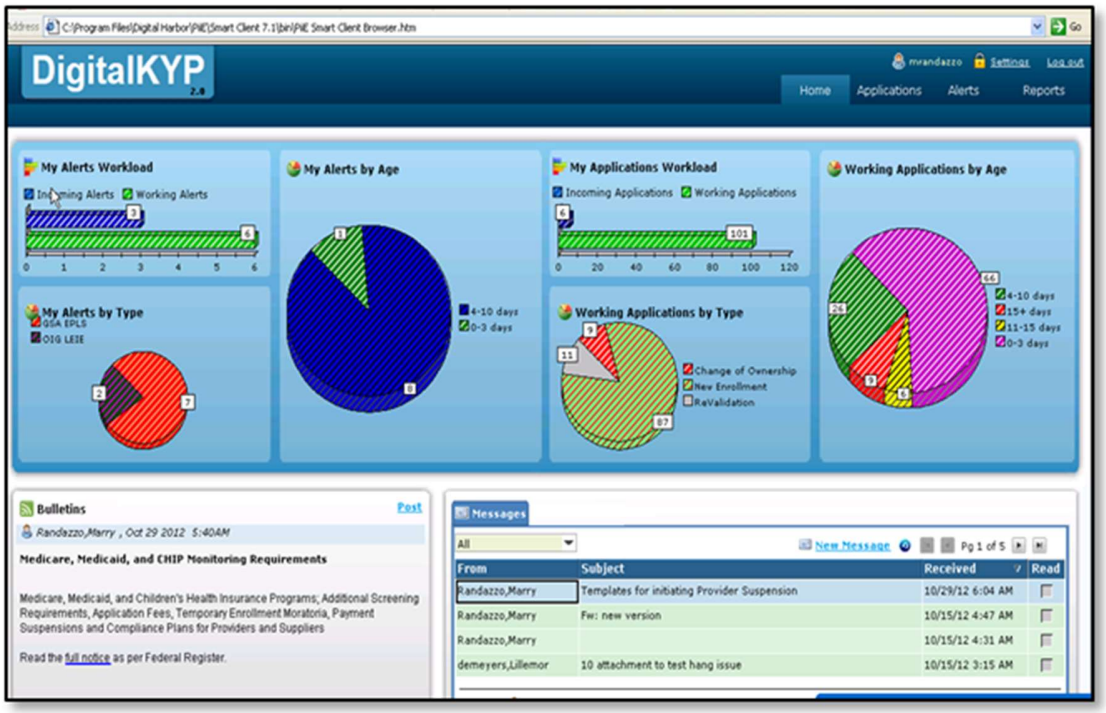
- NPI deactivations
- Death status changes
- Medicare and Medicaid suspensions and exclusions
- License expirations and inactivation

- License board adverse actions

  The solution also has additional checklists that can be configured in the future to improve program compliance, such as monitoring such events as address changes, ownership changes, arrests, or negative news.

  Once the alerts are generated, they are delivered into a monitoring workflow that allows AHCCCS analysts to use embedded tools to triage, research, and investigate these alerts and recommend them to the State if they are found to be true positives. **Figure L** shows the various types of alerts. False positives are flagged and used by the system to suppress future alerts for that entity against that watchlist until a change in data has been registered. Our approach is unique in that it can be "operationalized" for monthly checks and scaled for more watchlists. It leads to a small number of high-quality alerts that can be worked and decided every month, as opposed to repeat reports of low probable matches.

Figure L: Alerts Window
This window shows various types of alerts.



Note: Refer Section 8 of Additional Information for further details on Monitoring Process.

6.4 KYP - Reporting Capabilities

6.4.1 Reporting Overview

I like Reporting as much as the next person but I would rather you have a conversation with me and ask me what you need. I do however have the obligation to tell you that KYP has the most comprehensive set of reports and Dashboards including support for advanced ad-hoc Reporting.

All Know Your Provider modules come with comprehensive, built-in reporting out of the box. *Know Your Provider* leverages a built-in CMS/DMS capability to rapidly define letters, reports and mailings. A large portion of reporting capabilities are delivered in a multimodal paradigm incorporating the same information both online and hardcopy. This capability also allows the user to save the same data in Excel or Word document format with the click of an icon. In this way, information is immediately available to the system user for action or can be printed for the long term. Examples of standard COTS reporting include:

- Alerts Dashboards (Monthly, Month to Date, Year to Date)
- Case Status and Aging Reports showing in-process and recently closed activity
- Workflow queue Dashboards (by enterprise, team or individual)
- Applications Opened/In process
- Workload reports and dashboards (to help balance workload through reassignments)
- Provider status reports such as deactivations, revalidations, suspensions etc. (addresses **5.13.9**).
- Provider Individual Account Summaries
- High Risk Providers
- Identification of duplicate information (Provider numbers, license or certification numbers, SSN, or FEIN numbers)
- Process Fee Reporting
- Enrollment approval/denial letters (addresses **5.10.1, 5.10.2**).
- Group mailings/communications (addresses **5.10.1, 5.10.2**).
- Provider Lists (Inactive, Alpha Listings, by Group, specialty, category of service, zip code etc.)
- Additions and changes to Provider file data
- Provider eligibility history
- Providers who have change practice or Group
- Provider Group Listings
- License Renewal/Expired
- Revalidation and recertification notifications and letters (addresses **5.13.9**)
- Denial Letters
- Approval Letters
- Audit Trail/History Reporting (addresses **5.4.14**).
- Application Fee Reporting

Above list of standardized reports address **5.13.2, 5.13.19.**

Dashboard Reporting

Know Your Provider includes both a "Reporting Framework" and a "Dashboard Framework" that provides critical capabilities to the state to analyze at the information. The underlying Digital Harbor *Enterprise Case Management* platform reporting framework incorporates the industry's widely used web-reporting tools and Business Intelligence Reporting Tool (BIRT). These tools have an extensive and extensible set of reporting features, including support for lists, charts, crosstabs, letters and documents, and compound reports, and can generate and save the required reports, statistics, and information.

One of our key differentiators is support for "dynamic reporting" and "Command & Control" dashboards. Users can ask questions on any screen and print, export, and email results on-the-fly. These "dynamic reports" are formed by users to support "train of thought." Additionally, we enable rich correlated dashboards, which allow both interactive drilling and actions, enabling a manager to reassign cases and approve or add case notes directly from the dashboard (addresses **5.13.6**).

Know Your Provider tracks and reports all activity and results pertaining to the site-visit process as part of our regular status reports. Statistics include, but are not limited to:

- Pre-enrollment site visits completed by provider type/status
- Post enrollment site visits completed by provider type/status
- Re-enrollment site visits completed by provider type/status
- Site-visit status, such as incomplete, complete/pass, complete/initial fail, and complete/final fail
- Site visits by date, including the number of days from initial enrolment application
- Number of follow-up visits
- Results

Above capabilities address **5.10.4**

Custom Configured Reporting

Know Your Provider stores all provider/case data in a relational database (SQL server) and enables any SQL tool to be used for reporting. Customers would however not need any knowledge of SQL to perform the queries. *Know Your Provider* provides multiple levels of next-generation query methods including:

- Ask Anywhere (Query by Example): This is a dynamic ontology engine which allows users to click on any piece of information on the screen (such as provider) and system generates a query interface on the fly to generate similar or related information as a report. This capability is extremely useful to answer day-to-day operational inquiries without requiring users to generate reports (addresses **5.13.4, 5.13.5**).
- Parameterized Reports: All pre-defined/pre-configured reports in *Know Your Provider* are parameterized with between 4-12 parameters. Users just need to select the report filters such as provider type or date range and generate a report on the fly tailored to their criteria (addresses **5.13.12**)

- Users can save these as ad-hoc queries that can be manually re-executed or automatically through subscription on a user-defined frequency

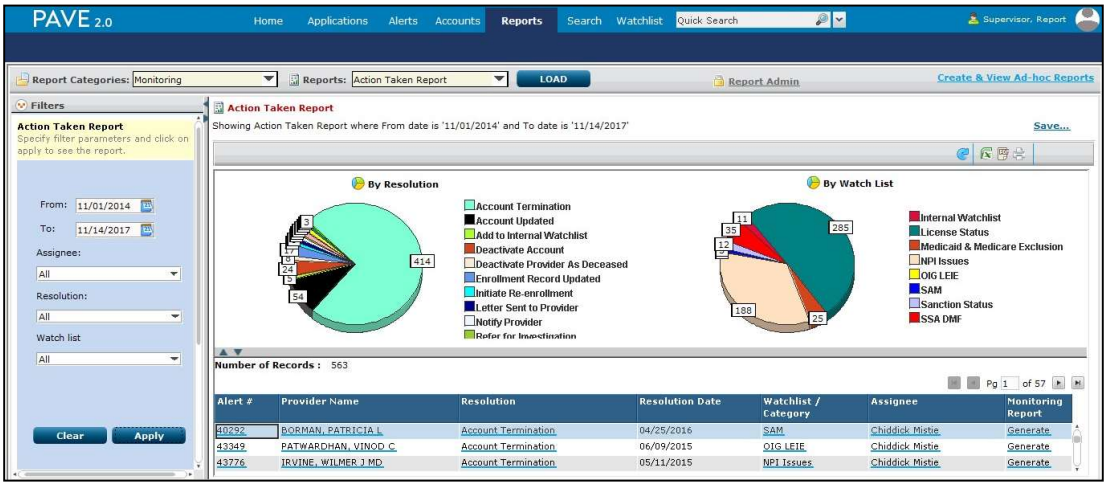
Online Reporting

Authorized state users will be able to log into the Digital Harbor online web portal to access a combination of standard reports, dashboard reporting views, and online data to support their oversight responsibilities for direction and management of the project. **Figure M** shows the view of aging workload report.

Figure M: Aging workload report

Real-time access to provider screening and enrolment data includes the ability to review all provider data received by the project, the history of data changes, application fee data, and any documentation associated with the enrolment or revalidation of providers. State users will have access to reports that show work in queue, completed work, aging statistics, the status of each application in process (and length of status), as well as view providers in their work queue that have failed a monthly database check, and act to terminate the provider. **Figure N** shows the view of online report for various alerts grouped by alert status and resolution (action) taken on them. State users can also generate an electronic termination letter via the e-mail function for providers using the Web portal or a written letter for providers not set up with an authorized account.

Figure N: Monitoring alerts by resolution and category



Ad-hoc Reporting/Reporting Tool

(addresses **5.13.8**)

AHCCCS can also leverage KYP Enterprise edition modules of Advanced Ad-hoc Reporting and Social Dashboards. Ad-hoc reporting allows super-users to drag and drop to create complex reports from scratch without deep knowledge of SQL. Social Dashboards are unique in the industry which include highly correlated data, train-of-thought analysis and social collaboration capabilities embedded within Dashboards. Reports and dashboards support rich visualization, interactive drill-downs, cross-tabulation, summary aggregation and classification. Framework supports subscription and scheduling of operational reports as well as the capability for state users to generate internal ad hoc reports, new reports or modify existing reports via the tool. Customers can upgrade to these modules without upgrading to the KYP enterprise edition.

Scheduled Reports and Notifications

(addresses **5.13.11**)

Our reporting framework enables state users to generate, publish, and view all standard reports with both implicit and explicit filter support. Users can receive specific reports and notifications at regular intervals by scheduling them. They can even choose report filters or templates to be applied for scheduled reports. Reporting framework enables several modes, including "ad hoc" generation and publish-subscribe. Users can print, email, or export reports into document or analytical (Excel) formats.

6.5 KYP -Technical System Architecture

6.5.1 MITA-Compliant Technical Architecture

The KYP solution is a MITA-compliant technical solution that uses service-oriented architecture (SOA) and offers the adaptability, flexibility, and scalability to address Arizona provider enrollment needs today and far into the future. KYP is developed using our Enterprise Case Management (ECAM) platform [which in turn leverages our Social Enterprise Technology (SET) Platform]. ECAM is the most advanced case platform in the industry for deploying risk-based case management applications.

Core capabilities include:

- Rapid graphical configuration of new forms
- Graphical design for workflow and business rules
- Ontology and Web services enable advanced integration framework
- Integrated matching, scoring, and linking engines
- Advanced visualization and investigative analysis, including spatial, temporal, and link analysis
- Dynamic role-based and team-based security protocols
- Real-time interactive dashboards and ad-hoc reporting

Our ECAM platform includes 35+ configurable frameworks, in contrast with just a dozen provisioned by most case management platforms, including:

- Composite search framework (including data, documents, and communications search)
- Workflow management framework
- Task management framework
- Hyper-notes framework (notes with text automatically hyperlinked to people, places, and information (documents) referenced within notes
- Document/evidence management framework
- Checklist management framework
- Letter generation (Correspondence) framework
- Communications management framework (with email integration)
- Ticklers and notifications framework
- Reports framework
- Performance and risk management dashboards framework

MITA 3.0

Digital Harbor is the founder of "Composite Applications," the underlying principles that have influenced the very evolution of MITA

Our MITA 3.0-compliant KYP solution addresses the five key MITA concepts:

Componentized Design: Each of KYP's four high-level components (portal, enrollment, screening, and monitoring) can be independently deployed. Each component is further comprised of submodules that can also be configured separately. For example, the screening component includes

site visit and fingerprinting modules that may or may not be configured for a specific state implementation.

- **Standards-based, COTS with High Configurability**: KYP is a 10 percent COTS-based solution that can be configured to include an extensible data model, fully configurable user interface, and configurable business logic including workflow and business rules. KYP is developed within our standards-based platforms for case management, watch list management, and risk scoring platforms. All our platforms are based on Java/J2EE standards and support more than two dozen other data, processing, and communication standards. These include ODBC/JDBC, JNDI, JCA, JMS, WEBDAV, Web Services, JAAS, etc. Similarly, our tools also support standard representations including XML, BPMN/BPEL, OWL, UML, etc.
- **Workflow Management**: KYP contains an enterprise-class, BPEL compliant workflow engine. The workflow is responsible for scheduling and routing all incoming applications as enrollment cases. The workflow engine models each work as a task or process and include support for prioritization, decision branching, parallel processes, and feedback loops. Multiple workflows can be configured based on different criteria such as provider type or application condition (waiver, moratoria, etc.) and the cases are executed based on the relevant workflow. The workflow engine tracks the who, what, and when for each task within the workflow.
- **Enterprise Content Management (ECM):** KYP extends an enterprise-class ECM which supports storing and managing unstructured content (documents) in a JCR 2.0 compliant repository. KYP ECM capabilities include folder management, metadata search, content search, Versioning, Locking and Security. Additionally, KYP provides a dedicated Document Workbench within the Application Review sections to allow analysts to review documents in over 200 formats without requiring native applications. The review also allows analysts to create findings, communicate findings, remediation and Version tracking as well as Document comparison capabilities. KYP Enterprise enables additional capabilities including Document Annotations and Social Chat within documents.
- **Case Correspondence Management:** KYP extends an embedded Correspondence Management engine as one of the core Case Frameworks. The engine can take Correspondence templates (RTF or PDF) and dynamically merge parameterized data to create output Letters. KYP allows analysts to modify these letters before sending them as immutable PDF documents. KYP automatically links the letters to communications and Case resolutions. Our Correspondence Management architecture provides a Letter template library allowing users to modify non-data driven components of existing templates and clone letters to create new templates. The architecture also supports message templates and bulk generation of letters that can be directed to 3rd party printing facilities.
- **Business Rules Management**: KYP extends an enterprise-class business rules engine. The business rules engine includes both synchronous and asynchronous event handling to allow both interactive and batch processing of business logic. In addition to a business rules engine at the model level, KYP also includes several specialized rule engines to drive (a) Social Forms structure and behavior; (b) Case UI form and behavior; (c) Artificial Intelligence (Lucy) behavior; and (d) Predictive Analytics (embedded in Screening and Monitoring). These engines ensure that KYP can evolve faster and support extreme configurability than traditional COTS solutions. (Note: KYP is offered purely as a SaaS solution and all Workflow and Rules configuration and management is limited to Digital Harbor's authorized

personnel involved in SaaS Operations. The company intends to offer SET as a PaaS in 2018 which can enable third-parties to create and manage additional modules).

- **SOA-based Integration**: Digital Harbor is an industry leader in SOA-based integration. We helped coin the term "Composite Applications" to describe applications that can combine data and workflow across multiple systems to support "knowledge worker automation." KYP is a best-of-breed knowledge worker application suite that integrates thousands of data sources through service-oriented interfaces. KYP allows both real-time and batch integration through established SOA standards.

The KYP technical architecture is based on a fully open, standards-based N-tier service-oriented paradigm as illustrated in **Figure O.** Security, administration, and configuration services are common across all tiers.

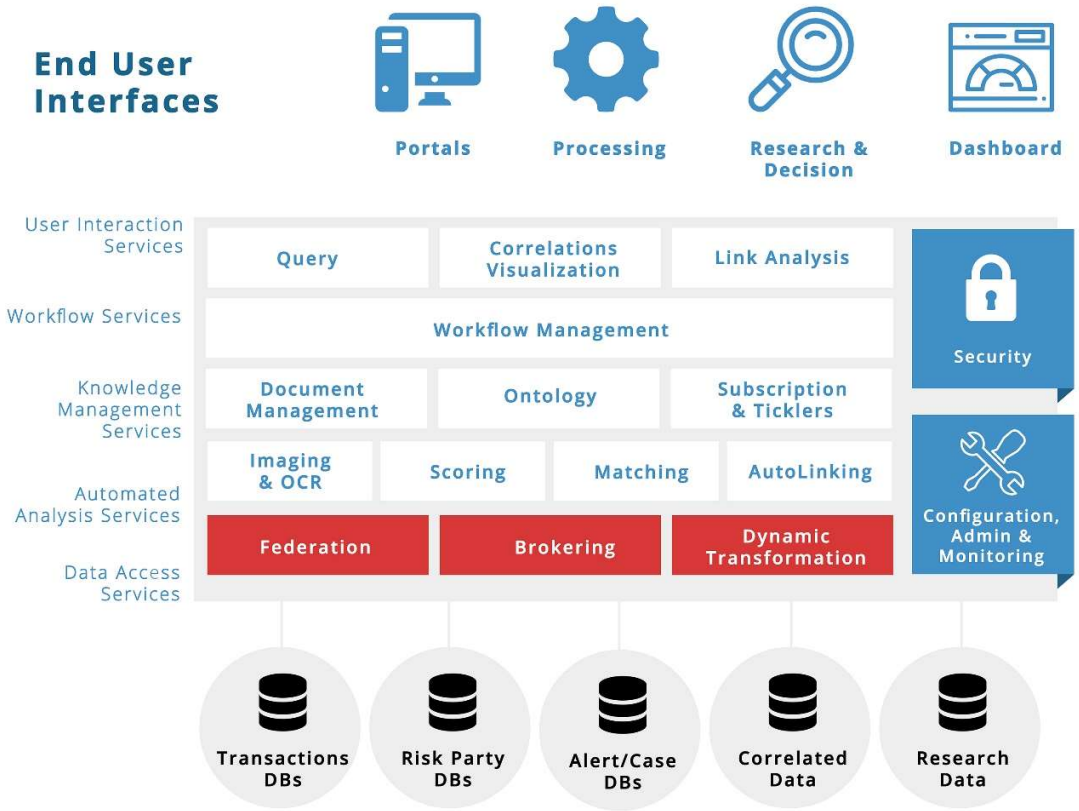


Figure O: KYP Architecture

The KYP technical architecture incorporates a fully open, standards-based N-tier service-oriented paradigm.

- The **top-tier** comprises end-user presentation and interaction services including collaborative provider portal services, application processing (including data validation and document review), research and decision, including screening and enhanced due diligence, and dashboard, including enterprise reporting interfaces.
- The **middle tier** is composed of processing layers: Automated analytical services including matching, entity resolution, scoring, and linking; workflow management services including communications

management, task and queue management, ticklers, and subscriptions; and knowledge management services including document management and notes.

- The **lower tier** comprises data access, transformation, and federation services. The solution requires two primary data stores: enrollment case knowledgebase and provider risk knowledge-base, which stores screening results, investigations, and decision data. All other data sources are accessed virtually through federated access to source systems or staged data caches.

No other case application solution in the industry is comparable in either breadth or depth of integration capabilities as our platform. As shown in **Figure P,** our ontology-based data model enables creation of a logical virtual schema that represents information in terms of people, places, and information. The schema can be mapped into physical data stores and application interfaces through standard and proprietary integration mechanisms. The platform provides the capability to do visual mappings for standards-based interfaces (such as ODBC/JDBC, Web Services, XML, and JNDI).

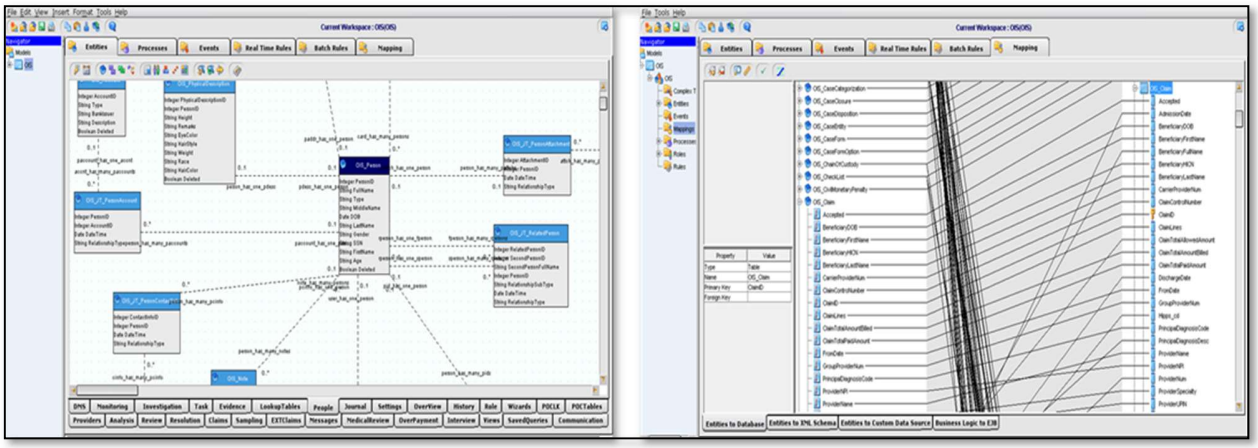


Figure P: Ontological Data Model

KYP's ontology-based data model enables creation of a logical virtual schema that represents information in terms of people, places, and things.

Our integration capability supports two-way interaction. Not only can users query and read external databases but they also have the capability to update them, if allowed. Our message-driven integration allows us to provide both batch and real-time asynchronous integration. The most differentiated aspect of our integration capability is support for composite queries, which enables users to query without regard to how and where it is stored. A query may pull provider demographic information from one repository, corporate information from another, and documents from still another. Users can also click on any piece of information and receive similar or related information through our support for relationship-based queries. The queries are independent of data source and format, which means that a single query can pull documents and emails at the same time.

Note: Refer Section 6 of Additional Information for further details on our MITA Compliant Security Framework and Architecture.

6.6 Project Management and Project Governance

6.6.1 Project Management Approach

As much as I don't like to be managed, I know the Project needs to be! I like Digital Harbor's Agile Project Management methodology because it means business users get to see me early and interact with me so that I can evolve and be ready to represent them!

Project Management Methodology

Our Project Management methodology is based on seven principles for Agile Development

1. Our highest priority is to satisfy the customer through early and continuous delivery of valuable software.
2. We welcome refinements, even late in development to maximize business outcomes and drive customer adaption.
3. Simplicity — the art of maximizing the amount of work not done — is essential.
4. Deliver working software frequently, from a couple of weeks to a couple of months, with a preference to the shorter timescale.
5. Continuous attention to technical excellence and good design enhances agility.
6. Software demos and pilots are the primary measure of progress.
7. Build projects around motivated individuals. Give them the environment and support they need, and trust them to get the job done.

Digital Harbor recognizes that Enterprise Level Medicaid Projects have to conform with CMS certification processes. Additionally, Module implementations have to align with existing state processes including oversight and coordination from external stakeholders (such as IV&V). To facilitate that Digital Harbor has created a hybrid approach where we can enable sprint based implementation (e.g. requirement sprints, configuration sprints etc.). while still supporting high-level phases (review gates). This means that unlike commercial implementations where we may deploy a Minimum Value Product (MVP) through streamlined configuration and evolve it through progressive releases, our Medicaid Implementations follow a more defined phase of Inception, Elaboration, Construction and Transition.

6.6.2 Digital Harbor Work Plan Approach

(addresses **5.18.13**)

Digital Harbor will employ its standard implementation methodology to deliver AHCCCS provider screening and enrollment system. This approach involves the following four phases:

- Inception Phase: Requirements Analysis and Project Planning
- Elaboration Phase: Design/Develop/Configure and Testing
- Construction Phase: User Acceptance and Production Move
- Transition Phase: Postproduction Training and Support

Requirements Analysis and Project Planning Phase (Details of each activity can be found in Additional Information – Project Work Plan-PW-1)

Activity—Project Preparation

The purpose of this activity is to define and plan the project including preparing an initial project plan and setting up the project controls and communications plans.

Activity—Project Kick-off

The purpose of this activity is to conduct the project kick-off meeting and prepare the core team members by educating them on the project scope and objectives. Digital Harbor will:

Activity—Requirements Analysis

The purpose of this activity is to conduct onsite and Web meetings with various stakeholders including end users to validate high-level requirements and to generate low-level requirements.

Note: In our agile methodology, configuration sprints can begin after 45-60 days of requirements gathering/analysis without this activity being complete. SRD/SFD approvals can occur in parallel to the first 2 configuration sprints. Requirements can be refined during the configuration phase based on Sprint review demos or Provider pilots upon mutual agreement with the customer as long as the requirements are deemed to be within scope or have been approved through a change request process.

Design & Initial Configuration Phase (Details of each activity can be found in Additional Information – Project Work Plan-PW-1)

The Design Phase includes a rapid project initiation for a quick and efficient process for locking down detailed project requirements and reducing risk. During the Design Phase, the Digital Harbor project director develops a more detailed PMP to reflect when the designs can be previewed for certain specific requirements.

The following activities and tasks describe the work to be accomplished during the Design Phase.

Activity—Data Modeling

The purpose of this activity is to develop the logical and physical data model (the Business Ontology) to support the State. This activity requires input from the State on the structure and content of the data sources to be accessed. To facilitate this information interchange, several meetings with State systems experts will be required.

Activity—Solution Specification

The purpose of this activity is to document the business process, user interfaces, security, permissions, auditing, dashboards, and infrastructure.

Activity—Define System Interfaces

The purpose of this activity is to define the requirements for interfacing to the various systems to be accessed from the Digital Harbor solution. This includes intranet and Internet interfaces.

Activity—Perform Initial Configuration Sprints/Pilot Workshops

The purpose of this activity is to demonstrate the delivered solution to the State user community and to solicit feedback. Digital Harbor works with the State to incorporate requested user interface changes (within the bounds of the SSD). The results of the prototyping workshops will finalize the delivered solution to the State.

- Perform Demos (Training, Configuration, Sprint Prototypes)
- Refine Solution by incorporating approved changes based on Feedback
- Finalize State solution functionality

Develop/Detailed Configuration and Testing Phase (Details of each activity can be found in Additional Information – Project Work Plan-PW-1)

The major activities in these phases include configuring the State solution, debugging, testing, and installing the solution in our secure data center. Additionally, planning for user acceptance testing (UAT) and a rollout strategy will be developed during this phase.

Activity—Development: Build and Unit Test Solution

The purpose of this activity is to build the State solution as defined in the SSD. This activity includes coding the GUI screens and dashboards, configuring workflow states, setting up user permission groups, defining auditing processes, and testing links into the State systems.

Activity—Develop User Acceptance Test Strategy

The purpose of this activity is to develop the UAT strategy, which describes the approach for the State's testing of the Digital Harbor solution. Additionally, a preliminary test plan is developed. The State is responsible for creating specific test cases and finalizing the Test Plan.

User Acceptance and Production Move Phase (addresses 5.20.6)

(Details of each activity can be found in Additional Information – Project Work Plan-PW-1)

Activity—Install and Integration Test the Solution in State-specific Private Virtual Cloud (VPC)

The State environment refers to the external hosted environment dedicated to the State and includes separate development, test, and production virtual environments as per MITA standards. The purpose of this activity is to install and test the delivered solution in the development and UAT environments. This activity requires access to all State interfaces.

Activity—Develop and Deliver Education

The purpose of this activity is to deliver training to State business personnel that use the solution.

Activity—Support User Acceptance Testing

The purpose of this activity is to support State UAT of the application functions and interfaces. This includes installing the Digital Harbor solution in the UAT environment, researching testing errors, correcting Digital Harbor code to resolve testing errors, and obtaining State UAT acceptance.

Activity—Confirm End of Development, Test, and UAT Phases

The purpose of this activity is to ensure that all project deliverables have been delivered within the scope of the project, obtained commitment from State management for proceeding to production, reviewed State satisfaction with the Digital Harbor project team performance, and closed out the Development, Test, and UAT phases.

Activity—Support Production Deployment of the Solution

The purpose of this activity is to support the State in deploying the Digital Harbor solution into production.

Post-Production Phase (Details of each activity can be found in Additional Information – Project Work Plan-PW-1)

The purpose of the Post-Production Phase is to provide post production and implementation support in compliance with the implementation strategy.

Activity—Provide Postproduction Support

The purpose of this activity is to provide up to 60 days of postproduction support to the State.

Activity—Confirm End of Post-Production Phase

The purpose of this activity is to confirm by validation that all project DDI deliverables have been delivered within the scope of the project, assess State satisfaction with the Digital Harbor project team performance, and close out the Rollout Phase and the project.

6.6.3 Proposed Project Plan (for AHCCCS)

We propose a 12-month Design, Development, and Implementation (DDI) schedule in two phases:

- Phase 1 will be focused on Individuals, Groups and Rendering providers which comprise of between 60-80% of all providers in a given state. Our Phase 1 solution will configure existing State applications, agreements, forms, and letter templates to ensure rapid adoption. However, the forms would be mapped to take advantage of Social Forms capabilities. Deployment will include all modules – Portal, Enrollment, Screening and Monitoring. Phase 1 will achieve initial Integration with legacy system depending on the ability of MMIS to support the integration.
- Phase 2 will be focused on remaining Provider types including Institutional providers. Phase 2 can also provide integrated support for paper applications as well as more robust integration with ESB or other MMIS modules. Phase 2 would also include deployment of Reporting and applicable Directory capabilities.

Note: Refer Section 2 of Additional Information for further details on Project Work Plan.

6.6.4 Our Project Control Methodology (addresses 5.18.1 **through** 5.18.9)

The proposed project management lifecycle includes industry best project management practices where the processes are developed to align closely with the Project Management Body of Knowledge (PMBOK) guidelines & principles. Our methodology provides framework, tools & expertise to help organizations execute on-time, on-budget, value-driven change initiatives & execute projects in an effective & coordinated way**.** Key areas of our Program Management Methodology are defined in **Table PM1**.

Table PM1: Key Areas of Program Management Methodology

Subject Area	Description
Manage Organization	Verifies the effective use of the resources involved in the project, including project stakeholders. It employs organizational strategy development, planning, staff acquisition, and team development activities.
Manage Communications	Verifies the timely and appropriate generation, collection, dissemination, and nature of project information. It employs communications planning, information distribution, and performance reporting, monitoring, and administrative closure activities.
Manage Work Plan	Verifies the timely completion of the project through activity definition, activity sequencing, activity duration estimating, schedule development, and schedule control.
Manage Financials	Verifies that the project is completed within the approved budget through resource planning, cost estimating, cost budgeting, and cost control processes.
Manage Risk/Issues	Identifies, analyzes, and responds to project risks. It includes maximizing positive event results and minimizing the consequences of adverse events through risk identification, quantification, response development, and response control. Also verifies that issues that develop during the project are identified, addressed, and resolved in an expedient, diplomatic manner.
Manage Scope/Change	Verifies that the project includes the required work to successfully complete the project and that critical changes are managed and properly communicated to affected stakeholders. This module is primarily concerned with defining and controlling the project, tracking, modifying, and controlling the steps for realizing anticipated project benefits, and providing a structure to manage change.
Manage Quality	Verifies that the project satisfies the needs for which it was undertaken, including identifying quality standards, evaluating overall project performance, and monitoring specific project results to eliminate the causes of unsatisfactory performance.

6.6.5 Project Management Plan Approach (addresses 5.18.1 **through** 5.18.9)

Our proposed Project Management Plan (PMP) approach includes the following plans:

- Communications Management Plan
- Risk Management and Best Practices Plan

The PMP documents the way we manage and control project activities. It this capability addresses our management approach, schedule, staffing resources, configuration management/change management, and quality assurance approach. The PMP provides a structured framework for performance measurement that helps us communicate, execute, and continually improve our business processes. The PMP is a living document; we update and maintain throughout the life of the project and perform in accordance with the PMP upon customer approval, ensuring consistent performance and predictive results for decreased project risk.

The proposed approach includes a Communications Management Plan. Good communication between the project team and AHCCCS, as well as all stakeholders, is vital to achieve project goals. The Communications Management Plan identifies the types of communications, the timeliness of internal and external messages, the target audiences of communications, and the delivery of communications as well as the roles and responsibilities of both the Digital Harbor team and AHCCCS project team. The plan typically contains the following information:

Communications that are required throughout the project:

- Internal meeting requirements to ensure proper communications
- External and internal target audiences
- Methods of communication
- Approval process for all types of communications
- KYP training
- Public-facing website content and update process
- Assumptions
- Dependencies
- Definitions and acronyms

The Communications Management Plan identifies the types of messages that need to be communicated, the timeliness of the messages, to whom they should be delivered, and how they are delivered. The Digital Harbor team and the AHCCCS team will work together to form the messages and meet set deadlines throughout the DDI phases to ensure that all audiences are kept informed of decisions and/or changes to current processes.

The Digital Harbor team offers a proven, effective communications approach that we use to communicate project activities. Deliverables are reviewed internally by our team, with final approvals by our QA team

prior to delivering to AHCCCS. Regular meetings will be scheduled with AHCCCS project personnel to discuss project status, requirements, edits, risks, and issues. We prepare meeting agendas and minutes and supply a copy to every attendee of each meeting via email within two business days of the meeting date. Action items and responsibilities are formally assigned.

Finally, the proposed approach includes risk management and best practices. At Digital Harbor, we understand that the ability to identify risks and develop realistic mitigation steps to reduce risk is essential for project success. **Figure Q** illustrates the four-step process that forms the heart of our risk management program: risk identification; risk assessment, prioritization, and qualification; risk mitigation development; and risk mitigation implementation and control.

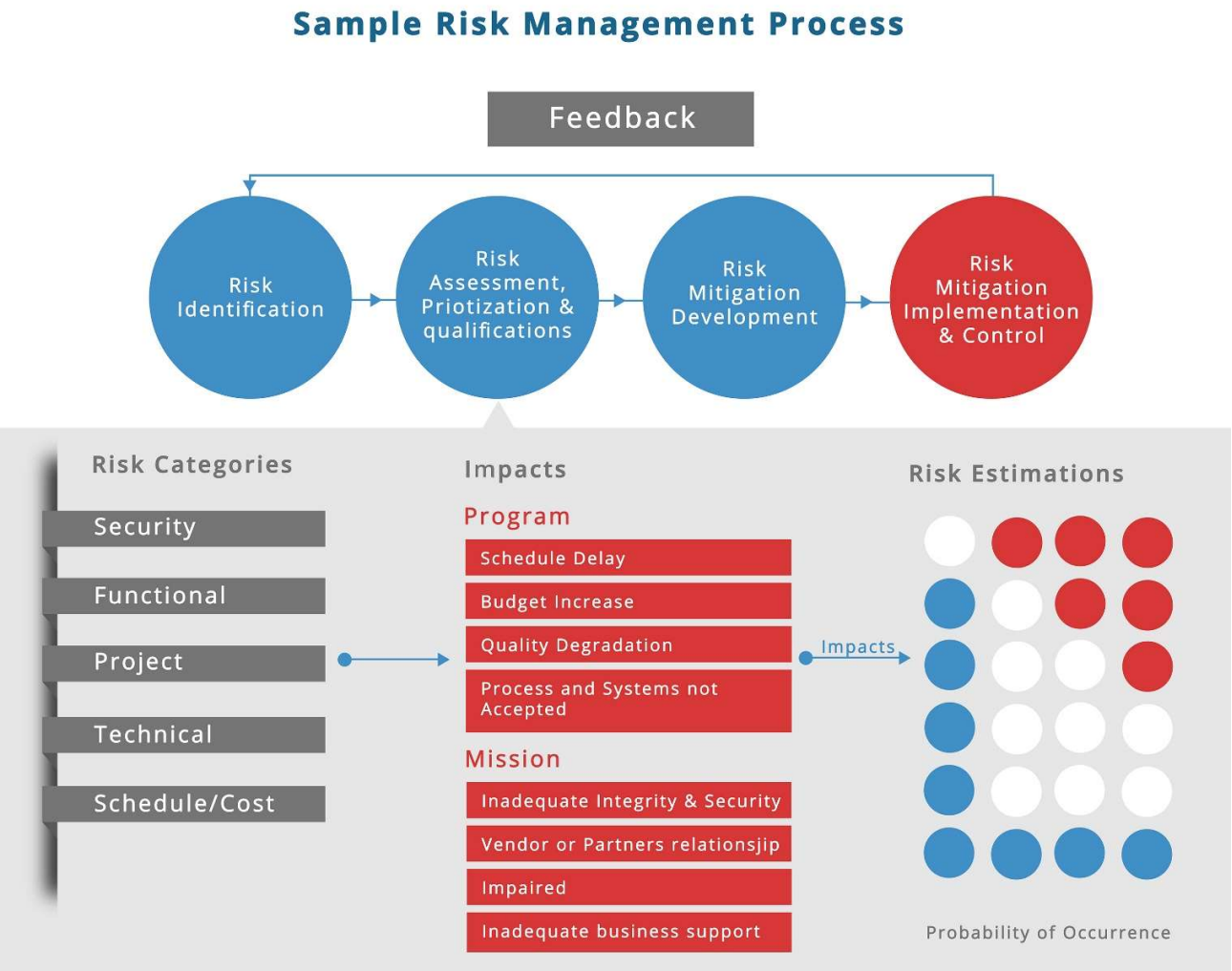


Figure Q: Risk Management Process

The risk management process reduces risk by identifying and mitigating risks to achieve project success.

We develop a Risk Management Plan (RMP) to document the approach to identify, analyze, plan risk response, and monitor risks on a regular basis. Through status/risk review meetings, communication

protocols, and organizational level risk documentation templates such as those used on current state contracts, we effectively and efficiently manage risks.

We will work with the AHCCCS program manager to address questions during our weekly team meetings:

- What is the current status of the program, and is it still on track to complete within cost, schedule, and performance criteria?
- What risks may impede the success of the program?
- Where should our team focus to help make the project a success?

A key element of ongoing risk management is risk escalation. We use a Risk Register to maintain all risks, periodically monitor them to determine their impact level, and identify new risks.

6.6.6. Quality Assurance Approach

The Digital Harbor team implements software quality assurance (SQA) in every stage of case management SDLC from requirements analysis through testing and implementation. We offer three benefits with our quality assurance policy:

- Quality technical excellence
- Customer satisfaction
- Continuous process improvement.

Our QA approach works with project management and software engineering from the outset of the SDLC so SQA detects defects and variances early and remedies them promptly. System Testing, Integration Testing, Regression Testing and Performance testing are the required paradigms of our testing process which are executed in the respective dedicated environments (addresses 5.20.1 and 5.20.4). To achieve the agreed-upon qualitative compliance of deliverables and service levels, our management approach includes reviews and acceptance of deliverables and service levels as part of a Quality Assurance Plan relative to each task. Our Quality Assurance Plan establishes expected outcomes, service levels, and quality standards and the governance by which they are reviewed and accepted. Examples of items that are qualitatively measured include program specification review, version control accuracy, accuracy of functional requirements, and others.

Our high-level QA process includes five primary components including:

- Test Plans
- Corrective Action Plans
- Configuration Management
- Change Management
- Regular Reporting and Monitoring

Test Plans

We define testing data requirements, testing use cases, regression test suite, test planning and execution schedule, and test result reporting. Our team uses automated testing (SpiraTest) and issue tracking (Atlassian JIRA) tools to manage testing.

Defects are logged into our Web-based defect tracking system. During each SDLC phase, our team uses formal inspections to measure and control the quality of work products. Formal inspections are a structured, efficient, and economical way of finding errors in work products and processes early in the development lifecycle. Identified defects are analyzed and tracked to closure to validate that the project performs to plan. In addition, the Quality Performance Indicator (QPI) information is presented in the monthly progress reports to program management for its review.

Configuration Management

Our configuration management process flow is shown in **Figure R.**

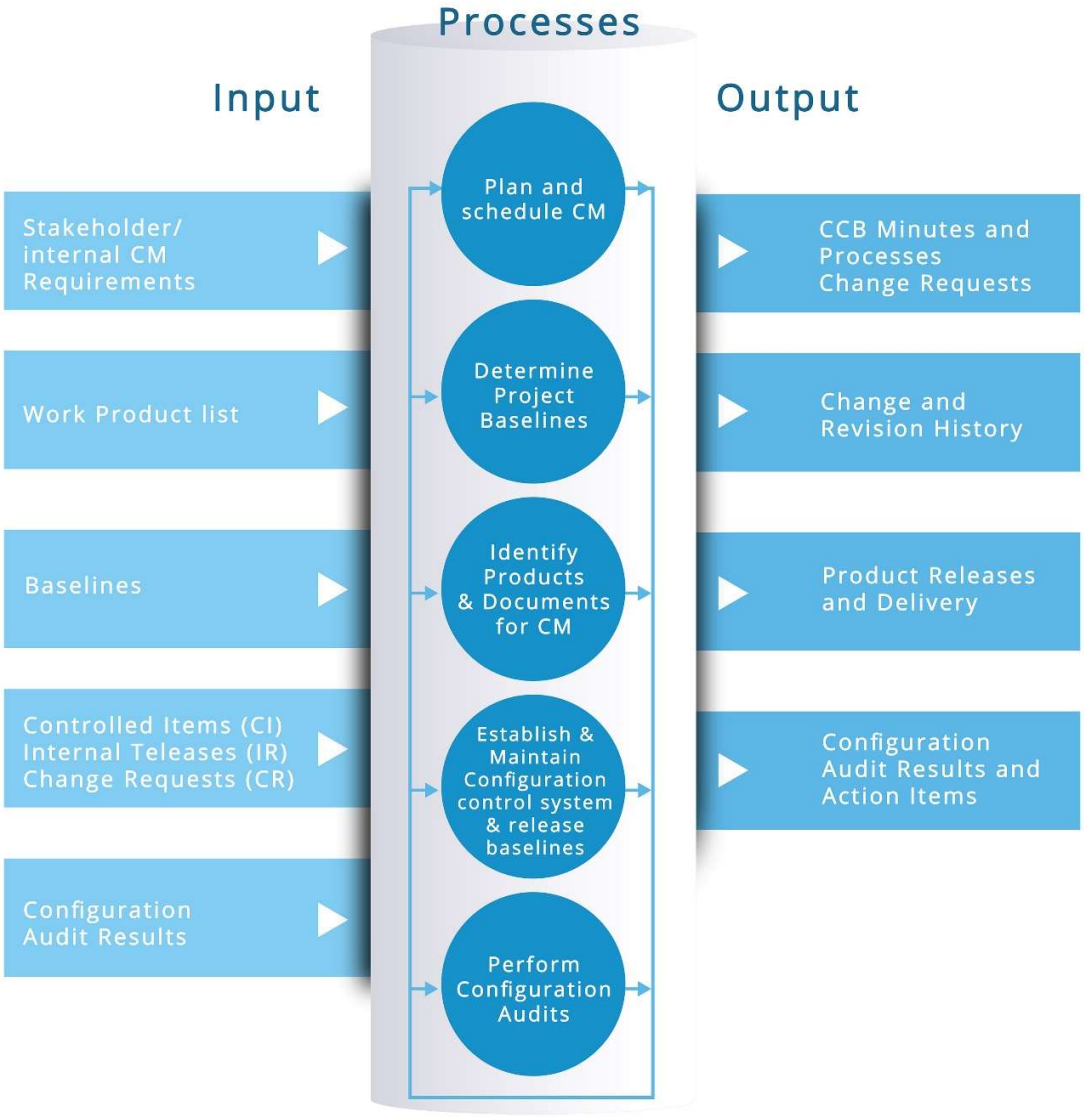


Figure R: Configuration Management Process

The configuration management process minimizes risks and leads to project success.

Our Configuration Management (CM) Plan details which baseline(s) applies to the project and which criteria signify the release of the baseline(s) including the following:

- Project responsibility for configuration management
- Project's CM requirements
- Resources (staffing, facilities, tools, and others) for CM
- Product storage approach including as appropriate:
  - Project Asset Library (PAL) structure
  - Access control
  - Security control

- File structure
- Web interfaces

The products and documentation for CM are identified by interfacing with the project director or responsible individuals to obtain an understanding of the integrated Project Plan.

Change Management

Figure S details our change control process.

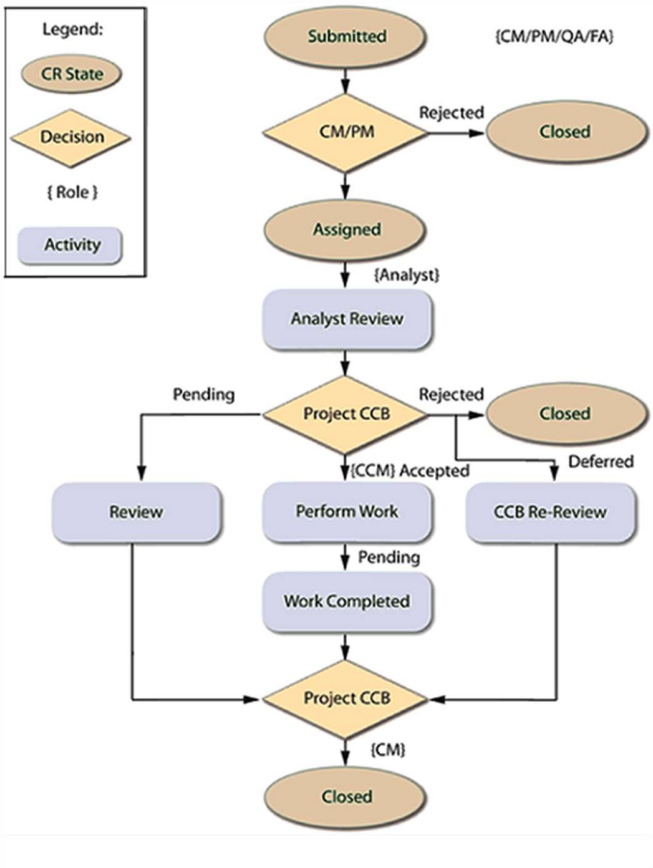


Figure S: Change Management Process

The change management process can handle the correction of discrepancies identified during production.

We maintain a tight control on the software component versions during releases and routinely verify production configurations against the requirement and design baselines to correct any discrepancies. During the change request review process, each member states any direct, indirect, and foreseeable impacts the change will have on the project. The change control board (CCB) also discusses risks of errors in the implementation and their potential impacts. Additionally, the following processes are used if a required change necessitates a change/modification to the Statement of Work:

- A Project Change Request (PCR) is the vehicle for communicating change. The PCR describes the change, the rationale for the change, and the effect of the change on the project.

- A written change authorization and/or PCR must be signed by both parties to authorize implementation of the investigated changes.

Regular Review and Monitoring

The project director ensures that quality assurance is integrated into project reporting and routinely reviewed at regularly scheduled meetings. Our culture of quality awareness and continuous improvement is demonstrated in all activities at all levels throughout the project.

Note: Refer Section 3 of Additional Information for further details on PMP Project Plan.

6.6.7. Our Software Development Approach

Proposed Development Approach

Digital Harbor will employ our standard best-practices implementation methodology to deliver provider screening and enrollment system to AHCCCS. Our methodology has been proven with over 10 implementations in the last three years for similar scope projects across multiple industries. The following differentiators enhance our delivery while reducing program risk:

- Agile-based process for incremental delivery of system components to enable faster capability and value times
- Transition-focused strategy to enable a smooth transition of operations from AHCCCS to our operational staff while scaling operations to enhanced scope that includes digital enrollment and ACA-based screening
- Analytics-driven execution in all aspects of our implementation so data and evidence-based decisions are used for implementation and operations execution

Agile-based Process for Incremental Delivery

Instead of a single, long implementation cycle with a final go live, we propose an Agile implementation with phased delivery of KYP components in three increments. Our methodology includes:

- Knowledge-based requirements collection using pre-packaged questionnaires and templates
- Customer-driven demonstrations and prototyping for AHCCCS -specific requirements
- Spiral configuration and testing of individual components
- Phased pilot or user acceptance testing of integrated component or system delivery

Transition-focused strategy

A smooth transition for both providers and the AHCCCS is critical. Our incremental system delivery is matched by incremental takeover of operations, specifically:

- Monitoring delivery allows the AHCCCS to get referrals from our staff related to material status changes of existing active providers. AHCCCS can thus understand the nature of alerts and formalize

types of actions such as terminations, suspensions, and deactivations that they take while providing input into refining the criteria for these referrals.

- Screening delivery allows AHCCCS to experience our automated results as well as the process followed by our screeners to verify and record findings. AHCCCS gains a better understanding of our screening capabilities and confidence in our process before turning over all operations. It will also help our staff to train on AHCCCS -specific policies in an operational mode. Finally, it helps refine the criteria for what needs to be referred to AHCCCS and what can be approved without referrals.
- Monitoring and screening deliveries transitions 50 percent of back-office operations without impacting the front-office, provider-facing workflow. Initializing the new portal with existing data and authentication (PIN) provides a smoother transition for existing providers.

Analytics-driven execution

Digital Harbor relies on best-practices for planning and on real-world data for adopting those plans to operational execution. We anticipate the following areas of analysis to drive our development and operations:

- **Data Migration:** Quality of the provider master file (PMF) data from MMIS. Unlike traditional record management systems, which mostly focus on structure and format of the data for data migration, screening is an analytical process and requires us to focus on coverage, quality, and accuracy of the data. It is our experience that PMF data in Medicaid can be sparse, poor quality such as licenses not captured with consistent semantics, and poor accuracy. We analyze the incoming data and apply semantic cleansing to provide high-accuracy screening against target databases.
- **Configuration:** We do not just deploy systems from functional requirements. We analyze existing processes and data to identify business process changes or configuration requirements that can increase automation and accuracy at the same time. We will analyze current AHCCCS data in terms of average provider response times, top deficiencies and send back reasons, provider access patterns and profile from AHCCCS to identify features and business rules to be configured for maximum impact.
- **Integration:** In compliance with the RFP, the proposed system becomes a subcomponent of the MMIS. As such, there are multiple integration points with other MMIS processes.
- **Operations:** Data are used for all aspects of operations development. We analyze the detailed provider demographics and scoring data to come up with efficient initial revalidation scenarios. Once the portal is deployed, we analyze portal usage and ratio of paper to electronic submissions to adapt operational planning and execution.

Note: Refer Section 7 of Additional Information for further details on Software Development.

AHCCCS
Arizona Health Care Cost Containment System

DIGITAL HARBOR
...Connecting the Dots

7.0

EXPERIENCE AND EXPERTISE OF THE FIRM AND KEY PERSONNEL

Our people believe that simplicity is the new innovation. Consistently, we have created first-of-its-kind solutions which come with conversational UI.

7.1 Experience and Expertise

7.1.1 Company Highlights

The following highlights are presented to provide a background into our Specialized Expertise, Unmatched Experience and Financial strength of our organization:

- Digital Harbor has operated for more than 15 years as a provider of risk management technology and services
- Digital Harbor is a serial innovator and has been responsible for "creating" 4 enterprise-class" software Platforms and 5 Industry Solutions that were "world's First of their kind".
- Over its lifetime, the company has served some of the largest customers in the world including Top 5 US federal Agencies, 50 of the Fortune 500 companies and most recently some of the largest Medicare and Medicaid Customers
- Digital Harbor was incubated working with Defense & Intelligence agencies creating the first of its kind Link Analysis and Composite Application Platforms.
- Digital Harbor created Industry's first Smart Client technology and Know Your Customer for Financial Institutions which became a global standard deployed at 140 of the top 200 Financial Institutions globally
- Digital Harbor created Know Your Provider, Know Your Claim and Know Your Beneficiary/Member in Healthcare each representing the most innovative and advanced solution of their kind.
- Digital Harbor Healthcare currently has a staff of over 250 technical and business individuals across five company locations
- Digital Harbor Public healthcare clients have included Medicare (CMS) and 22 Medicaid states, including California, Maryland, Mississippi, Montana, New York, New Jersey, New Mexico, New Hampshire, and Wyoming
- Five of the top ten Medicare and Medicaid contractors have chosen Digital Harbor as their strategic partner.
- Digital Harbor offers the best record in predictive analytics and provider screening in the industry. We have analyzed over 300 million Medicaid claims/per year (~30% of Medicaid data) and screen almost 600,000 providers (~30% of all Medicaid providers)
- Digital Harbor is both profitable and cash flow positive.

7.1.2 Our Brief History and Background

Digital Harbor was founded as Eidea Labs (Delaware incorporation) in 1997. In 1999, it acquired a Utah-based company and renamed itself under the new company's name, Digital Harbor. Digital Harbor was recognized as one of the fastest growing companies developing advanced technology solutions for defense and intelligence agencies. Digital Harbor coined the concept "Composite Applications," which was adapted by industry analysts to define advanced knowledge-worker applications. In 2004, Digital Harbor expanded into the telecommunications and financial services industry and became recognized as a leader in risk management technologies with customers that included Bank of America, Wells Fargo, Freddie Mac, Visa, American Express, and PayPal. Digital Harbor created Know Your Customer (KYC) which became a standard for anti-money laundering and anti-fraud regulations globally. In 2007, we were acquired by Norkom Technologies (now BAE systems), a public company and was subsequently spun-off in 2014 to focus on the emerging Healthcare market with its Know Your Claim (created in 2010) and Know Your Provider (2012). Over the last 2 years, Digital Harbor has created Industry's first "Conversational Applications Platform" based on Artificial Intelligence and Predictive Analytics. Digital Harbor expects to release it as a PaaS in 2018.

7.1.3 Company Description

Digital Harbor is recognized as a leading innovator in complex risk management processes across four different industries. Our KYC solution became so successful that the associated regulations were termed KYC compliance. The success of our Medicare predictive analytics project contributed to establishing a nationwide program for pre-payment fraud prevention and our Florida network analytics has provided a blue print for Medicaid programs across the nation.

As an industry leader, we:

- offer all software components under one organization umbrella without a need for integrating disparate commercial-off-the-shelf (COTS) products
- offer the most advanced platforms and modules in both case management, automated scoring, and predictive analytics (scoring) in the industry
- deliver some of the largest customer deployments in terms of users and transaction volumes in the industry and offer a track record of some of the fastest deployments, averaging six months
- maintain an unmatched record when it comes to customer return on investment (ROI). We have delivered positive ROI on 100 percent of our projects with average ROI ranging from 1:3 to 1:8

7.1.4 Our Experience In Medicare/Medicaid Fraud & Abuse

Over the last 6 years we have successfully demonstrated that our technologies represent some of the most innovative and successful work in healthcare fraud. Here is a brief sample of our successes:

- We created the first Unified Program Integrity System for a Medicare ZPIC. The average investigation case time declined to 5 months from 14 months.
- Invited by CMS we successfully created Medicare's first Predictive Modeling Pilot (for anti-fraud) and delivered a 20X ROI spawning the Fraud Prevention System program for Medicare.

- Hired by State Fraud Divisions and RAC contractors we have identified over $500 Million in Improper Payments in over 10 states resulting in significant recoveries and over 10X ROI to our customers.
- KYP has been utilized by over a dozen Medicaid and Medicare customers and has already resulted in over 3,000 Provider terminations and an aggregate savings of over $150 Million with an average ROI greater than 5X

Despite our relative youth in the Healthcare Industry, we believe that no other company has shown better results or provided comparable ROI to its customers (not even by a factor of 3).

7.1.5 Company Expertise And Areas Of Specialization

Digital Harbor is not a standard IT contractor or business services provider. We specialize in risk management, specifically fraud and abuse, and maintain deep experience and mature technical skills along with significant experience in this highly specialized area. Our technology and expertise includes:

- Artificial Intelligence-driven Portals
- Advanced case management systems
- Advanced screening and monitoring systems
- Advanced analytics services in matching and linking disparate sources to identify hidden relationships
- Predictive analytics specifically behavioral, pattern, statistical, and network analytics
- Best practices in fraud and abuse reporting

7.1.6 References

(addresses 3.2.1)

California Medicaid

Requirement	Response
Name of Contracting Entity	California Department of Health Care Services (DHCS)
Contracting Entity Location	Sacramento, California
Contact Person Name, Phone, and E-mail Address	Name: Tanya Homman Phone: (916) 319-8115 Email Address: Tanya.Homman@dhcs.ca.gov
Dates of Service	April 2016 – Ongoing (existing Direct contract)
Description of Work and Products Used	DHCS Provider Enrollment Project is PAVE. PAVE is the most advanced Provider Enrollment System in the world. Based on KYP Enterprise edition it screens providers against 15,000+ data sources, and monitors them against 400+ Watch lists. PAVE involves 40+ discrete application packages for 100+ Provider types across 175,000+ FFS Providers (and extensible to 200,000 additional MCO Providers). PAVE Phase 1 implemented monitoring, generating 7,000 plus alerts with a proven ROI of $2.5 Million per month which was presented to CMS as MII best practices. PAVE Release 2.0 involved Provider Portal and Enrollment and has already seen the best adaption rate (and the best Provider rating) in the Industry to date.

	Know You Provider (KYP) Portal, Enrollment, Screening and Monitoring

New Mexico Medicaid

Requirement	Response
Name of Contracting Entity	New Mexico Human Services Department (HSD) Prime Contractor: Conduent
Contracting Entity Location	Albuquerque, New Mexico
Contact Person Name, Phone, and E-mail Address	Name: Tonya Pamatian, New Mexico Provider Enrollment Manager Email: Tonya Pamatian@state.nm.us Telephone: 505.827.3165 Fax: 505.827.7222
Dates of Service	July 2013 - Ongoing
Description of Work and Products Used	As a result of its KYP implementation, Digital Harbor provides all the services listed under enhanced screening of this RFP including database checks, license checks, and monthly screening. Digital Harbor has deployed a cross-organization workflow between Digital Harbor, Xerox, and New Mexico Medicaid. Daily applications are automatically screened, reviewed by our screeners, and populated into case files. Xerox Provider Representatives review the results and escalate them to New Mexico, which logs them into our system to make decisions. A summary is also sent to the MMIS content management system so that it can be pulled on-demand from the MMIS. The project was delivered in two phases: 120 days for monitoring and seven months for screening. This work was done as a subcontractor. This was added as a specific project to the scope of the existing MMIS contract. Digital Harbor was responsible for 80 percent of the scope of work under this project. The prime contractor provides project oversight and modifications to the MMIS to deliver daily files and receive final updates. Digital Harbor is responsible for all screening and monitoring, configuration, and deployment. Know You Provider (KYP) Screening and Monitoring

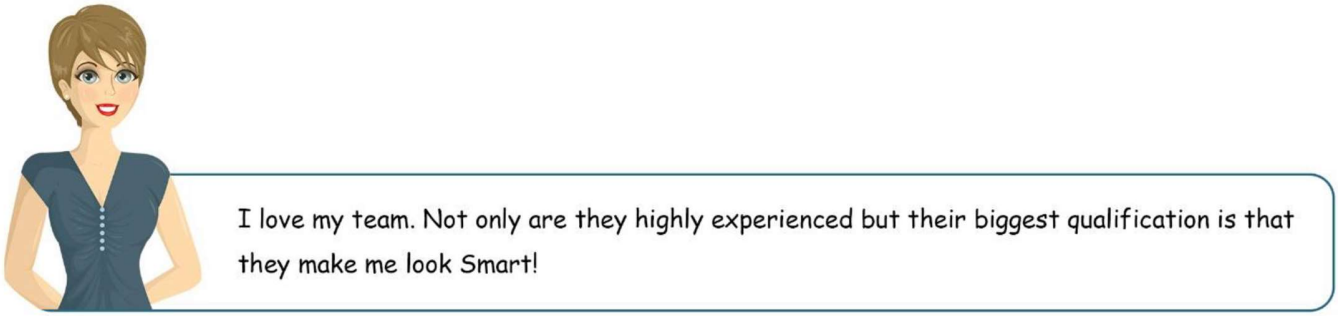
Mississippi Medicaid

Requirement	Response
Name of Contracting Entity	Mississippi Division of Medicaid (DOM)
Contracting Entity Location	Jackson, Mississippi
Contact Person Name, Phone, and E-mail Address	Name: Mary Randazzo Phone: (601) 359-6154 Email Address: Mary.Randazzo@medicaid.ms.gov
Dates of Service	April 2012 – June 2016

Description of Work and Products Used	Mississippi was the first Medicaid state to issue an RFP for provider screening services in response to the ACA regulations. Mississippi selected the Digital Harbor team and the Know Your Provider Solution. While the initial RFP had envisioned outsourced screening services to be provided by the successful vendor (with findings to be available to the state in a tracking system), the scope was changed after review of the KYP solution. Based on the automation within KYP, DOM decided to give direct access to DOM users for review and decision. KYP automation will enable DOM to screen and monitor increased workload with their existing staff. Despite a three month delay in finalization of requirements and subsequent finalization of interface specification and delivery of data from the MMIS, Digital Harbor was able to absorb 2.5 months of delay and deliver UAT within 15 days of planned date. Production Roll out is scheduled for first week in October in-line with MMIS operational schedule. Know You Provider (KYP) Screening and Monitoring

7.2 Key Personnel

(addresses 3.2.2)



Digital Harbor carefully considered the Arizona's requirements to determine the resources needed to complete each task and deliverable professionally and on schedule. Our Staffing plan takes State's finite resources into account, as well, and understand that its staff expertise is essential to overall project success. By providing sufficient and knowledgeable Digital Harbor team resources and using Arizona MMIS technical staff resources efficiently, our strategy minimizes disruption to State Medicaid providers, State staff currently involved with screening and enrollment, and other stakeholders and simplifies the re-enrollment process as much as policy permits.

Digital Harbor is not a general services contractor. It employs resources that are dedicated to our culture of innovation and excellent. Our staff is (a) deeply technical; (b) is trained on the Customer domain such as Provider Enrollment, Member Management, Program Integrity, Care Management etc.; (c) Trained on our Products ; and (d) Trained on our best-in-class Software development lifecycle. Digital Harbor staff is prepared to provide its deep expertise in (a) Business Process Consulting; (b) Technology Project Implementation; and (c) Project Management and CMS Certification.

To enable a rapid implementation of the phased DDI schedule proposed for Arizona, we are proposing the following staffing strategy:

- Proposal of one of our most experienced Project Manager who is completing a recent implementation of KYP (for a larger state)
- Re-use of key staff from past implementations similar in size and scope.
- Direct Involvement of our Senior Management team

Our general approach to staffing KYP DDI implementations is illustrated in Table 1 below. The combination of Experienced and Proven leadership along with specialized technical resources to achieve specific implementation component is key to our record of timely implementations and Customer Satisfaction.

1 Key Staff

2 Position	3 Description	4 Skills	5 Authority/Duration
Program Director	Manages all contractual issues throughout implementation and duration of contract	Experienced in managing contracts associated with Digital Harbor Enterprise Fraud Management software implementations	Decision making authority
Project Manager	Manages the scope, schedule, and staff	Project Management in Enterprise Fraud Management	Decision making authority
Tech Lead & Risk Modeler	Maps the case management knowledge model to algorithms, Configures Case templates	Matching, Linking and Scoring algorithms, Case Management Framework, Analyst Workbenches	Reports to Project Manager
QA Manager	Leads Defect Identification & Resolution Processes	Understanding of Test Cases and technical risks	Reports to Project Manager
Configuration Specialist	Configures the front-end tool set to customize additional needs, participates in JAD	JavaScript, HTML, Case Management Framework, Smart Client Builder	Reports to Tech Lead
Platform Architect	Configures the back-end platforms, Leads modification and construction phase, configuration, testing, and data migration	Java, Web services, Data Migration, Test Scenario development, Ontology, Java SDK	Reports to Project Manager
Process Analyst	Workflow design and interface mapping, participates in JAD	Functional knowledge of Medicaid claim processes, Enterprise Designer	Reports to Tech Lead
System Administrator	Network Operations	Understanding of the network and systems infrastructure, DH Admin Studio	Reports to Tech Lead
Database Administrator	Designs, optimizes and manages Database schema	Information architecture, DB Studio	Reports to Tech Lead

For Arizona, we have identified the following Key Project Personnel. Each of these individuals brings (a) substantial expertise; (b) significant years of experience; and (c) proven track records.

Member	Role	Years of experience	Education
Kerrie Farmer	Project Manager	20	University of Colorado, Bachelor of Science, Computer Science
Mike Tingey	Integration Lead	30	Brigham Young University, Bachelor of Science, Computer Science
Alan Colton	Testing Lead	22	Brigham Young University, Bachelor of Science, Information Systems

Scott Withrow	Certification Lead	33	Bellarmine University, Master Applied Information Technology and Clarion University of Pennsylvania, Bachelor of Science, Computer Science
Chuck O'Brien	Contract Manager	37	Wilmington University, Master of Business Administration and Wilmington University Bachelor of Science, Management Information Systems

Kerri Farmer as 'Project Manager'

Summary of Relevant Qualifications/Experience

Kerri Farmer is a certified Project Management Professional (PMP) with more than 20 years of information technology (IT) project experience. Ms. Farmer has extensive experience leading software implementation projects and software upgrade projects. Proficient in all aspects of project management principles with a proven track record of delivering enterprise cost-effective solutions that are compliant with IT standards, policies, procedures, and best practices. Kerri has a vast amount of experience in IT in various roles, including application engineering, system administration, training and project management. She is very skilled at balancing customer requirements and business requirements to improve business financial metrics. Also, she is adept at managing teams to meet project schedules and changing business requirements. She is a strong leader who works effectively with people at all levels within an organization and in all functional areas.

Mike Tingey as 'Integration Lead'

Summary of Relevant Qualifications/Experience

Mike Tingey brings more than 30 years of experience in IT and 7 years of experience with provider screening and enrollment. He has provided project management services for Digital Harbor's "Know Your Provider" product suite, directly supporting implementation for several Medicaid clients, including California, New Mexico, Mississippi, and Wyoming. In addition to project manager, Mr. Tingey's roles include solutions and platform architect, technical expert, developer, and GUI designer. He has contributed to and led delivery of more than a dozen case investigation and management solutions for Healthcare Program Integrity contractors and top tier banks.

Mr. Tingey has an outstanding technical background and has been involved since the beginning of his professional career in creating productivity applications that have been used by tens of thousands of users. His technical knowledge as well as his expertise in developing highly usable solutions for end-users has resulted in multiple product awards for his solutions. Mr. Tingey's contributions to Digital Harbor products and to supporting its state clients have been deep and significant.

Alan Colton as 'Testing Lead'

Summary of Relevant Qualifications/Experience

Alan Colton has more than 10 years of experience supporting Medicaid and Medicare clients, including supporting provider screening and fraud, waste, and abuse, and nearly 22 years as an IT professional. Mr. Colton is a seasoned veteran who has mastered system analysis, interactive design, and user-centered analysis and design. He was part of a lead team to design a financial auditing product to define and create a complex rules-driven product that automated much of the manual auditing processes, which increased production by 50 percent. A professional trained facilitator, Mr. Colton provided leadership to a recent implementation in California. This has enabled Mr. Colton to excel in gathering project requirements and turn them into solid business requirements. He has worked with many customers on various projects to understand their needs and incorporate them into the system requirement document used to configure applications.

Scott Withrow as 'Compliance Lead'

Summary of Relevant Qualifications/Experience

Scott Withrow has extensive experience leading certification projects throughout his storied 30 year career. Most recently, Scott has been instrumental in leading the Digital Harbor security and compliance teams to achieve strategic and operational objectives for enterprise security, lead Digital Harbor's efforts to position and adopt FISMA/NIST and HIPAA compliance, and achieved compliance with state and federal FISMA/FedRamp requirements including CA, NY, NH, NM, and MT compliance. In addition, he is responsible for ISO duties which include Security and Compliance policies, Security components of contracts (MSA, SOW, ISA, BAA), Risk & Vulnerability Analysis, Network Security planning, Corporate Education, Audit preparation (SOC2, ACAB, FISMA, Other).

Chuck O'Brien as 'Contract Manager'

Summary of Relevant Qualifications/Experience

Chuck O'Brien has more than 30 years of information technology (IT) experience specializing in IT organizational management, contract management, project leadership, systems analysis and design, networking, database management systems, file conversions, communications, and problem analysis. Mr. O'Brien brings a proven track record for managing information technology projects and contracts. Recently, he guided the United States Department of Labor through a "Know Your Provider" (KYP) implementation, streamlining their workflow. In addition, he managed the implementation of KYP with the states of Montana and New Hampshire.

His experience with a program integrity contract that was responsible for identifying fraud, waste, and abuse (FWA) in the Medicare and Medicaid programs in Texas, Colorado, New Mexico, and Oklahoma is priceless. He managed a team of 20 data analysts and data loaders that were responsible for uncovering FWA in medical claims. In addition, he was directly involved with various CMS projects, such as artificial intelligence, Medicaid Data Extract and Matching (MDEM), Shared Systems Data (Part A, Part B, and DME). Mr. O'Brien communicated with CMS representatives on a regular basis to keep them apprised of various project initiatives. He provided project management on a variety of other special projects including connectivity to the primary CMS data centers. Additionally, Mr. O'Brien is the primary resource responsible for managing all Digital Harbor customer and vendor contracts. He creates, writes, negotiates, and oversees hardware and software contracts. On a regular basis, he works with legal counsel when drafting

agreements. He verifies that contract performance measurements are met and develops contract amendments as necessary.

Important Note: Please note that the resumes of these professionals are shared in "**Resume**" section.

7.3 Our Proposed Senior Project Leadership Team

Mr. Kerri Farmer, Project Manager, is responsible for all aspects of the Provider Services Module or AHCCS project during the implementation, reenrollment, and ongoing maintenance phases, including overall project decisions and team leadership. Ms. Farmer brings over 20 years of experience developing and deploying systems. Ms. Farmer recently managed the implementation of KYP Portal, Enrollment, Screening, and Monitoring for the State of Maryland. She was able to utilize her skills to balance customer requirements and business requirements to keep the project on track and deliver KYP modules with the configurations that were important to the customer. She is adept at managing teams to meet project schedules and changing business requirements. She is a strong leader who works effectively with people at all levels within an organization and in all functional areas.

Mr. Mike Tingey, Integration Lead, is the Chief Architect of our healthcare program integrity offerings. Mr. Tingey offers more than 30 years of architecture, technology, and implementation experience. Over the last three years, he has successfully led design and implementation of four provider screening projects and currently leads Digital Harbor's California implementation. Each of these projects has involved interfacing and communicating with legacy mainframes. Mr. Tingey is intimately familiar with provider and claims data from experience gained on more than 10 state projects. Mr. Tingey initiates and facilitates ongoing communications and information exchange with regard to telecommunication and State systems integration as part of the AHCCS project.

Mr. Alan Colton, Testing Lead, offers more than 20 years of experience as a business analyst, product manager, and subject matter expert (SME). He is a valuable resource and understands the underlying details associated with each of Digital Harbor's modules; portal, enrollment, screening, and monitoring. Due to his in-depth knowledge of the Digital Harbor products, he will fulfill the roll of Testing Lead for this project. He has been deeply involved with the development and testing of these products over the past four years and has developed a deep understanding of screening red flags, risk scoring, and the operational aspect of monitoring. Mr. Colton was the lead SME on Digital Harbor's California implementation of KYP portal, enrollment, screening, and monitoring. Mr. Colton serves as the functional SME for the KYP system in his role as screening and monitoring operations lead.

Mr. Scott Withrow, Compliance Lead, is a versatile member of the Digital Harbor team. Mr. Withrow has a proven track record with over 30 years of successful accomplishments. He is Digital Harbor's Compliance Officer. Most recently he has been instrumental in leading the Digital Harbor security and compliance teams to achieve strategic and operational objectives for enterprise security, lead Digital Harbor's efforts to position and adopt FISMA/NIST and HIPAA compliance, and achieved compliance with state and federal FISMA/FedRamp requirements including CA, NY, NH, NM, and MT compliance. In addition, he is

responsible for ISO duties which include Security and Compliance policies, Security components of contracts (MSA, SOW, ISA, BAA), Risk & Vulnerability Analysis, Network Security planning, Corporate Education, Audit preparation (SOC2, ACAB, FISMA, Other).

Mr. Chuck O'Brien, Contract Manager, is the primary resource responsible for managing all Digital Harbor customer and vendor contracts. Mr. O'Brien will work with the AHCCS team to monitor the contact performance measurements are fulfilled. He creates, writes, negotiates, and oversees hardware and software contracts. In addition, Mr. O'Brien brings over 30 years of experience developing and deploying healthcare systems from senior leadership roles as a hospital CIO to a project director for large federal and state projects. Mr. O'Brien offers more than program and project management skills. For example, Mr. O'Brien has spent the last four years focused on program integrity and provider screening projects and offers an in-depth understanding of enrollment and screening workflows as well as types of issues and findings encountered during provider screening and monitoring. Mr. O'Brien is responsible for contract activities and acts as the chief liaison for the overall relationship between the State and Digital Harbor leadership team.

7.4 Resumes

Proposed Project Manager

Kerri Farmer

Education
University of Colorado, Denver, CO
Bachelor of Science, Computer Science 2007

Certifications/Licensure
Project Management Professional, PMP, 2010, PMP Number: 1343718

Summary of Relevant Qualifications/Experience
Kerri Farmer is a certified Project Management Professional (PMP) with more than 20 years of information technology (IT) project experience. Ms. Farmer has extensive experience leading software implementation projects and software upgrade projects. Proficient in all aspects of project management principles with a proven track record of delivering enterprise cost-effective solutions that are compliant with IT standards, policies, procedures, and best practices. Kerri has a vast amount of experience in IT in various roles, including application engineering, system administration, training and project management. She is very skilled at balancing customer requirements and business requirements to improve business financial metrics. Also, she is adept at managing teams to meet project schedules and changing business requirements. She is a strong leader who works effectively with people at all levels within an organization and in all functional areas.

Work History

Digital Harbor, McLean, VA (September 2017 – Present)
Technical Project Manager

- Managed the implementation of KYP Portal, Enrollment, Screening, and Monitoring for the State of Maryland
- Coordinates the activities of 20 analysts and programmers to implement a wide variety of configurable KYP components to meet reenrollment screening project requirements
- Works diligently with the client, gathering all required items to configure the KYP Screening and Monitoring; ensures reenrollment efforts stay on schedule
- Holds work group sessions to provide clients with in-depth knowledge of KYP operations

BridgeViewIT, Denver, CO (February 2017 – September 2017)

Project Management Consultant

- Managed internal IT projects for Optiv reporting to the CIO.
- Provided project management for a Sales Segmentation project which included modifying Salesforce, NetSuite, Workday, and OpenAir.
- Weekly status reporting cadence to CIO
- Team included IT, Inside Sales, External Sales, and PMO

GE Digital Energy, Greenwood Village, CO (July 2013 – December 2016)

Project Manager

- Managed inception to order project estimates with Sales teams; post-sales SDLC project management
- Plan, coordinate, manage software implementation projects.
- Ensure project requirements are met and completed on time, within cost and to required quality standards
- Manage upgrade for Geospatial projects, customers include Puget Sound Energy, FortisBC, Southern California Edison, Black Hills Energy, and Manitoba Hydro
- Implement PowerOn Restore upgrade and PowerOn interface with Clevest for Colorado Springs Utilities
- Execute PowerOn Restore upgrade, Mobile Click Interface, ICCP between SCADA and GIS for Black Hills Corporation
- Upgrade Smallworld CST 4.1 to v4.3 Gas Distribution Office and Gas Transmission Office including integration with SAP and GDO/GTO for FortisBC.
- Implement FieldSmart View, Inspect and Field Flow Manager for Nebraska Public Power District.

Kinder Morgan Inc., Colorado Springs, CO (March 2007 – July 2013)

Principal Project Manager / Principal Software Engineer

- Provide project management to consolidate legacy systems across corporate enterprise utilizing remote project teams.
- Provided strategic project leadership, direction, and support for an organization with multiple critical proprietary software development projects. Utilized a combination of Waterfall and Agile (Scrum) project methodologies.
- Ground up redesign and consolidation of four legacy enterprise applications for scheduling components of gas transportation systems
- Managed executive stakeholders, business stakeholders and teams and provide project analytics to executive committees.
- Accountable for coaching and developing project teams and managing project budgets between $1M to $30M.
- Began position as a Software Engineer utilizing C#.Net, SQL, Uniface, JavaScript, XML.

El Paso County Government, Colorado Springs, CO (March 2003 – November 2006)

Project Manager / Software Engineer

- Project manager to redesign and update legacy county applications for various departments

- Worked closely with team of engineers to propose, design, and implement solutions for converting legacy applications to current technologies focused on a common framework for all county departments.
- Provided hands-on leadership and direction during complete development lifecycle: requirements, design, coding, unit testing, system integration, documentation and customer support
- Accomplished first project team to implement Agile (Scrum) project methodology in the county

Provided architectural guidance, employed object oriented design principles and patterns, primary language was C#.Net with SQL database.

Proposed Integration Lead

Mike Tingey

Education

- Bachelor of Science in Computer Science, Brigham Young University, Provo, Utah

Summary of Relevant Qualifications/Experience and Understanding of the Provider Screening and Enrollment Process

Mike Tingey brings more than 28 years of experience in IT and 7 years of experience with provider screening and enrollment. He has provided project management services for Digital Harbor's "Know Your Provider" product suite, directly supporting implementation for several Medicaid clients, including California, New Mexico, Mississippi, and Wyoming. In addition to project manager, Mr. Tingey's roles include solutions and platform architect, technical expert, developer, and GUI designer. He has contributed to and led delivery of more than a dozen case investigation and management solutions for Healthcare Program Integrity contractors and top tier banks.

Mr. Tingey has an outstanding technical background and has been involved since the beginning of his professional career in creating productivity applications that have been used by tens of thousands of users. His technical knowledge as well as his expertise in developing highly usable solutions for end-users has resulted in multiple product awards for his solutions. Mr. Tingey's contributions to Digital Harbor products and to supporting its state clients have been deep and significant.

Work History

Digital Harbor, American Fork, UT (January 1996 – Present)

Case Management Solution Chief Architect/Lead (November 2007 – Present)

- Architects solutions for managing the investigation of Medicaid/Medicare fraud, managing the full fraud case lifecycle, significantly decreasing time from fraud discovery, to prosecution, to asset recovery

PiiE Platform Architect and Application Developer (January 1996 – Present)

- Architects the PiiE platform developed by Digital Harbor that has been used to create solutions for the Defense and Intelligence communities, allowing clients to link data from disparate data sources and manage intelligence
- Worked with teams of developers to improve and enhance the PiiE Platform with cutting-edge data analysis visualizations

HMS Provider Fraud Data Analysis Project Manager (December 2011 – July 2013)

- Managed a project to identify claims that have been submitted fraudulently in New Jersey 2010-2011 Medicaid data

- Helped the State client recover millions of dollars in claims payments
- Coordinated efforts between HMS senior data analysts, Detica, and Digital Harbor data analysts

ZPIC Solution Project Manager (January 2009 – September 2013)

- Managed the production of a ZPIC solution that investigates and manages fraud in Medicaid and Medicare Worked closely with the customer to release quality solutions
- Managed enhancement requests and product releases and updates

Proposed Testing Lead

Alan Colton

Education

BS, Information Systems, Brigham Young University, Provo, Utah, 1987

Certifications/Licensure

CPT Training Course focused on Medical Policies and Procedures

DSDM Product/Project Management Awareness: Certified Practitioner

Capitalizing on Usability: Usability Professional Association (UPA)

Summary of Relevant Qualifications/Experience and Understanding of the Provider Screening and Enrollment Process

Alan Colton has more than 8 years of experience supporting Medicaid and Medicare clients, including supporting provider screening and fraud, waste, and abuse, and nearly 20 years as an IT professional. Mr. Colton is a seasoned veteran who has mastered system analysis, interactive design, and user-centered analysis and design. He was part of a lead team to design a financial auditing product to define and create a complex rules-driven product that automated much of the manual auditing processes, which increased production by 50 percent.

A professional trained facilitator, Mr. Colton provided leadership to a recent implementation in California. This has enabled Mr. Colton to excel in gathering project requirements and turn them into solid business requirements. He has worked with many customers on various projects to understand their needs and incorporate them into the system requirement document used to configure applications.

Work History

Digital Harbor, American Fork, UT (October 2013 – Present)

KYP Subject Matter Expert

- Provides leadership to the screening and monitoring operations team
- Functions as lead SME in the State of California implementation
- Solely involved in provider and claims screening and has developed a deep understanding of screening red flags, risk scoring, and operational aspect of monitoring
- Makes sure the communication is clear and concise to keep project on schedule

Optum, Salt Lake City, UT (July 2006 – September 2013)

Business Analyst Lead

- Worked with clinical analysts and clients to design and implement requirements for facility Medicare and Medicaid rules
- Served as business analyst to capture and document requirements for provider fraud, waste, and abuse rules

- Trained and mentored business analysts on requirements gathering and prioritization including working collaboratively with development teams
- Sought methods to improve workflows and streamline processes, frequently turning into cost savings for the client

Church of Jesus Christ of Latter-Day Saints, Salt Lake City, Utah (November 2004 – May 2006)
User Research Analyst

- Instrumental in changing the way the Church's Public Relations Department presented and disseminated Church news articles and publications by obtaining a clear understanding of the audience, resulting in a whole new way of looking at those who want to obtain information from the Church about past and current events
- Trained the Church's Welfare department how to obtain and prioritize requirements for their Provident Living website

Produx International, Orem, Utah (October 2003 – November 2004)
Product Manager

- Negotiated vendor contracts resulting in lower cost of goods
- Managed full-time, part-time, and contract personnel throughout product lifecycle including production control, product requirements, and product marketing
- • Set pricing models for product portfolio to entice volume purchases

SurgeWorks, Inc., Salt Lake City, Utah (March 1999 – October 2001)
Lead Research Analyst

- Supervised and mentored cross-functional teams to use customer analysis and product design
- Defined and created product vision and requirements resulting in increased profitability and on time delivery
- Trained companies on agile processes that produced solid customer requirements and on-time product delivery

Novell, Inc. (March 1995 – March 1999)
Human Factors Engineer

- Led remote team on gathering and implementing requirements based on customer expectations
- Was instrumental in changing Novell's application desktop management software to meet customer expectations resulting in increased sales
- Led research team that gathered customer-driven requirements for incorporating role-based management into Novell's directory services environment

Conference Publications

- Successful Products Are Driven by the User Experience – How to effectively balance the user, business, and technology needs into an acceptable and usable product solution. UPA Conference

- The Role of an Analyst In A DSDM Environment – Published paper that details the importance of involving user and business analysts in agile product design to obtain user acceptance and business benefit. DSDM Consortium Conference
- Building Usability Design Process Tools And Methods For Everyday Use – Reinforcing the value of interactive analysis and design, and validation techniques. UPA Conference

Compliance Lead

Scott Withrow

Education

- Clarion University of Pennsylvania, Clarion, PA
- Bachelor of Science, Computer Science, 1982
- Bellarmine University, Louisville, KY
- Master Applied Information Technology, 2004

Certifications/Licensure

- Oracle DBA Masters Program, Cincinnati, OH
- DBA Certificate, 1998
- ANSI MUMPS Training, Greensburg, PA
- Advanced Database Management Certificate, 1993
- Multiple industry certifications including Project Management, Oracle Masters, MSDBA, Security, Compliance

Summary of Relevant Qualifications/Experience

Scott Withrow has extensive experience leading certification projects throughout his storied 30 year career. Most recently, Scott has been instrumental in leading the Digital Harbor security and compliance teams to achieve strategic and operational objectives for enterprise security, lead Digital Harbor's efforts to position and adopt FISMA/NIST and HIPAA compliance, and achieved compliance with state and federal FISMA/FedRamp requirements including CA, NY, NH, NM, and MT compliance. In addition, he is responsible for ISO duties which include Security and Compliance policies, Security components of contracts (MSA, SOW, ISA, BAA), Risk & Vulnerability Analysis, Network Security planning, Corporate Education, Audit preparation (SOC2, ACAB, FISMA, Other).

Work History

Digital Harbor, McLean, VA (June 2014 – Present)

Information Security and Compliance Officer

- Lead Security and Compliance team. Define strategic and operational objectives for enterprise security.
- Advise executive team on Security and Privacy compliance issues.
- Lead Digital Harbor's efforts to position and adopt FISMA/NIST and HIPAA compliance.
- Maintain compliance with state and federal FISMA/FedRamp requirements. Includes (CA, NY, NH, NM, MT) compliance.ISO Duties include: Security and Compliance policies, Security components of contracts (MSA, SOW, ISA, BAA), Risk & Vulnerability Analysis, Network Security planning, Corporate Education, Audit preparation (SOC2, ACAB, FISMA, Other).
- Duties as Security Architect Software (SDLC) security integration, PEN testing and reconnaissance

- Amazon Administration Infrastructure and Security
- Responsible for Enterprise Network Infrastructure

Humana Inc.; Louisville, KY (November 2000 - June 2014)

Application Architect/Project Manager/Agile Scrum Master/Adjunct Trainer
Directed various virtual teams of architects, business consultants, engineers and quality assurance analysts for Humana's Information Technology organization. Focused on maximizing ROI by following structured SDLC processes, managing risk and delivering project milestones on time and within budget. As Architect provided technology designs based on Humana standards and best practices.
Senior Project Manager responsible for all phases of SDLC including Communications, Risk, Resource, Financial and Schedule management.
Agile Scrum Master responsible for leading development sprints, managing backlog, ensuring velocity, planning activities and retrospectives. Additional assignments include advocacy of Agile methodologies and adjunct training/education programs.
Primary contact for vendor communications during project lifecycle including working with vendor management team on contracts and Statements of Work.

Medx12.com, Louisville, KY (June 2004 – October 2009)
Chief Information Officer/Consultant
Direct and manage all technology services for this developing dotcom. Duties include strategic planning, tactical execution, establish goals, objectives, and policies. Develop and implement programs to ensure attainment of business plan for growth, profit and branding. Implement cost-savings and efficiency plan saving organization two hundred thousand dollars within first year. Responsible for growth and development of organizations IT department, all operational functions, data/Internet security, auditing, compliance and implementation of best practices.

ZirMed.com, Louisville, KY (June 1999 – October 2000)
Director Applications Development
- Led application development team for this $2million e-health startup including full accountability for development and execution of ZirMed.coms' internet/clearinghouse product suite. Scope of responsibilities included development and supervision of multidiscipline development team consisting of approximately 12 programmers, analysts, project leaders, EDI professionals, and consultants.
- Development of web based HCFA 1500 claim form processing application, and associated clearinghouse capable of processing over 10,000 transactions per hour.
- Specify design requirements and oversee development of internet based Practice Management Application to be delivered in ASP model.
- Conceptualized and designed 'powered by ZirMed' capability allowing for integration of ZirMed.com's applications within external partners systems. This capability fostered strategic

partnerships with several healthcare payors and ASP modeled practice management vendors leading to immediate potential 125% increase in customers and revenue per annum.

Norton Healthcare, Louisville, KY (March 1998 – June 1999)

Project Manager / Software Engineer

- Project manager to redesign and update legacy county applications for various departments
- Full accountability for research and development of leading edge technology and it's application to new medical and administrative systems for this $1.2billion, seven hospital health system. Scope of responsibilities included functional management of Advanced Technology team consisting of six analysts and developers.
- Project management for design and implementation of Norton Healthcare's 'Nortonet' Intranet and associated web based applications.
- Led research into new hardware devices including Palm based systems allowing for delivery of real time financial and administrative reporting to mid and senior level managers resulting in significant cost and staffing reductions.

Publications – Tech Republic (Garner Inc.)

Author of Project Management eNewsletter (2005) Content focused on skills, knowledge and issues surrounding formal Information Technology project management methodologies and processes.
Author of Application Development Managers eNewsletter(2000-2004) With audience that exceeded 90,000 subscribers worldwide this newsletter content focused on day to day topics and skills necessary for Application Development Management.
Author of Information Technology in Healthcare eNewsletter (2004) Newsletter focus is on strategic and tactical issues within Healthcare Informatics. Column targeted senior level management.

Proposed Contract Manager

Chuck O'Brien

Education

- Master of Arts, Business Administration, Wilmington University, New Castle, DE
- Bachelor of Science, Management Information Systems, Wilmington University, New Castle, DE

Certifications/Licensure

- Certified Web Master, 2001
- Summary of Relevant Qualifications/Experience and Understanding of the Provider Screening and Enrollment Process

Chuck O'Brien has more than 30 years of information technology (IT) experience specializing in IT organizational management, project leadership, systems analysis and design, networking, database management systems, file conversions, communications, and problem analysis. Mr. O'Brien brings a proven track record for managing information technology projects. Recently, he guided the United States Department of Labor through a "Know Your Provider" (KYP) implementation, streamlining their workflow. In addition, he manages the implementation of KYP with the states of Montana and New Hampshire. His experience with a program integrity contract that was responsible for identifying fraud, waste, and abuse (FWA) in the Medicare and Medicaid programs in Texas, Colorado, New Mexico, and Oklahoma is priceless. He managed a team of 20 data analysts and data loaders that were responsible for uncovering FWA in medical claims. In addition, he was directly involved with various CMS projects, such as artificial intelligence, Medicaid Data Extract and Matching (MDEM), Shared Systems Data (Part A, Part B, and DME). Mr. O'Brien communicated with CMS representatives on a regular basis to keep them apprised of various project initiatives. He provided project management on a variety of other special projects including connectivity to the primary CMS data centers.

Work History

Digital Harbor, Tysons Corner, VA (July 2013 – Present)

Director of Consulting Services

- Managing the implementation of KYP for several large clients, including the US Department of Labor and the States of New Hampshire and Montana
- Directs the activities of 20 analysts and programmers to implement a wide variety of configurable KYP components to meet reenrollment screening project requirements
- Works diligently with the client, gathering all required items to configure the KYP Screening and Monitoring; ensures reenrollment efforts stay on schedule
- Holds work group sessions to provide clients with in-depth knowledge of KYP operations

Wavelength Information Services, Berlin, MD (June 2012 – July 2013)
Director of Information Technology
Managed team of professionals that supported networks, hardware, software, communications, and help desk activities for Atlantic General Hospital

Health Integrity, LLC, Easton, MD (July 2010 – June 2012)
Director of Data Management, Zone Program Integrity Contractor (ZPIC) Zone 4

- Provided technical project management for an artificial intelligence project for CMS
- Provided technical PM on a special project for CMS: Medicaid Data Extract and Matching
- Managed a team of skilled individuals that were responsible for hundreds of millions of Medicare and Medicaid claims for States of Texas, Oklahoma, Colorado, and New Mexico
- Directed activities that upgraded many information technology systems and data warehouses
- Established central repository of FWA algorithms to analyze Medicaid and Medicare data
- Worked closely with CMS, vendors, partners and staff to achieve timely, quality results

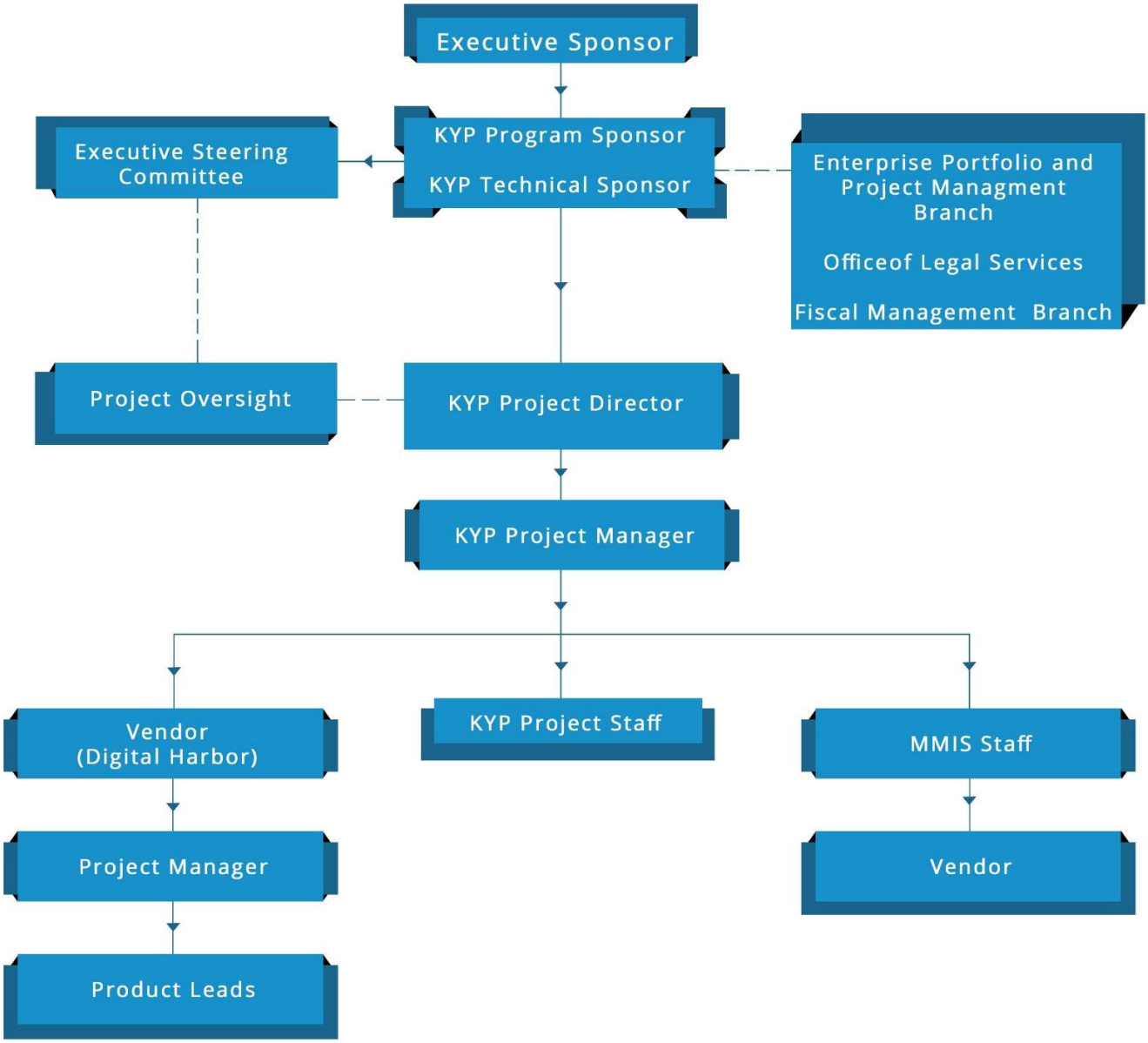
Nanticoke Memorial Hospital, Inc., Easton, MD (December 2008 – July 2010)
Director of Information Technology

- Performed CIO duties and reported to the CFO
- Responsible for all technology related systems for the five divisions under the Nanticoke Health Services umbrella, including hospital, ambulatory practices, long-term care, patient management, and occupational health
- Supported approximately 1,200 employees and contractors that utilized technology services on an ongoing basis to provide patient care
- Provided leadership to the sixteen Information Technology team members by mentoring, prioritizing, analyzing, and delegating tasks and projects

Subcontractors
We are not proposing any subcontractors for this project. Digital Harbor has all the required experience and expertise to deliver this project on its own. We are prepared to add subcontractors in the future if the state desires to expand scope that may require optional provider service.

Organization Chart

(addresses 3.2.4)



AHCCCS
Arizona Health Care Cost Containment System

DIGITAL HARBOR
...Connecting the Dots

8.0

A COMPLETED ARIZONA BASELINE INFRASTRUCTURE SECURITY CONTROLS 2017

Please refer to the Additional Information Section #11

AHCCCS
Arizona Health Care Cost Containment System

DIGITAL HARBOR
...Connecting the Dots

9.0

PRICING SCHEDULE

I learnt that the values you cherish are: Passion, Community, Quality, Respect, Accountability, Innovation, Teamwork, Leadership. As exemplified by our accomplishments, we stand by these values too.

AHCCCS
Arizona Health Care Cost Containment System

DIGITAL HARBOR
...Connecting the Dots

10.0

CERTIFICATION OF BOYCOTT OF ISRAEL

AHCCCS
Arizona Health Care Cost Containment System

DIGITAL HARBOR
...Connecting the Dots

11.0

STATEMENT OF INTENT TO PROVIDE CERTIFICATE OF INSURANCE

DIGITAL HARBOR
...Connecting the Dots

1775 Greensboro Station Place
Suite 105
McLean, VA 22102
T: +1 703-635-3477

March 14, 2018

Alice McLain, Procurement Manager
AHCCCS
701 E. Jefferson Street, MD 5700
Phoenix, AZ 85034
Phone: (602) 417-4749
E-Mail: procurement@azahcccs.gov

Intent to Provide Certificate of Insurance

If we are notified of contract award, we will submit to AHCCCS for review and acceptance, the applicable certificate(s) of insurance as required by **Provider Management System Solicitation # YH18-0033**, within five (5) business dates of such notification.

Bidders Name	Digital Harbor Inc.
Bidders HQ Physical Address	1775 Greensboro Station Place, Suite 105 Mclean, VA 22102
Bidders Mailing Address	PO Box 1266, Centreville VA 20122

Regards,

Rohit Agarwal

President

AHCCCS
Arizona Health Care Cost Containment System

DIGITAL HARBOR
...Connecting the Dots

12.0

DETAILED LEGAL ANALYSIS