

Arizona Health Care Cost Containment System (AHCCCS)

Task Order: YH26-0071

FFY 2025 Hospital Enhanced Access Leading to Health
Improvements Initiative (HEALTHII) Performance Measure
Calculations and Reporting

Best and Final Offer (BAFO)

Due Date: 04/28/2026
HealthTech Solutions, LLC
2030 Hoover Blvd.
Frankfort, KY 40601

Proposal Contact:
Elizabeth Linville, Procurement Administrator
Phone: (859) 248-0627
Email: elizabeth@healthtechsolutions.com



HealthTech
SOLUTIONS

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Cover Letter

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March 26, 2026

Cynthia Smolens, Senior Procurement Specialist
Arizona Health Care Cost Containment System (AHCCCS)
801 E. Jefferson Street
Phoenix, AZ 85034

RE: FFY 2025 Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII)
Performance Measure Calculations and Reporting

Ms. Smolens,

HealthTech Solutions, LLC (HealthTech) is pleased to respond to Task Order YH26-0071. HealthTech is an IT consulting company, incorporated in 2011, with a vision of supporting state government agencies and other organizations to develop state-of-the-art technology solutions, provide Medicaid subject matter expertise, and offer experienced consultation services. We have previously supported AHCCCS with reporting for the HEALTHII program, amongst other projects, and we look forward to presenting our proposal for continued services to AHCCCS.

The primary contact responsible for any questions pertaining to this Task Order response is:

Elizabeth Linville, Procurement Administrator
HealthTech Solutions, LLC
2030 Hoover Blvd.
Frankfort, KY 40601
(859) 248-0627
elizabeth@healthtechsolutions.com

The primary contact responsible for any contract resulting from this Task Order is:

Franklin T. Lassiter, Chief Operating Officer
HealthTech Solutions, LLC
2030 Hoover Blvd.
Frankfort, KY 40601
(502) 352-2460
frank@healthtechsolutions.com

Contract Number: CTR066543

I, Franklin T. Lassiter, in my capacity as Chief Operating Officer, will be responsible for legally binding this contract. If you need any further assistance or clarification, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Franklin T. Lassiter", written over a light blue horizontal line.

Franklin T. Lassiter, Chief Operating Officer
HealthTech Solutions, LLC
2030 Hoover Blvd.
Frankfort, KY 40601
(502) 352-2460
frank@healthtechsolutions.com

Signed Amendment(s)

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TASK ORDER SOLICITATION

AMENDMENT #1

YH26-0071 FFY 2025 Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) Performance Measure Calculations and Reporting	Task Order due date: Thursday, March 26, 2026, 3:00pm, Arizona Time	Procurement Officer:Cynthia Smolens Email: procurement@azahcccs.gov
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A signed copy of this amendment must be submitted with your Task Order solicitation response.

This Task Order Solicitation is amended to only include the consolidated Questions and Answer Form

Paragraph # or Title	Page #	Amendment
Answers	N/A	Consolidated Answers to Questions form is attached.
OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.		THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ.
SIGNATURE OF AUTHORIZED INDIVIDUAL: 		SIGNATURE: SIGNATURE ON FILE
TYPED NAME: Franklin T. Lassiter		TYPED NAME: Meggan LaPorte, CPPO, MSW
TITLE: Chief Operating Officer (COO)		TITLE: Chief Procurement Officer
DATE: 03/18/2026		DATE:

9.1. Required Elements

9.1.1. Cover letter with signature of authorized company representative, including contract number and contact information.

We have provided the signed **Cover Letter** at the beginning of our response.

Company Name: HealthTech Solutions, LLC

Contract Number: CTR066543

9.1.2. Name and contact information of person responsible for response to this Task Order.

The person responsible and point-of-contact for this response is:

Elizabeth Linville, Procurement Administrator
HealthTech Solutions
2030 Hoover Blvd.
Frankfort, KY 40601
(859) 248-0627
elizabeth@healthtechsolutions.com

9.2. Experience and Capacity of the Firm and Key Personnel

9.2.1. Corporate Experience

HealthTech is pleased to present our qualifications to AHCCCS for the FFY 2025 Hospital Enhanced Access Leading to Health Improvements Initiative (HEALTHII) Performance Measure Calculations and Reporting engagement. HealthTech has engaged with AHCCCS to provide measure rate calculations and reporting services for AHCCCS Value-Based Purchasing (VBP) programs, including HEALTHII, since 2022. We have established a strong and enduring partnership with the AHCCCS, grounded in consistent performance, deep program knowledge, and a demonstrated commitment to the State's healthcare initiatives. **We bring a significant and active portfolio presence in Arizona, with over 100 resources currently engaged in AHCCCS programs, providing us with real-time insight into program operations, priorities, and evolving requirements.** Across more than five (5) implementations, HealthTech has **never experienced a delay in contractual deliverables, nor have we been subject to penalties or corrective action plans**, underscoring our reliability and execution discipline. Our continued investment in Arizona reflects not only our technical capabilities, but also our role as a trusted partner dedicated to supporting AHCCCS in delivering high-quality, compliant, and impactful healthcare outcomes. We have provided additional details of our team's experience under **Relevant Project Descriptions** below.

HealthTech has worked in multiple states in helping connect provider systems and state systems as illustrated on the client map below. This work includes the federal HITECH programs that were established with the sole purpose of improving quality outcomes. As part of these initiatives, all these states had to implement solutions to capture clinical quality measures (CQMs) in order to make incentive payments. Some of the state partners highlighted below included CQMs as part of their State Innovation Model (SIM) and SIM grants. HealthTech has also supported HCBS projects in multiple states.

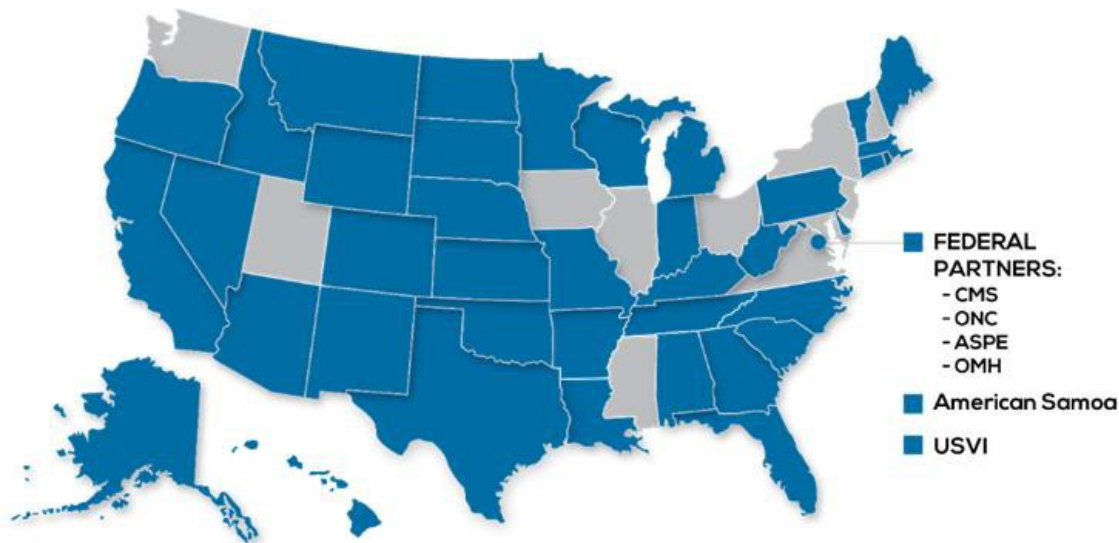


Figure 1: HealthTech Client Map

HealthTech applauds AHCCCS for focusing on improving patient care experience, improving members' health, and reducing cost of care through quality measurement. We believe our proposed solution to the Task Order will provide accurate, valid, and complete information

regarding the implemented quality measures. Our proposed solution and process is proven and has been used with AHCCCS in our previous engagements. Our experience working with CQMs is extensive and will provide vital subject matter expertise to AHCCCS to accomplish your goals, including expertise in drafting technical guidance, data quality review and mitigation of data quality issues related to measures, CQM calculation and report development, and analysis of healthcare programs utilizing CQMs.

The proposed tool utilizes the HealthTech Measure Repository which contains measures that have been certified by the NCQA eCQM and HEDIS programs. These certifications provide an attestation to our experience with healthcare quality measures and the quality of our measure calculation process. See the **Project Management Overview** section for additional details about our commitment to quality and related credentials.

We understand the nuisances and risks that can occur with CQM reporting and will mitigate these from the beginning of the engagement, leveraging our existing understanding and knowledge of the HEALTHII program. Our corporate expertise is also further enhanced by the experience of the staff. In reviewing our staff model, you will notice that our proposed team includes a blend of project managers, business analysis staff, experienced healthcare professionals, and CQM experts with experience in Arizona payment reform programs.

Relevant Project Descriptions

HealthTech is currently engaged with AHCCCS on a similar contract and previously on four (4) others; we are providing measure rate calculations for the DAP/NF program. We have noted the deliverables for these projects and the YH26-0071 project are the same. As such, we plan to leverage the templates and data layouts developed as the starting point for this engagement.

AHCCCS Differential Adjusted Payment (DAP) and Nursing Facility (NF) Performance Measure Calculations and Reporting (02/2025 – Ongoing)

HealthTech is currently supporting the AHCCCS DAP/NF programs with measure rate data collection, analysis, validation, and technical and outreach services. HealthTech will utilize AHCCCS Claims data to calculate measure rates for two (2) measures.

HealthTech leveraged existing data layouts from previous DAP/NF projects, allowing for a quick project startup. We have developed a Technical Guidance Report specific to data submission from the AHCCCS team. We will additionally provide draft and final Measure Rate Reports and Process Reports.

AHCCCS Payment Reform Performance Measure Calculations and Reporting (10/2023 – 07/2025)

HealthTech supported the AHCCCS Payment Reform initiative, which included three (3) directed payment programs: HEALTHII, DAP/NF, and ARPA HCBS. This project involved quality measure rate data collection, analysis, validation, and technical and outreach services. We were involved with each of these programs in previous years, described further below. HealthTech utilized AHCCCS Claims data to calculate measure rates for the DAP/NF and ARPA programs, while the HEALTHII program additionally included hospital self-reported data submissions via a HealthTech web-based application. We provided calculation and reporting services for 17 total measures across programs.

AHCCCS HEALTHII Quality Measures Part II (10/2022 – 06/2023)

HealthTech supported the AHCCCS HEALTHII Quality Measures Part II project by providing data collection, analysis, calculation (including DRG-related measure calculation), and reporting services. The HealthTech team was responsible for providing calculation and reporting services for 12 total measures from multiple data sources, including self-reported data from the participating hospitals and from Medicaid claims data, in order to tie HEALTHII payments to performance.

The HealthTech team worked with AHCCCS to determine the appropriate year of data to be used; provided research on current performance measure specifications; used multiple data sources and measure specifications to generate baseline quality measure rates, performance measure rates, and Medicaid-specific performance measure rates; ensured accurate, valid, and complete calculations; and recommended performance targets for each selected quality measure. HealthTech emphasized flexibility; minimizing provider burden; providing tools to support data quality improvement; gaining trust in the calculation methodology and engine; utilizing automation and standardized, repeatable processes; fostering an environment of open, transparent communication; and providing PMI-based project management by a certified Project Management Professional.

Our team provided data layouts for data submission from the AHCCCS and hospital teams that may be leveraged for future reporting. We developed a Technical Guidance Report and provided one (1)-on-one (1) technical assistance to hospitals to support hospital data submissions, as well as an online self-reporting portal with accompanying User Manual. The AHCCCS Portal allows hospitals to submit and view their measure rate results and allows the AHCCCS team to view and download all results. Additionally, we provided Draft and Final Measure Rate Reports and Process Reports detailing the specifications and calculation methodologies for each measure. The HealthTech team met with AHCCCS on a monthly basis and provided monthly status reporting.

AHCCCS Differential Adjust Payment and Nursing Facility Programs (01/2023 – 06/2023)

HealthTech assisted AHCCCS with data collection, analysis, calculation, and reporting services on quality performance measures for the DAP and NF programs. Our team worked with AHCCCS to finalize measure calculation protocols; research and report current performance measure specifications; generate baseline quality measure rates, performance measure rates, and Medicaid-specific performance measure rates; ensure accurate, valid, and complete calculations; and recommend performance targets for each selected quality measure.

HealthTech leveraged existing data layouts from the HEALTHII project and customized for the DAP/NF programs, allowing for a quick project startup. We developed a Technical Guidance Report specific to data submission from the AHCCCS team. Similar to the HEALTHII project, we additionally provided draft and final Measure Rate Reports and Process Reports. We were able to leverage the existing HEALTHII monthly meeting to provide status updates on the DAP/NF project to minimize time required from AHCCCS staff, as well as submitting a monthly status report.

AHCCCS ARPA HCBS (07/2023 – 09/2023)

HealthTech supported AHCCCS for the ARPA HCBS quality measure project. The HealthTech team provided data collection, analysis, calculation, and reporting services for the selected quality measure. We utilized the existing data layouts from the HEALTHII and DAP/NF projects customized for the ARPA HCBS measure to facilitate a quick project start and timely delivery of

the measure rates. Our team provided research on the selected measure and calculated baseline and performance measure rates using AHCCCS data. We developed a Technical Guidance Report to assist AHCCCS with submitting data in the required format. We submitted draft and final Measure Rate Reports and a Process Report that detailed the measure specifications and methodology for calculations of the measure rates. Our team also provided performance target recommendations for the measure. The HealthTech and AHCCCS teams met biweekly for the duration of the project to ensure all deliverables remained on track with a condensed two (2)-month project timeline, as well as provided monthly status reporting.

AHCCCS / Hawaii Division of Med-QUEST (MQD) System Integration Services (07/2023 – 06/2028)

HealthTech serves as the Systems Integrator for Medicaid Enterprise System (MES) transformations in Hawaii and Arizona, implementing a System Integration Platform with Managed File Transfer (MFT) for real-time and batch interface support. Initial implementations transition existing interfaces, while onboarding new MES modules as integration points. HealthTech is also developing an Operational Data Store (ODS) to consolidate data from Medicaid Management Information Systems (MMIS) and other modules for faster reporting, managing the full Systems Development Life Cycle (SDLC) through Azure DevOps.

In Hawaii, HealthTech replaced the MFT/SFTP system and transitioned data submitters to the new platform. The Azure integration platform and Enterprise Service Bus (ESB) are operational, consolidating claims, encounters, provider/member data, and Electronic Visit Verification (EVV) into the ODS, which also supports updated TMSIS submissions. In Arizona, HealthTech replaced the MFT/SFTP system, transitioned thousands of data submitters, and implemented the Azure integration platform and ESB. The ODS consolidates claims, encounters, provider/member data, and EVV, providing rapid access to ServiceNow's MES module. ServiceNow APIs support real-time data queries and document management via the Enterprise Document Management System (EDMS). The success of the ODS has led to additional state data sources being included, with collaborative workflows enhancing provider enrollment and operational efficiency.

Alabama Lab Data Integration (09/2019 – 08/2026)

As part of Alabama Medicaid's Quality initiatives to improve health outcomes of Medicaid members, the State had a need to analyze and conduct trend analysis for population level lab results. These lab results will ultimately be used to evaluate clinical outcomes. As part of this engagement, HealthTech conducted outreach, participant recruitment and onboarding to providers. The onboarding process included connection support, quality checks, and data validation for all data submitted. HealthTech provided dashboards and analytics for all lab results.

Georgia CQMS (11/2016 – 09/2020)

As part of the triple AIM initiative in Georgia, the State leveraged the federal HITECH grants to develop statewide averages and benchmarks for CQMs which included the ability to trend and compare providers and hospitals. HealthTech was responsible for processing data to calculate the state average and baseline for 13 selected CQMs. Ultimately, the solution provided the State with actionable data, the ability to improve healthcare outcomes, and provided Georgia stakeholders with tools to meet their commitments to the State and the Medicaid members they serve.

Government of the Virgin Islands (GVI) Universal Data Warehouse (UDW) (03/2024 – 03/2029)

The Government of the Virgin Islands aims to improve healthcare spending and quality of care in the Virgin Islands through the implementation of the Universal Data Warehouse. This project encompasses the development and implementation of the UDW, integrating decision support and care management functionalities within a holistic healthcare technology infrastructure. It will consolidate and analyze diverse healthcare data for the beneficiary groups such as Medicare, Medicaid, Federally Qualified Health centers, Hospitals, Public Health Clinics, Pharmacies Commercial Insurers, territory employees, and retiree members, offering a centralized data repository, reports, and dashboards to stakeholders for data driven decision support, enhancing health outcomes, and economic efficiency.

Idaho – Statewide Healthcare Innovation Plan (SHIP) Data Analytics Implementation (02/2016 – 01/2019)

As part of Idaho's Statewide Healthcare Innovation Plan (SHIP) initiative, HealthTech played a pivotal role in designing and implementing a statewide data analytics system to support the state's transition to value-based care. This system tracked quality measures across individual, county, regional, and state levels to align with the goals of improving health outcomes, enhancing healthcare quality, and reducing costs. In support of the Department of Health and Welfare, the Idaho agency responsible for SHIP, the HealthTech team deployed an eCQM solution to calculate and report on 16 CMS-aligned performance measures, leveraging clinical and claims data submitted by 165 clinics statewide. The HealthTech team established a multi-step data validation process to ensure the accuracy and completeness of data, including real-time error notifications to submitting clinics for corrections. Patient attribution methodologies were designed to align patients with providers and providers with clinics, ensuring holistic reporting at multiple levels (clinic, county, regional, state). The HealthTech team delivered end-user training and help desk support to ensure seamless adoption of the analytics solution by clinics and other stakeholders. HealthTech participated in statewide data governance sessions and supported ongoing data quality improvement efforts.

Oklahoma HIE and eCQM (12/2020 – 06/2023)

To improve health outcomes and to further the PCMH program goals, Oklahoma has established a health information exchange entity that included an implementation of HealthTech's eCQM reporting tool. The tool strategy that was implemented in Oklahoma allows the providers to submit data in multiple formats based on their performance. For the measures selected by Oklahoma, the tool underwent NCQA certification and received final certification prior to the end of 2022.

ONC EHR Interoperability (10/2018 – 09/2021)

HealthTech, in partnership with the Urban Institute, was engaged by the Office of the National Coordinator (ONC) to implement the Electronic Health Record (EHR) Reporting Program under the 21st Century Cures Act. This initiative aimed to provide publicly available, actionable insights into Certified Electronic Health Record Technology (CEHRT) products for purchasers and end users. The UI HealthTech team engaged stakeholders nationwide via virtual and on-site meetings to define and develop user and developer criteria for CEHRT evaluation. The team conducted comprehensive market research and stakeholder feedback sessions to refine proposed measures and published draft criteria for public comment, incorporating feedback and finalizing user and developer measures within defined project timelines. The team presented finalized measures to ONC regulatory and advisory committees and supported the development of publicly available reports.

New Mexico Data Services (DS) (11/2023 – 06/2027)

HealthTech has been contracted to design, implement, maintain, and operate the Data Services (DS) module of the New Mexico (NM) Medicaid Management Information System Replacement (MMISR) solution. We are responsible for planning, managing, designing, implementing, maintaining, operating, and continually improving the deployment methodology, analytical platform, and tools required to support the Enterprise and Health and Human Services (HHS) 2020's current and future Business Intelligence (BI) and analytics needs. We secure, consolidate, and manage data provided through the infrastructure and integration tools of the System Integrator (SI) module. The achieved outcomes include establishing integration with the SI to exchange data, integrating with ICAM to allow access to the DS Module using Single Sign-On (SSO), implementing Phase I of the Data Lake and Member Months Data Mart using Snowflake for Eligibility Data, and implementing Executive and Customer Count Phase I dashboards utilizing PowerBI.

As part of our expanded scope in New Mexico, we have provided a suite of products that assist with performance evaluation, oversight, and calculating clinical quality measures. Our Quality Measure Engine product identifies gaps in measures, has reporting capabilities at the Provider and Clinic level, and is tailored for analysts, program managers, and executives. Additionally, we provide analytics across medical claims and encounters, and our team has developed medical claims data models for self-service reporting and analysis of data. Our product is constantly evolving in a world where artificial intelligence (AI) is rapidly changing, and we ensure to provide our clients with optional enhancements as technology progresses.

Wyoming Department of Health (02/2016 – 09/2019)

HealthTech implemented and maintained four (4) statewide applications for the Wyoming Department of Health with six (6) applications in total to support various statewide policies and quality improvement initiatives. Applications included the SLR, the Enterprise Data Warehouse (EDW) and Analytics tool, and a customized Quality Care Coordination Program (QCCP) tool that calculated performance measures using clinical quality metrics. HealthTech developed automated assessment and data validation tools including custom reports, automated validation messages, dashboards, and user interfaces to provide feedback to data submitters and monitor quality metrics. We provided technical assistance, staff training, and consulting support for reporting and performance measurement to all stakeholders.

In addition, HealthTech was responsible for provider onboarding and ongoing enhancement of the system to accommodate several program changes resulting from CMS directives. HealthTech consultants worked directly with providers to assist with data validation to ensure the provider data met the required specifications. We also assisted providers with calculating and interpreting their patient volume which was based on consolidated and aggregated claims data. The Wyoming EDW contained both clinical and claims data on Medicaid recipients and gave users access to advanced reporting and analytics capabilities. Various payers submitted claims data to the EDW, including Medicaid and CHIP. All claims data was available for aggregation, analysis, and reporting.

Promoting Interoperability/Meaningful Use/EHR Incentive Payment Projects

As part of the HITECH/Promoting Interoperability Program, state agencies implemented initiatives to digitize data (EHRs), improve connectivity (HIEs), and improve transition of care and quality outcomes by monitoring CQM data. HealthTech not only provided guidance related to CQMs but also implemented solutions (SLRs) to make HITECH incentive payments that met the program

requirements including CQMs from multiple domains for both Eligible Hospitals and Eligible Providers. All attestations require a selection of a minimum of six (6) quality measures for reporting in alignment with program best practices. Each measure selected required numerator, denominator, performance, rate, and/or exclusions/exception details in order to meet program requirements. We also helped several providers in these states submit attestations and data to the state agency to receive incentive payments.

9.2.2. Proposed Staff

Based upon the Scope of Work in the Task Order, HealthTech has selected a team of highly skilled consultants to assist AHCCCS with the quality measure data collection, analysis, calculation, and reporting for the HEALTHII program. Our team has supported multiple states with quality measure rates and reporting, including Arizona, and we are confident in our ability to meet the requirements of the Task Order. Our team has worked in collaboration with AHCCCS on multiple engagements over the last four (4) years, we believe we are the right fit for another project success!

We have provided biographies for our proposed team below. Resumes for our proposed staff can be found in [Appendix B. Resumes](#).

Ashish Virmani is the proposed Strategic Advisor. Ashish has extensive experience as a technical architect and subject matter expert for several major projects at HealthTech, including the development of the Electronic Clinical Quality Measures tool, State Level Registry, Enterprise Data Warehouse, and MCO Document Tracking tool. He is an expert in data analytics and information architecture, data validation, analysis, and reporting. He has field-based experience with states and other public entities, Fortune 500 companies, managed care organizations (MCOs), and local clients. He is an expert in MMIS, including encounters, claims, clinical quality, third-party liability, and decision support systems. Ashish also provided technical expertise to the AHCCCS Interoperability RFP Review task order.

Ashish currently serves as the Strategic Advisor for the AHCCCS DAP/NF project, as well as previously for the HEALTHII, DAP/NF, and ARPA HCBS projects. As the technical architect, he provided oversight in the development of a quality measure calculation and reporting tool and a secure online application for hospitals to submit self-reported data.

Donia Watson is the proposed Project Manager. Donia has over 11 years of experience in requirements management and process improvement in federal and state regulated industries. She assists states with Health Information Technology (HIT) and program compliance and is skilled in working with teams of varied backgrounds to produce quality documentation, procedures, and processes in an efficient manner. She is adept at engaging with stakeholders and vendors to identify, design, source, validate, and implement new processes, procedures, and products. She is experienced in analysis, research, technical writing, and requirements gathering for the development of Requests for Proposals (RFPs) and bid responses. She is an effective trainer with the capacity to translate technical ideas into non-technical language for end users. She serves as an internal Appraiser by identifying areas of compliance, non-compliance, and opportunities for improvement in development projects. Donia is a certified Project Management Professional.

Donia is currently the Project Manager for the AHCCCS DAP/NF project and served as Technical Project Manager for the previous HEALTHII, DAP/NF, and ARPA HCBS projects. She develops

project startup documentation and project schedules, provides meeting facilitation and documentation, develops status reports and action item logs, documents and monitors risks and issues, and assists in deliverable development. Donia provided application technical assistance and support to AHCCCS and participating hospitals, including developing User Manuals, and completed User Acceptance Testing (UAT) as the HealthTech Product Owner for the HEALTHII program.

Matthew Engler is the proposed Technical Lead. Matthew is a Technical Consultant with over seven (7) years of experience in report development and Business Intelligence (BI) with Health and Human Services programs and systems as well as over four (4) years of experience with development and testing of electronic clinical quality measures (eCQMs). His experience includes creating data tables, queries, and reports with Microsoft SQL Server Management Studio and SAP Business Objects as data analytics tools. As a Data Analyst, he has excellent problem-solving skills and attention to detail. He is extensively knowledgeable of Arizona data, reporting requirements, and measures. Matthew is practiced in Capability Maturity Model Integration (CMMI) DEV/VRT-Level 3 practices for software development, having experience with both project work and audit processes, as well as continuous process improvement efforts.

Matthew currently serves as the Technical Lead on the AHCCCS DAP/NF project. He previously supported the HEALTHII, DAP/NF, and ARPA HCBS projects in the same role for Claims-calculated measures. Matthew provides research and expertise on quality measure specifications, develops the Data Elements and Value Sets, and assists in development of calculation methodologies and measure rate calculations.

Vaishnavi Bhoomagoud is the proposed Development Lead. Vaishnavi has over 10 years of software development and engineering experience, specializing in application development, systems integration, and data analytics, with deep expertise in ETL design and development. She holds a master's degree in computer and information sciences and has a strong technical foundation in C#, .NET Core, ASP.NET Web API, Angular, TypeScript, SQL, and Azure Data Services. She is experienced in developing secure, real-time API integrations and cloud-native applications, designing RESTful APIs, implementing data validation and transformation logic, and ensuring compliance with healthcare data standards. She leverages Azure services such as App Services, Azure SQL, Blob Storage, and Azure Functions to deliver scalable, reliable solutions, while enhancing system performance through logging, monitoring, and automation. Previously, she contributed to enterprise applications across healthcare and higher education, developing web applications, microservices, and data pipelines. Her experience includes ETL development with SSIS, real-time data streaming with Kafka, database development with SQL Server and Oracle, and front-end development using Angular. She has also supported CI/CD pipelines, reporting with SSRS, and Agile delivery practices to deliver high-quality, data-driven solutions.

Vaishnavi has strong experience collaborating with internal project teams and external vendor technical teams to define interface specifications and ensure technical goals are aligned. She is looking forward to the opportunity to serve AHCCCS with development tasks for rate calculations.

Nicole Pardo, MD is the proposed Subject Matter Expert. Nicole has over 16 years of experience delivering top-level clinical and program leadership within the Health and Human Services industry including working with Electronic Medical Record (EMR), Health Information Exchange (HIE) implementations, and stakeholder engagements. Nicole was the Project Lead for the Nebraska CyncHealth Project, a multi-state community information exchange. Using her

clinical expertise, she created an in-depth landscape analysis of Health Information Exchange (HIE) resources and Social Determinants of Health (SDoH) implementations in the states of Minnesota, North Dakota, South Dakota, Iowa, Missouri, and Kansas, completing an environmental scan at the region, state, and national levels. She creates and currently implements the strategy to deploy the client's SDoH platform on each of the expansion targeted states. She created a multi-state value proposition outreach package including internal strategy process workflows and client presentations and directs outreach to strategic high-level partners including healthcare systems, county government and state health departments, payers, and medical associations. She also supports development of the Clinical Outcome Metrics Crosswalk and provides expertise on Meaningful Use requirements. Nicole also provides subject matter expertise on strategic planning and Meaningful Use requirements to the Colorado Office of eHealth Innovation Project. She developed the Social Health Information Exchange Interoperability Guidance document and currently supports the planning and documentation of the Care Coordination Workgroup and task force activities.

Nicole currently serves as a subject matter expert for the AHCCCS DAP/NF project and previously supported the HEALTHII, DAP/NF, and ARPA HCBS projects. She provides guidance on measure specifications and calculation methodology, reviews measure rate reporting, provided technical support for providers in the HEALTHII program, and assisted in the development of performance target recommendation methodology for the five (5) projects.

9.2.3. Capacity/Availability

The proposed team is comprised of current HealthTech employees who are available to begin work immediately upon contract award. The proposed team includes resources that are all currently serving the AHCCCS DAP/NF project and previously served on the HEALTHII, DAP/NF, and ARPA HCBS projects. This consistency will allow for immediate work to begin on the project and the timelines to be met. **The proposed team will be available for the contract start and can directly roll onto this engagement to complete the project in an expedited manner.** HealthTech has developed lessons learned and new best practices for the Arizona-specific data structures and capabilities. These lessons learned will be applied to this engagement and will allow for efficiencies within the project to be immediately gained.

For this engagement, HealthTech understands AHCCCS is looking for a dedicated project manager and resources that can meet the quick timeline established in the request. HealthTech will take a team approach to the engagement. We have proposed Donia Watson as the Project Manager and Point of Contact who will serve as the lead consultant from an organizational and project management perspective. We understand the project will be focused on developing quality measure methodology and associated measure rate calculations. Our approach involves utilizing the HealthTech eCQM tool to calculate and validate measure rates. As such, we have proposed additional resources to support the success of the project, including clinical subject matter experts. If needed or required for the engagement, HealthTech will pull in resources from our pool of SMEs for specific expertise as needed. We use this approach with most of our clients and have utilized this method with AHCCCS on prior engagements successfully.

9.3. Methodology and Approach

Our Understanding of the Project

Upon review of the Task Order, HealthTech understands the HEALTHII project includes six (6) selected healthcare quality measures to tie State Directed Payments to performance, with the possibility of additional measures to be selected. We also understand measure rates will be calculated from a mixture of self-reported and AHCCCS Claims or other external data. Furthermore, we understand AHCCCS will require performance measure specifications to be applied to AHCCCS members to generate rates specific to Medicaid populations with reporting at the hospital and aggregate levels.

We have reviewed the Task Order requirements and understand this work includes:

- Using multiple data sources and measure specifications to provide Medicaid-specific measure rates according to relevant provider types for each program:
 - Baseline, where applicable
 - Performance
- Ensuring accurate, valid, and complete calculations, including:
 - Conducting data validation activities to ensure measure rates are reasonable
 - Providing outreach and technical assistance to resolve any issues identified
 - Recalculating measure rates with resubmitted data
- Providing research on current performance measure specifications, including guidance for appropriateness of measures for selected populations and potential replacement measures as needed
- Recommending performance targets for each selected quality measure

We have developed a unique proposal that consists of a blend of services with automated technology which has been selected to allow:

1. The HEALTHII program to become more scalable by developing submission methodologies and tools that allow for easy replication of reporting in future program years
2. Whenever applicable and feasible calculate CQMs **based on calculations from primary data sources** instead of reliance on self-reported attestations from participating facilities
3. Easily repeatable processes to support data cleansing and resubmission of the data
4. Ability to leverage existing automated tools to support the services and required reporting

Based on our interpretation of the task order requirements and our previous experience with AHCCCS programs, we understand administrative source data (e.g., claims, encounter data) is available for some measures to calculate the measure rates, while others may require working with participating facilities to obtain data for calculation of numerator and denominator. Whenever possible, HealthTech will utilize administrative source data rather than provider attestation of numerator and denominator values.

HealthTech is working with AHCCCS on/has been engaged on five (5) similar engagements to support the measure rate calculations for the HEALTHII, DAP/NF, and ARPA HCBS programs. We have already developed predefined layouts which have been approved by the State for these programs and plan to leverage these layouts to support the HEALTHII measure calculations, thus expediting the development of the Data Request and Technical Guidance Report deliverables. In addition, we have already developed a Self-Reporting Portal for the HEALTHII program, along

with processes and procedures, that can be leveraged to ease the burden on AHCCCS and the hospitals.

Due to the timeline required, we believe it is critical for AHCCCS to select a vendor and solution that includes a flexible and comprehensive technical backend to provide an automated mechanism for measure rate calculations. Not only does this limit the manual intervention and calculation required but it also improves the overall accuracy of the measure reporting. We also believe minimal disruption to hospitals will be critical to achieving timely and accurate measure rates for AHCCCS. HealthTech's existing Self-Reporting Portal will allow hospitals to submit requested data using a familiar process and procedure.

9.3.1./9.3.2. Scope of Services

Overall Approach

HealthTech has reviewed the scope of work and understands the project includes the following deliverables:

- AHCCCS Data Request
- Technical Guidance Report
- Draft and Final Spreadsheet/Report with all Measure Rates
- Draft and Final Process Report
- Monthly Status Reporting

Using an Agile and incremental approach to service delivery, our approach is based on the following key components:

1. Develop Recommendations for Data Sources Based on Analysis of Measures

HealthTech proposes a flexible calculation and reporting tool that will be able to accept and utilize multiple data sources as part of the measure calculation. The recommendation for the data source format (e.g., flat file, claims data, Application Programming Interface (API)) will be derived from:

- Analysis of the selected measure specification
- Review of participant vendors (as some vendors have limited capabilities) and other systems
- Review and analysis of data points within the specification which will include the anticipated standardized format that we believe the data element will be received in

This will then be documented, and the relevant recommendations will be included in the *AHCCCS Data Request* deliverable. Based on preliminary review and our prior engagements, we anticipate CBE 0531 and CBE 1789 will utilize data directly from AHCCCS data files and CBE 0641, CBE 0674, CBE 1717, and CBE 0496 will use self-reported data. With the flexibility of our tool, we can receive data in any format for additional measures that may be selected.

2. Focus on Automation

The service offering has been developed by focusing on utilization of automated tools. A key portion of our service is the ability to provide a comprehensive data gap analysis report that indicates **why** a provider scored poorly for a particular measure. This is automated every time the data set is processed within our toolset which allows us to track and mitigate potential data quality or data submission issues. Focusing on automation also allows for more accurate measure calculations and a true validation of the data by calculating from source data systems (e.g., claims,

encounter). The automated reports also provide an easy way for AHCCCS and/or program participants to review the measure calculation prior to finalization.

3. Meet the Hospitals Where They Are at a Technical Level

We know there will be challenges with data submission that are typically caused by technical limitations of the source data system at the hospital level. To minimize efforts required by the hospitals, we propose to utilize existing layouts and procedures created during our engagement with the AHCCCS Payment Reform and prior HEALTHII engagements. This will allow HealthTech to leverage the existing AHCCCS Self-Reporting Portal for future program years and for hospitals to minimize time required to familiarize themselves with new processes and procedures for submitting self-reported data.

4. Provide Comprehensive Technical Assistance

Based on our experience in previous projects, we believe that hospital participants will require technical assistance in order to successfully submit the measures. Although we do plan to document in detail the submission requirements within the *Technical Guidance Report*, we have also included one (1)-on-one (1) technical assistance and outreach support to the participants as part of our core offering. We believe this support was invaluable to hospitals providing data for the HEALTHII program.

Healthcare Quality Measure Rate Calculations and Reporting (5.1., 5.2., 5.3., 5.4., 6.1., 6.2., 8.1., 8.3./8.5.)

The first step in the quality measure rate calculation is confirming the specifications, data elements, and data sources that will be used for each measure calculation. As much as possible, *we will use a limited number of data sources that can be leveraged across multiple measures.* For this project, we are focused on ingesting and calculating the numerator and denominator from the claims and encounter data or calculating numerator and denominator values from hospital self-reported data.

We have noted paper medical records are listed as a possible data source for this Task Order. Due to the unknown volume and process required, we have not included medical records analysis in our Cost Proposal, however, HealthTech is agreeable to scoping and pricing medical records analysis during project initiation or project execution.

Once the data file layouts are approved, the data submission procedures will be documented into the Technical Guidance Report and access will be established for AHCCCS and hospitals to submit their data. This is done in parallel with the calculation engine setup and other project tasks. HealthTech can aggregate data and can also categorize data by multiple elements including facility type, measure type, county, region, or at the patient level if desired by AHCCCS. The flexibility of the measure calculation engine allows for AHCCCS to have collaborative input into the reports and data sets that will be provided as part of the final report.

The measure rates will be calculated based on the finalized measure specifications. Results can be produced in near real time after the measure engine is established and all data is received and processed. During the design finalization, we can discuss the level of reporting required to support each of the measure calculations required (aggregate versus hospital level, for example).

We recommend all measures to be generated using publicly available measure steward resources and information. The measure definition and elements identified by the data steward will be detailed within the Technical Guidance Report or Process Report, depending on the

audience intended, and explained within our calculation methodology and description. For example, CBE 0641 (AHCCCS-modified) will be calculated as follows: Hospitals will self-report all Psychiatric Hospital hospitalization stays, including admission date, discharge date, and total leave days for the stay. Each psychiatric inpatient seclusion event is also reported, with total time reported in minutes to ensure accuracy. HealthTech calculates psychiatric inpatient days using admission/discharge data and subtracting leave days. We then convert reported seclusion minutes into hours, divide the total seclusion hours by inpatient days, and standardize the result per 1,000 patient hours for a more understandable rate.

HealthTech can also collaborate with AHCCCS to develop performance targets or baseline thresholds if these have not already been defined. Following the review of the measure calculation results, the measure calculations will be finalized and included in the Final Measure Rates report.

Hospital Self-Reported Data Collection and Reporting (5.2.1.1.)

HealthTech's existing AHCCCS Self-Reporting Portal will be updated to collect FFY 2025 data. Hospitals download pre-defined layouts for each measure, input their data, and upload the completed file back to the AHCCCS Portal. File validations ensure the uploaded file meets all layout and submission requirements; users are prompted to correct and re-upload if validation errors are found. Hospital and AHCCCS users can review measure numerator, denominator, and rate for each self-reported measure upon successful file upload. The AHCCCS Portal additionally includes narrative response intake, as applicable.

Ensuring Accurate, Valid, and Complete Calculations (5.3.)

HealthTech understands accurate rate reporting is critical to issuance of appropriate payments to hospitals. We further understand the complexity of determining reasonability of self-reported data versus AHCCCS Claims data for measure rate calculations. Our approach provides validation capabilities for each dataset, as applicable to selected measures.

For claims-calculated measures, we believe the transparency of our calculation tools will allow significant insight into the measure rates, as well as to how and why a calculation rate occurs. A key feature of our tool is the ability to perform gap analysis. In some instances, a low rate or a rate not meeting the thresholds can occur because of a data quality issue. HealthTech can provide a Gap in Data Element report that provides visibility into those issues and provides AHCCCS and/or participants an opportunity to mitigate, correct, and resubmit. During the initial part of the engagement, we can further discuss and scope this with the State.

Data integrity of self-reported measures can be difficult to measure as we must rely upon hospitals to properly adhere to measure specifications and report accurately and honestly. Our existing AHCCCS Portal includes error reports upon file upload that prevents users from submitting until all file layout and submission requirements are met. To ensure hospitals have submitted data that is reasonable, HealthTech proposes additional checks of hospital self-reported data against constant data elements found in AHCCCS Claims data or established rate thresholds, as applicable.

During project initiation, our team will work with AHCCCS to review selected measures and analyze AHCCCS Claims data for data elements that may be used for validation. Once we have identified measures that are feasible to validate using Claims data elements, we will request and analyze the Claims dataset to develop recommendations for reasonable thresholds for each measure. We will also work with AHCCCS to establish rate thresholds for measures that may not be validated against Claims data elements to identify potential outliers across hospitals. Our team

will develop a Reasonability Check Guidance Document that outlines which self-reported measures will undergo Claims data element and outlier reasonability checks, the overall reasonability check process, and approved thresholds. The figure below depicts our proposed reasonability check process:

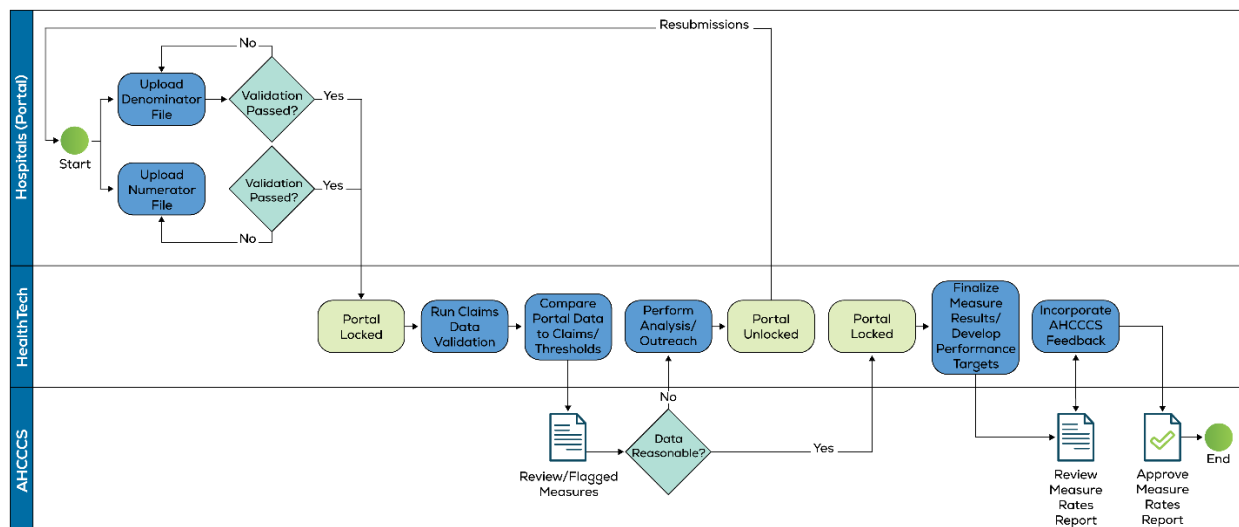


Figure 2: Reasonability Check Process

Following the submission period, we will compare self-reported data to approved thresholds to develop a listing of potential data integrity issues for AHCCCS review. HealthTech will work with AHCCCS-flagged hospitals to provide guidance on potential causes and request resubmissions with corrected data. During this time, all hospitals will have time to review their measure rates and receive technical assistance for questions and resubmissions, as necessary. We will work with AHCCCS to agree upon the number of resubmission cycles allowable prior to measure rate reporting and finalization activities.

Technical Guidance Report and Process Report (5.4., 8.2., 8.4./8.6.)

As noted, technical guidance is critical for the overall success of the CQM calculation project. At a minimum, the Technical Guidance Report and Process Report will consist of the following elements:

- Finalized measure definitions, specifications, and thresholds/baseline requirements
- Data submission protocols and sample file layouts
- Data validation and quality oversight process, which may include a test data file depending on the data transmission process and data source
- Calculation method
- Technical specification definition
- Frequently Asked Questions (FAQs) focused on common data quality or submission issues

HealthTech has a Certified Professional Coder on staff to support with any medical coding-related data quality issues or data gaps, if needed. Additionally, another HealthTech best practice is to develop participant-wide communications related to common data quality issues or submission errors, if needed.

9.3.3. Project Timeline

With our experienced team and approach to an automated measure calculation methodology, HealthTech is confident we can meet the required timelines as outlined in the Task Order. A key assumption to meeting the Task Order deliverable dates is the usage of existing approved File Layouts and existing Self-Reporting Portal for hospital data for the engagement. The figure below outlines the structure of the overall work plan:

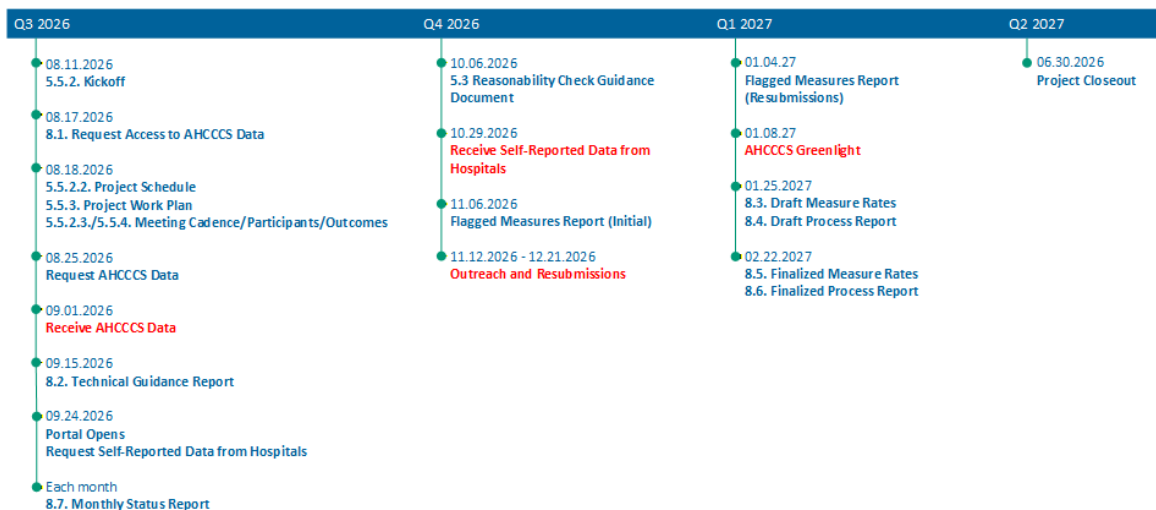


Figure 3: High-Level Project Timeline

Upon contract award, HealthTech will produce a listing of requested documents and artifacts to include as key inputs to our discovery process. This discovery, which will include a review of the measure specifications and documentation from the selection process, will provide critical inputs to the project.

Project Management Overview (5.5.)

Our team uses proven project management and software development practices built on a foundation of industry-best processes and standards that improve efficiency, improve quality of documentation and systems implementation, and provide transparency and cost savings to our clients. We follow the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK® Guide) and adhere to practices from ISACA's Capability Maturity Model Integration (CMMI®) model. HealthTech has maintained a DEV-Level 3 appraisal rating from CMMI since 2018 and received a DEV/VRT-Level 3 appraisal rating in October 2024—demonstrating our commitment to software development and virtual work best practices, performance measurement and improvement, and continuous process improvement. Using these frameworks, we have developed robust processes for project planning, requirements development, development progress tracking, peer review and quality assurance testing, and measuring project performance and improvement. Through our experience, we have developed an extensive library of templates, checklists, standards, and guidelines that are tightly integrated within our project management and development tracking toolset. In alignment with CMMI practices, HealthTech has established key business goals and metric targets to ensure we meet or exceed expectations for product and service quality, timeliness of delivery, productivity, resource utilization and cost benefit, client and employee satisfaction, and process effectiveness. HealthTech is also HITRUST Certified, which is a testament to our rigorous and comprehensive compliance and risk management practices.

1. Project Kickoff (5.5.2.)

HealthTech believes project kickoff is an important component to the project initiation and planning phases. As mentioned previously, for this engagement we have proposed Donia Watson as the Project Manager. Donia will be the single point of contact for AHCCCS throughout the project (5.5.1.). We will work with AHCCCS to identify stakeholders for participation in the kickoff meeting to be held within 2-3 weeks following task order award as AHCCCS schedules allow. All kickoff materials will be distributed to the stakeholder groups in advance of the session(s), including required decisions and expected outcomes of the meeting(s). During the kickoff meeting, we will present a draft project schedule to receive feedback from the AHCCCS team. Additionally, we will discuss ongoing communications such as meeting, status reporting, and communication channels. Lastly, we will review and discuss the status of the baseline work completed to date and review any additional topics of interest with AHCCCS. We will incorporate AHCCCS feedback and finalize the project schedule and Communications Plan following kickoff during the planning phase.

2. Planning (5.5.3.)

The best practice to planning includes the development of a Project Management Plan (PMP). HealthTech will create the PMP using AHCCCS' existing template or ours, as appropriate, to outline, organize, and document the strategy and approach for managing the project and its processes. Our efforts will result in a complete document that defines the framework of all project work and will be used daily to manage the project. The PMP will be available in the approved Document Repository. HealthTech will work with AHCCCS to collaborate and update the document to ensure it meets all expected criteria and is realistic and bought into by stakeholders. All project planning documents will be submitted to AHCCCS for review, feedback, and approval.

The PMP document may contain the following sections:

- **Introduction:** Provides the high-level overview of the project and what is included in the PMP, the project scope, and an overview of the project deliverables and benefits
- **Roles and Responsibilities:** Identifies the names, roles, and specific responsibilities each participant will perform regarding project planning and the PMP development
- **Management Procedures:** The project will utilize, to the greatest extent possible, the project management practices set forth in the PMBOK® Guide

9.3.4. Project Schedule (5.5.2.2.)

To ensure the project runs efficiently and there is effective communication and resource management, HealthTech will maintain a detailed project plan and schedule for the duration of the engagement. The project plan and schedule will be monitored by the Project Manager and will be updated throughout the life of the contract. The activity milestones achieved from all known deliverables and tasks will be incorporated into the project schedule. A draft project schedule is provided in [Appendix A. Draft Project Schedule](#).

Communications

Effective communication, formal and informal, is the foundation of any sound project management approach. Keeping all project stakeholders fully informed of project status on a timely basis allows the project stakeholders to achieve consensus and clarity and mitigate any project risks. The AHCCCS Project Manager and HealthTech Project Manager play a proactive role in ensuring effective communications on the project. HealthTech will develop a Communications Plan that defines the framework and approach for all communications, as well as the process and schedule

for timely, regular, and consistent updates to all stakeholders. The Communications Plan describes the communication needs and expectations, what type of information will be communicated to what level of detail, in what format, through which channels, and when and where each communication will take place; furthermore, it identifies the roles and responsibilities of key stakeholders who are charged with providing each type of communication, how it flows, and how changes are managed. It also defines the timing and frequency of information sharing. Any constraints, internal or external, that affect project communications are described in the plan. Standard templates, formats, or documents are also established in the plan.

3. Project Management Tasks

The project management deliverables for the project include review and approval by AHCCCS of the Project Management Plan, finalization and approval of the project schedule, and status reporting. The project management plan will be reviewed and approved by AHCCCS and will be updated as needed throughout the duration of the contract.

Meeting Facilitation (5.5.4.)

Effective meetings are a critical form of communications in any project, both within the project team and externally with stakeholders. HealthTech's PMI-certified project managers have many years of experience in state government engagements with the know-how to facilitate meetings effectively. We are confident in our ability to assist AHCCCS with the needs identified. We are skilled at preparing meeting documents, starting and ending meetings on time, keeping discussions on track, eliciting input from responsible parties, and suggesting action items to make progress offline. The HealthTech Project Manager will facilitate project meetings or will be represented by an approved delegate. In addition, HealthTech's Contract Administrator will regularly attend management meetings and leadership discussions. HealthTech will work with AHCCCS administrative support personnel or, if AHCCCS agrees, HealthTech can use Microsoft Outlook or a similar tool to administer meetings that have been approved by AHCCCS.

We will prepare agendas and discussion materials at least two (2) business days in advance or as agreed upon, and always attach those documents to the electronic invitations. It has been our experience that updates to the agenda and discussion material may need to be made as late as the day before a meeting, especially for meetings that occur weekly. Our agenda template includes meeting logistics and discussion topics assigned to individuals, and we can adjust the template as AHCCCS prefers. HealthTech staff will produce meeting notes or minutes which will be transmitted to the AHCCCS Project Lead, normally within one (1) business day but no more than two (2) business days or as agreed upon. We usually offer three (3) additional business days for any changes or additions to the minutes to be mentioned, then we edit as required and file the final version in the agreed upon repository. HealthTech's format for minutes captures meeting logistics, participants, meeting discussion highlights—including decisions, action items, issues, and background information discussed—as well as plans for the next meeting. For the convenience of our clients, HealthTech project teams supply links to webcast meetings with every meeting agenda. HealthTech primarily uses Microsoft Teams, however, we have used other webcast channels, such as Zoom or Skype, and we will determine the preferred platform with AHCCCS. Meeting agendas and notes are produced for each project meeting and retained in the project document repository.

Status Reporting (5.5.5., 8.7.)

HealthTech will provide project status reports using a report template that has been approved for use by AHCCCS. The template we will propose for this report is the same template that has been

developed and approved within the previous HEALTHII, DAP/NF, and ARPA HCBS initiatives. The Project Lead will collaborate with AHCCCS to establish a cadence for project meetings, a status reporting plan for the duration of the contract, and a communications plan that will be implemented and updated throughout the duration of the contract. We will lead a monthly status meeting with Project Sponsors, AHCCCS Project Manager, and core team members, as applicable, to discuss project status, risks, and issues. Our Project Manager will deliver a written monthly project status report five (5) business days prior to the monthly meeting. In certain cases, we also leverage State-provided project management tools and templates for status reporting, when available.

Risk and Issue Management

Effective risk and issue management is extremely important to a successful project engagement, and we understand that risk and issue management and mitigation is a key portion of the work that will be accomplished by the HealthTech team. Early identification and mitigation of project risks will remove potential obstacles and lead to fewer issues arising which may impact timely completion of project tasks resulting in schedule delays. A Risk Register and Issues List will be developed by the Project Team and managed by the HealthTech team on a regular basis. Each will be included with status reports and will be discussed during team meetings; the schedule of which is to be discussed and mutually agreed upon with AHCCCS.

Quality Management

HealthTech understands that quality is everyone's responsibility. Our team focuses on quality from start to finish, across all phases of the project. Project artifacts, whether documentation or AHCCCS Self-Reporting Portal, are developed using processes established from our past project experience and knowledge of CMMI, HITRUST, PMI, and other industry-best practices. Our staffing model ensures both business and technical subject matter experts work hand-in-hand to develop and peer review all deliverables and project artifacts. AHCCCS-modified measure definitions, for example, will be developed and reviewed by staff who have worked with quality measures from the State and Hospital perspective, as well as those who code measure logic and calculate measure rates.

Applying Lessons Learned

HealthTech has been previously engaged with AHCCCS as the health technology consulting firm responsible for quality measure rate reporting for the HEALTHII, DAP/NF, and ARPA HCBS programs. For each closed project, we delivered a Project Closeout Report that documented Lessons Learned throughout the engagement that will be leveraged during the HEALTHII project. Some key Lessons Learned to inform this project are:

- **Requesting early assignment of the AHCCCS Data SME.** Involving the AHCCCS Data SME as early as possible ensures downstream deliverables remain on track
- **Utilizing existing data file layouts, as applicable, from other projects.** This allows for quick project startup and minimizes time required for both the AHCCCS and HealthTech teams
- **Recommending early communications to hospitals during project initiation to alert them to data requests, reporting expectations, deadlines, and contacts for technical assistance.** Hospital action timeliness and understanding of expectations ensures an on-time delivery of measure rates

9.3.5. Conflict Resolution Process

Based on our experience in large scale management projects, we take a proactive approach to conflict resolution that utilizes proven concepts, industry standards, and methodologies to foster and create open communication, clear project reporting, and a standardized issue escalation process, as described throughout our response. Any new project environment, especially an environment where there are many stakeholders, may lead to project conflicts. Therefore, HealthTech has designed a simple, effective, and unbiased conflict resolution process (illustrated below) capable of guiding staff through conflict and toward an appropriate solution for all parties involved.

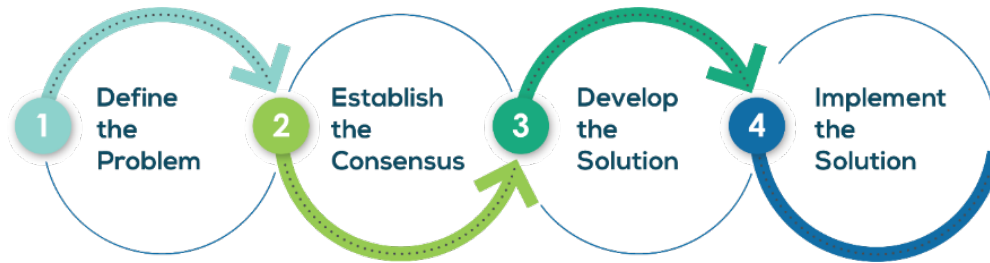


Figure 4: Conflict Resolution Process

Step		Description of Step
1	Define the Problem	Establish what the conflict is and how the conflict started while remaining impartial and professional to ensure both parties succeed.
2	Establish a Consensus	Explore possible solutions with both parties, reiterating the value of the partnership and promoting mutual negotiation.
3	Develop the Solution	After a solution has been established, walk both parties through what the conflict resolution process will include, such as timelines, remediation processes, and any necessary escalation that might be required.
4	Implement the Solution	After the conflict is resolved, reiterate the plan for resolution and document the process. Address the stated conflict immediately.

Additionally, we focus on team participation and creating an environment that mitigates team conflicts. We also plan to establish scheduled touchpoints, working sessions, and “ground rules” to set the foundation for team expectations for professional conduct, conflict resolution, issue escalation, and communication protocol for the project. A key component of our conflict resolution process is establishing and implementing negotiation skills that provide conflict resolutions, reduce organizational friction, open dialogue, and reduce project risks. In our previous AHCCCS project, we helped serve as an independent body on working through turnover from a vendor to another. A key mitigation strategy, we used consensus building techniques and open and transparent communication and feedback from all parties concerned but focused on the end goal. HealthTech treats conflict resolution scenarios with the utmost professionalism and objectivity and will continue doing so while involved with AHCCCS.

9.4. Pricing Proposal

9.4.1. Provide a total price for performance of the services listed in the above Scope of Work, including the performance of the Responsibilities/Tasks in Section 5 and submission of Deliverables in Section 8. Travel will not be reimbursable by the State. The total price shall include all costs associated with the delivery of the services. If any deliverables are revised, removed, or ultimately not required by AHCCCS, the changes will be incorporated through the execution of an Amendment, and the price will be adjusted accordingly. If a deliverable is removed, or an optional task is not required, the Contractor shall only bill for services completed. No additional fees will be paid by AHCCCS.

As required by the task order, we have developed a price proposal that is based on an all-inclusive rate for the performance of the services required by the Scope of Work, with exception of paper medical record analysis. Due to the unknown volume and process required, HealthTech will scope and price medical records analysis during project initiation, as applicable to selected measures.

The total fixed price proposed for the engagement is **\$550,000.00**. The price is inclusive of all costs associated with the delivery of the services and includes staff time, travel, access to required tools, system hosting, reporting components, and administrative costs. This cost is also inclusive of our hosted automated system that will be configured for the project to support the calculation and quality improvement initiatives. All work will be completed by June 30, 2027 as required by the task order. Invoicing for personnel hours will be completed on a monthly basis, however, invoicing timelines for the use of our hosted automated system will have to be discussed during the contracting process.

9.4.2. Provide a total price for performance of the Optional Tasks listed in Section 6.

The total fixed price for the performance of the optional tasks is **\$125,000.00 per additional measure**. If any additional hourly work is deemed necessary for optional tasks, it will be at a rate of **\$250.00 an hour**.

Appendix A. Draft Project Schedule

We have provided a draft project schedule below. The project schedule will be finalized following project kickoff and feedback from AHCCCS. HealthTech delivery dates are contingent upon timely AHCCCS Purchase Order issuance, receipt of any requested AHCCCS input or materials, and AHCCCS review/approval of predecessor deliverables. HealthTech can meet the Final Measure Rates deliverable dates with the assumption that existing approved File Layouts and existing Self-Reporting Portal will be used for this engagement.

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Task Name	Duration	Start	Finish
HEALTHII Performance Measures (Year 6)	232 days	Mon 8/3/26	Wed 6/30/27
Task Order Award	1 day	Mon 8/3/26	Mon 8/3/26
Purchase Order Execution	1 day	Mon 8/3/26	Mon 8/3/26
5.5.1. Introduce Project Manager	1 day	Mon 8/3/26	Mon 8/3/26
Project Initiation and Planning	17 days	Tue 8/4/26	Wed 8/26/26
5.5.2. Project Kickoff	1 day	Tue 8/11/26	Tue 8/11/26
5.5.2.2. Project Schedule	17 days	Tue 8/4/26	Wed 8/26/26
Develop Project Schedule	9 days	Tue 8/4/26	Fri 8/14/26
Internal Review and Updates	1 day	Mon 8/17/26	Mon 8/17/26
Deliverable: Project Schedule	0 days	Tue 8/18/26	Tue 8/18/26
AHCCCS Review	3 days	Wed 8/19/26	Fri 8/21/26
Incorporate Feedback	2 days	Mon 8/24/26	Tue 8/25/26
AHCCCS Approval	1 day	Wed 8/26/26	Wed 8/26/26
5.5.3. Project Work Plan	17 days	Tue 8/4/26	Wed 8/26/26
Develop Project Work Plan	12 days	Tue 8/4/26	Wed 8/19/26
Communications Plan	12 days	Tue 8/4/26	Wed 8/19/26
5.5.2.3./5.5.4. Meeting Cadence/Participants/Outcomes	12 days	Tue 8/4/26	Wed 8/19/26
Internal Review and Updates	1 day	Thu 8/20/26	Thu 8/20/26
Deliverable: Project Work Plan	0 days	Tue 8/18/26	Tue 8/18/26
AHCCCS Review	3 days	Wed 8/19/26	Fri 8/21/26
Incorporate Feedback	2 days	Mon 8/24/26	Tue 8/25/26
AHCCCS Approval	1 day	Wed 8/26/26	Wed 8/26/26
Project Discovery Activities	15 days	Tue 8/4/26	Mon 8/24/26
Review Specifications and Data Elements for Each Measure	5 days	Tue 8/4/26	Mon 8/10/26
HBIPS-3 Hours of Seclusion Use (CBE 0641)	5 days	Tue 8/4/26	Mon 8/10/26
Percent of Residents Experiencing One or More Falls with Major Injury (CBE 0674)	5 days	Tue 8/4/26	Mon 8/10/26
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (CBE 1717)	5 days	Tue 8/4/26	Mon 8/10/26
Patient Safety Indicators 90 (PSI 90) (CBE 0531)	5 days	Tue 8/4/26	Mon 8/10/26
OP-18 Median Time from ED Arrival to ED Departure for Discharged ED Patients (CBE 0496)	5 days	Tue 8/4/26	Mon 8/10/26
30-Day Hospital-wide All-Cause Unplanned Readmission Rate (CBE 1789)	5 days	Tue 8/4/26	Mon 8/10/26
Additional Measure(s), as applicable	5 days	Tue 8/4/26	Mon 8/10/26
8.1. Request AHCCCS Data	15 days	Tue 8/4/26	Mon 8/24/26

Task Name	Duration	Start	Finish
Self-Reported Validation Analysis	5 days	Tue 8/4/26	Mon 8/10/26
Determine AHCCCS Claims Data Elements	5 days	Tue 8/4/26	Mon 8/10/26
AHCCCS Data File Layouts	10 days	Tue 8/11/26	Mon 8/24/26
Develop AHCCCS Data File Layouts	4 days	Tue 8/11/26	Fri 8/14/26
Internal Review and Updates	1 day	Mon 8/17/26	Mon 8/17/26
Deliverable: AHCCCS Data File Layouts	0 days	Mon 8/17/26	Mon 8/17/26
AHCCCS Review	3 days	Tue 8/18/26	Thu 8/20/26
Incorporate Feedback	1 day	Fri 8/21/26	Fri 8/21/26
AHCCCS Approval	1 day	Mon 8/24/26	Mon 8/24/26
Project Execution Activities	231 days	Tue 8/4/26	Wed 6/30/27
Monthly Status Meeting	190 days	Fri 9/4/26	Fri 6/4/27
Monthly Status Meeting 1	1 day	Fri 9/4/26	Fri 9/4/26
Monthly Status Meeting 2	1 day	Fri 10/2/26	Fri 10/2/26
Monthly Status Meeting 3	1 day	Fri 11/6/26	Fri 11/6/26
Monthly Status Meeting 4	1 day	Fri 12/4/26	Fri 12/4/26
Monthly Status Meeting 5	1 day	Fri 1/8/27	Fri 1/8/27
Monthly Status Meeting 6	1 day	Fri 2/5/27	Fri 2/5/27
Monthly Status Meeting 7	1 day	Fri 3/5/27	Fri 3/5/27
Monthly Status Meeting 8	1 day	Fri 4/2/27	Fri 4/2/27
Monthly Status Meeting 9	1 day	Fri 5/7/27	Fri 5/7/27
Monthly Status Meeting 10	1 day	Fri 6/4/27	Fri 6/4/27
5.5.5./8.7. Monthly Status Report	210 days	Fri 8/28/26	Fri 6/25/27
5.5.5./8.7. Monthly Status Report 1	1 day	Fri 8/28/26	Fri 8/28/26
5.5.5./8.7. Monthly Status Report 2	1 day	Fri 9/25/26	Fri 9/25/26
5.5.5./8.7. Monthly Status Report 3	1 day	Fri 10/30/26	Fri 10/30/26
5.5.5./8.7. Monthly Status Report 4	1 day	Wed 11/25/26	Wed 11/25/26
5.5.5./8.7. Monthly Status Report 5	1 day	Wed 12/23/26	Wed 12/23/26
5.5.5./8.7. Monthly Status Report 6	1 day	Fri 1/29/27	Fri 1/29/27
5.5.5./8.7. Monthly Status Report 7	1 day	Fri 2/26/27	Fri 2/26/27
5.5.5./8.7. Monthly Status Report 8	1 day	Fri 3/26/27	Fri 3/26/27
5.5.5./8.7. Monthly Status Report 9	1 day	Fri 4/30/27	Fri 4/30/27
5.5.5./8.7. Monthly Status Report 10	1 day	Fri 5/28/27	Fri 5/28/27
5.5.5./8.7. Monthly Status Report 11	1 day	Fri 6/25/27	Fri 6/25/27
8.2. Technical Guidance Report/Technical Assistance	31 days	Tue 8/11/26	Tue 9/22/26
Technical Guidance Report	31 days	Tue 8/11/26	Tue 9/22/26
Develop Technical Guidance Report	25 days	Tue 8/11/26	Mon 9/14/26
Internal Review and Updates	1 day	Tue 9/15/26	Tue 9/15/26
Deliverable: Technical Guidance Report	0 days	Tue 9/15/26	Tue 9/15/26
AHCCCS Review	3 days	Wed 9/16/26	Fri 9/18/26

Task Name	Duration	Start	Finish
Incorporate Feedback	2 days	Mon 9/21/26	Tue 9/22/26
AHCCCS Approval	0 days	Tue 9/22/26	Tue 9/22/26
5.3 Reasonability Check Guidance Document	44 days	Tue 8/25/26	Fri 10/23/26
Request AHCCCS Data	1 day	Tue 8/25/26	Tue 8/25/26
Receive AHCCCS Data	5 days	Wed 8/26/26	Tue 9/1/26
Load AHCCCS Data	12 days	Wed 9/2/26	Thu 9/17/26
Run Claims Data for Reasonability	2 days	Fri 9/18/26	Mon 9/21/26
Develop Reasonability Check Guidance Document	10 days	Tue 9/22/26	Mon 10/5/26
Internal Review and Updates	1 day	Tue 10/6/26	Tue 10/6/26
Deliverable: Reasonability Check Guidance Document	0 days	Tue 10/6/26	Tue 10/6/26
AHCCCS Review	10 days	Wed 10/7/26	Tue 10/20/26
Incorporate Feedback	2 days	Wed 10/21/26	Thu 10/22/26
AHCCCS Approval	1 day	Fri 10/23/26	Fri 10/23/26
8.3. Draft Measure Rates	231 days	Tue 8/4/26	Wed 6/30/27
Develop Draft Measure Rates	231 days	Tue 8/4/26	Wed 6/30/27
Hospital Data	231 days	Tue 8/4/26	Wed 6/30/27
Portal Finalization	37 days	Tue 8/4/26	Wed 9/23/26
Portal Registrations	2 days	Thu 9/24/26	Fri 9/25/26
Request Hospital Data	1 day	Thu 9/24/26	Thu 9/24/26
Receive Hospital Data	25 days	Fri 9/25/26	Thu 10/29/26
Provide Technical Assistance	200 days	Wed 9/16/26	Wed 6/30/27
Calculate Measure Rates	66 days	Fri 10/30/26	Mon 2/8/27
Reasonability Check	35 days	Fri 10/30/26	Mon 12/21/26
Develop Flagged Measures Report	5 days	Fri 10/30/26	Thu 11/5/26
Internal Review and Updates	1 day	Fri 11/6/26	Fri 11/6/26
Deliverable: Flagged Measures Report	0 days	Fri 11/6/26	Fri 11/6/26
AHCCCS Review	3 days	Mon 11/9/26	Wed 11/11/26
Outreach and Resubmissions	26 days	Thu 11/12/26	Mon 12/21/26
Conduct Outreach to Flagged Hospitals	26 days	Thu 11/12/26	Mon 12/21/26
Flagged Hospital Technical Assistance Support	26 days	Thu 11/12/26	Mon 12/21/26
Flagged Hospital Resubmission	26 days	Thu 11/12/26	Mon 12/21/26
Hospital Review Period	10 days	Thu 11/12/26	Wed 11/25/26
Hospital Review	10 days	Thu 11/12/26	Wed 11/25/26
Technical Assistance	10 days	Thu 11/12/26	Wed 11/25/26
Resubmission Reasonability Check	10 days	Tue 12/22/26	Fri 1/8/27
Develop Flagged Measures Report	5 days	Tue 12/22/26	Wed 12/30/26
Internal Review and Updates	1 day	Mon 1/4/27	Mon 1/4/27

Task Name	Duration	Start	Finish
Deliverable: Flagged Measures Report	0 days	Mon 1/4/27	Mon 1/4/27
AHCCCS Review	3 days	Tue 1/5/27	Thu 1/7/27
AHCCCS Greenlight	1 day	Fri 1/8/27	Fri 1/8/27
Draft Measure Rates Report	21 days	Mon 1/11/27	Mon 2/8/27
Develop Draft Measure Rates Report	10 days	Mon 1/11/27	Fri 1/22/27
Internal Review and Updates	1 day	Mon 1/25/27	Mon 1/25/27
Deliverable: Draft Measure Rates	0 days	Mon 1/25/27	Mon 1/25/27
AHCCCS Review	10 days	Tue 1/26/27	Mon 2/8/27
8.5. Measure Rates	16 days	Tue 2/9/27	Tue 3/2/27
Finalize Measure Rates	9 days	Tue 2/9/27	Fri 2/19/27
Internal Review and Updates	1 day	Mon 2/22/27	Mon 2/22/27
Deliverable: Measure Rates	0 days	Mon 2/22/27	Mon 2/22/27
AHCCCS Review	3 days	Tue 2/23/27	Thu 2/25/27
Incorporate Feedback	2 days	Fri 2/26/27	Mon 3/1/27
AHCCCS Approval	1 day	Tue 3/2/27	Tue 3/2/27
8.4. Draft Process Report	127 days	Tue 8/11/26	Thu 2/11/27
Develop Draft Process Report	113 days	Tue 8/11/26	Fri 1/22/27
Internal Review and Updates	1 day	Mon 1/25/27	Mon 1/25/27
Deliverable: Draft Process Report	0 days	Mon 1/25/27	Mon 1/25/27
AHCCCS Review	10 days	Tue 1/26/27	Mon 2/8/27
Incorporate Feedback	2 days	Tue 2/9/27	Wed 2/10/27
AHCCCS Approval	1 day	Thu 2/11/27	Thu 2/11/27
8.6. Process Report	13 days	Fri 2/12/27	Tue 3/2/27
Finalize Process Report	6 days	Fri 2/12/27	Fri 2/19/27
Internal Review and Updates	1 day	Mon 2/22/27	Mon 2/22/27
Deliverable: Process Report	0 days	Mon 2/22/27	Mon 2/22/27
AHCCCS Review	3 days	Tue 2/23/27	Thu 2/25/27
Incorporate Feedback	2 days	Fri 2/26/27	Mon 3/1/27
AHCCCS Approval	1 day	Tue 3/2/27	Tue 3/2/27
Closeout	9 days	Fri 6/18/27	Wed 6/30/27
Project Closeout Report	9 days	Fri 6/18/27	Wed 6/30/27
Develop Project Closeout Report	5 days	Fri 6/18/27	Thu 6/24/27
Internal Review and Updates	1 day	Fri 6/25/27	Fri 6/25/27
Deliverable: Project Closeout Report	0 days	Fri 6/25/27	Fri 6/25/27
AHCCCS Review	2 days	Mon 6/28/27	Tue 6/29/27
Incorporate Feedback	1 day	Wed 6/30/27	Wed 6/30/27
Request AHCCCS Green Light for Data Destruction	2 days	Mon 6/28/27	Tue 6/29/27
Transition of Data to AHCCCS	1 day	Wed 6/30/27	Wed 6/30/27
HIPAA Compliant Data Destruction and Removal	1 day	Wed 6/30/27	Wed 6/30/27

Task Name	Duration	Start	Finish
Finalize and Closeout Project	0 days	Wed 6/30/27	Wed 6/30/27

Appendix B. Resumes

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Ashish Virmani

Proposed Role: Strategic Advisor

Ashish has over 16 years of experience in data management and technical architecture, including Application Programming Interfaces (API). He has expertise in Medicaid Management Information Systems (MMIS) including encounters, claims, clinical quality, third-party liability, and decision support systems. He has extensive experience as a technical architect for several major projects at HealthTech Solutions including the development of the State Level Registry (SLR) and Enterprise Data Warehouse. He is an expert in data analytics and information architecture, data validation, analysis, and reporting. He has field-based experience with states and other public entities, Fortune 500 companies, managed care organizations (MCO), and local clients. He has a strong background with Systems Development Lifecycle (SDLC) and user acceptance activities. Ashish has 35 hours of formal project management training.

SELECT PROFESSIONAL HISTORY

Technical Consultant, HealthTech Solutions 2015-Present

Arizona AHCCCS DAP/NF, Strategic Advisor | 2023-Present

Ashish is the Strategic Advisor for the ongoing Arizona Health Care Cost Containment System (AHCCCS) DAP/NF Performance Measure Calculations and Reporting project. He was previously engaged on four (4) AHCCCS contracts supporting the HEALTHII, DAP/NF, and ARPA HCBS quality measure rate programs. These projects involve(d) quality measure rate data collection, analysis, validation, and technical and outreach services. HealthTech utilizes AHCCCS Claims data to calculate measure rates for the current DAP/NF project, as well as for prior HEALTHII, DAP/NF, and ARPA projects. Previous HEALTHII projects additionally included hospital self-reported data submissions via a HealthTech web-based application. Ashish is also the Technical Architect, providing oversight in the development of a quality measure calculation and reporting tool for the projects, as well as the AHCCCS HEALTHII Self-Reporting Portal.

Arizona SI, Implementation/Integration Lead | 2023-Present

Ashish serves as the Implementation/Integration Manager supporting the Arizona Health Care Cost Containment System (AHCCCS) Systems Integrator project where he oversees the ODS Development Team, EDMS Development Team, and integration specialists.

Kentucky SI, Technical Manager | 2021-2022

Ashish is the Technical Manager for the Commonwealth of Kentucky's (Commonwealth) Medicaid Enterprise Management Solution (MEMS) under the Systems Integrator project. He is responsible for establishing, maintaining, and continuously improving the MEMS Software Development Life Cycle (SDLC). This includes SDLC training and onboarding of MEMS module vendors, as well as developing and reporting on MEMS module vendor performance metrics via dashboards to the Commonwealth. Ashish provides technical oversight and design review to ensure all technical and security requirements are met by MEMS module vendors; he approves vendor technical architectures, ensures master data management is incorporated into MEMS solutions and adherence to MITA 3.0 technical requirements. Ashish oversees action plans to resolve any technical process deficiencies or non-compliances. He monitors and reports on technical risks and issues, escalating to the Commonwealth as needed. Ashish oversees, executes, and manages all system change management activities. Ashish is also responsible for creation and maintenance of a configuration database, asset management artifact, and service catalog.

Wyoming Data Warehouse, Product Owner and Technical Lead | 2017

Ashish also served as the Product Owner and Technical Lead on the DDI Enterprise Data Warehousing team for the Wyoming project where encounters, claims, and clinical files sent by providers are stored and data is extracted for statewide and federal reporting solutions. The solution provides FHIR API's for Interoperability and Patient Access Final Rule.

Idaho SHIP, Technical Architect | 2015

EXPERIENCE

16+ years of experience in Data Management and Architecture

Extensive experience with Health and Human Services Systems

Expert in MMIS Design, Development, and Implementation

CORE COMPETENCIES

- Technical and Data Management
- Technical and Data Analysis
- State Level Registries
- MMIS including Claims, Encounters, and DSS Systems
- SDLC
- User Acceptance Testing
- Enterprise Data Warehouses
- Public Health Systems
- Application Configuration
- User Interface
- Business Intelligence Applications
- Managed Care
- Data Validation
- Reporting
- Procurement

Ashish was the Technical Architect for the data warehouse for the Idaho Statewide HealthCare Innovation Plan (SHIP) engagement. This data warehouse ingested continuity of care documents to product analytics on clinical quality measures for the statewide SHIP (quality improvement) program for patient center medical homes. Ashish was responsible for the conceptual and logical database designs, the development of the data warehouse, and the reporting design and deployment. Additionally, Ashish served as the point of contact for technical clarifications and was a lead on testing efforts.

MCO Tracker Tool, Product Owner

Ashish is the Product Owner and Technical Lead for the MCO Tracker tool which has been implemented for an in production in three (3) states. He Manages a development team and provides clear goals for the project delivery. He prioritizes and manages product backlog across multiple different clients, and he developed the product roadmap. Ashish also oversees the development lifecycle to ensure CMMI compliance.

SLR Engagements, Project Lead

Ashish served as the Project Lead on several major engagements, nationally including SLR design, development, and implementation (DDI) in South Carolina and Wyoming. The SLR is a web-based system which allows practicing physicians and hospitals to register for and attest to meeting eligibility and meaningful use requirements for the Electronic Health Record (EHR) Incentive Program. The system is highly configurable to meet various states' needs. The HealthTech Solutions' team, led by Ashish, utilizes interfaces allowing business analysts and power users to manage data files received from the National Level Repository system provided by CMS and parse their XML content into staging and transactional tables specifically designed for the EHR Incentive Program.

Data Warehouse Consultant, SITEK

2014-2015

Ashish worked as a consultant for the Kentucky Health Co-Operative for the implementation of data warehouse reporting needs. He established a reporting environment capable of supporting the internal financial system. With his extensive experience with claims data, he quickly analyzed the data needed for business users. Ashish also delivered a solution for validating Edge Server XML data submissions for risk adjustment and reinsurance, and he built a solution to determine proximity analysis for the provider network across a variety of provider taxonomies.

Decision Support System Project Manager, Pomeroy

2012-2014

Ashish served as Decision Support System Manager for the Kentucky Medicaid Modernization Program during the Managed Care Transition of 2011, which involved simultaneous implementations of 5010 rules for the Health Insurance Portability and Accountability Act. He managed the fiscal agent for claims payment and operation of the legacy MMIS, HP, through implementation of the data warehouse. He gained in-depth business knowledge of Medicaid to complete daily tasks including claims and encounters. He participated in Joint Application Design (JAD) sessions with the vendor to gather requirements and establish the Requirements Traceability Matrix. He reviewed general system design and detailed system design document deliverables, system test plans, test cases, disaster recovery, and user acceptance testing documents to ensure specifications aligned with the Commonwealth's strategic goals.

Ashish created documentation procedures and standards for interfaces for the decision support system. He analyzed, designed, and constructed data integrator (Data Services) Extract, Transfer, Load (ETL) jobs for the system. Ashish created business process flow documents and interface flow diagrams for the decision support system. He also setup input and output interfaces and extracts to and from the data warehouse with various internal entities and external vendors.

Technical Architect, Pomeroy

2005-2012

Ashish worked as a technical lead and architect for the Kentucky Cabinet for Health and Family Services (CHFS), Department for Medicaid Services, during the implementation of data warehousing projects used throughout the Cabinet. His roles included: data modelling, ETL development, interface development, and reporting. Ashish was

responsible for gathering requirements from the stakeholders and translating business logic into technical solutions.

Ashish was responsible for the CHFS design and implementation of the CMS adjusted rate payment methodology involving supplemental payments to primary care providers. Ashish designed a GIS solution for to support proximity analysis and network adequacy reporting for the managed care networks. Ashish helped report HEDIS and custom measures for Medicaid. Other responsibilities included validating MAR/SUR reports to the source data. Ashish is extremely proficient with SQL Server and Oracle database environments. Ashish helped implement interfaces with the decision support system to a variety of internal and external agencies. He also designed and coordinated process flows for the user community to request ad hoc reports.

Business Intelligence Consultant, College Board

2004-2005

Ashish managed all aspects of data warehouse projects and led JAD sessions with users. He created views in Oracle to support reporting needs including summaries, projections, detail reports, and sub-reports with linked calculations. Ashish improved user interface of reports and parameters by using Crystal Server Pages and VB Scripts. He was also involved in troubleshooting problems and continuous production support. His technical environment experience included Oracle 8, Toad 7, Windows 2000, Erwin, and Crystal Reports.

EDUCATION AND CERTIFICATIONS

M.S. Oklahoma State University – Stillwater, Oklahoma

B.S. Engineering University of Pune – Pune, India

TECHNICAL SKILLS

Servers/Operating Systems:

Windows 95/98/NT/Vista; Windows 7; MS Dos; UNIX

LANGUAGES:

SQL; Visual Basic; VB.Net; Java; Python; C/C++; OpenGL

DATABASE MANAGEMENT:

Oracle 7.x/8.x/9/10G; MS SQL Server 6.5/7.0; Sybase; MS-Access; Teradata; Star Schema; Snowflake Schema; OLAP

DATA MODELING:

Erwin; Toad Data Modeler

ETL TOOLS:

Ascential DataStage 6.0; Microstrategy7i; SAP; Business Objects Data Services (Data Integrator)

BUSINESS INTELLIGENCE TOOLS:

Business Objects 6.1b/5.x/4.x; Business Query; BO; SDK; ZABO; Web Intelligence 2.x/6; InfoView; Crystal Enterprise; Crystal Reports 10.0/9.0/8.5/8.0/7.0

Donia Watson

Proposed Role: Project Manager

Donia is a certified Project Management Professional with over 11 years of experience specializing in Medicaid and Health Information Technology (HIT) at the state and federal levels. She has led initiatives for multiple state Medicaid programs, including quality measure reporting, directed payment programs, and interoperability projects, translating complex technical requirements into compliant, actionable solutions, that drive successful implementation. Donia is skilled in developing critical documentation including technical design documents, requirement traceability matrices, and operational readiness plans. She is adept at engaging with stakeholders and vendors to identify, design, source, validate, and implement new processes, procedures, and products. Donia is also a skilled quality auditor who can identify areas of compliance, non-compliance, and opportunities for improvement in development projects.

SELECT PROFESSIONAL HISTORY

Consultant, HealthTech Solutions

2018-Present

AHCCCS Performance Measure Calculations and Reporting, Project Manager | 2022-Present

Donia is the Project Manager for the ongoing Arizona Health Care Cost Containment System (AHCCCS) DAP/NF Performance Measure Calculations and Reporting project. She was previously engaged on four (4) AHCCCS contracts supporting the HEALTHII, DAP/NF, and ARPA HCBS quality measure rate programs. These projects involve(d) quality measure rate data collection, analysis, validation, and technical and outreach services. She develops project startup documentation and project schedules, provides meeting facilitation and documentation, develops status reports and action item logs, documents and monitors risks and issues, and assists in deliverable development. HealthTech utilizes AHCCCS Claims data to calculate measure rates for the current DAP/NF project, as well as for prior HEALTHII, DAP/NF, and ARPA projects. Previous HEALTHII projects additionally included hospital self-reported data submissions via a HealthTech web-based application. She works closely with the HealthTech Development team and manages the software development tracking tool. Donia provided application technical assistance and support to AHCCCS and participating hospitals, including developing User Manuals, as well as completing User Acceptance Testing (UAT) as the HealthTech Product Owner for the AHCCCS HEALTHII Self-Reporting Portal.

Colorado POD and VBP, Business Analyst | 2022-Present

Donia is a Business Analyst for Colorado's Providers of Distinction (PoD) and Value-Based Payment (VBP) project. This project builds upon existing and establishes new Alternative Payment Models (APMs), as well as develops a new, comprehensive technical solution to share value-based payment data and deliver consistent performance feedback to Providers, Regional Accountable Entities (RAEs), and Colorado staff. Donia serves as the UAT Lead for the Colorado internal team and interfaces with the technical solution vendor's Technical Project Manager to ensure successful tracking, testing, and defect remediation during UAT cycles.

MCO Tracker, Project Manager | 2021-Present

Donia is the Project Manager for the HealthTech Managed Care Organization (MCO) Document Tracking Tool, currently implemented in four (4) states: Georgia, Kentucky, New Mexico, and West Virginia. The tool provides a mechanism for tracking MCO documentation submissions in real time and automates the report validation process. Donia interfaces with clients to elicit and understand State requirements, as well as provides training and technical assistance. She leads project team meetings, develops project and user documentation, and manages the development process using Atlassian's Jira and Microsoft Project. Donia also works with the Testing team to ensure requirements are understood to develop Test Cases and performs UAT as the HealthTech Product Owner.

HealthTech Agile Software Engineering Team and Procurement Team, ASET Lead/Proposal Lead | 2018-Present

EXPERIENCE

11+ years of experience in Requirements Management and Process Improvement
Development of Technical Documentation, Procedures, and Processes

Multi-state Health Information Technology and Health Information Exchange Experience

Certified Project Management Professional

CORE COMPETENCIES

- Technical Writing
- Business Analysis
- Procurement Management
- Provider Management
- Performance Improvement
- Requirements Gathering
- Quality Assurance
- Program/Regulatory Compliance
- Training
- User Acceptance Testing
- Stakeholder Engagement
- Policy Analysis and Documentation
- Research
- Curriculum Development

Donia leads the HealthTech Solutions' Agile Software Engineering Team focusing on implementation of processes and maintenance of CMMI standards. CMMI is a systematic collection of best practices for process improvement maintained by the CMMI Institute. She ensures continuing compliance with company processes through conducting pre-appraisal assessments and internal audits where she identifies areas of compliance, non-compliance, and opportunities for improvement in software development projects. Donia was previously a Proposal Lead for the HealthTech Procurement Team. She led facilitation, process coordination, and quality assurance reviews of RFP responses. She developed schedules and templates, researched, wrote, and gathered requirements for RFP responses.

Louisiana Directed Payment Program and Pharmacy Benefit Manager Implementation Support, Business Analyst | 2022-2024

Donia was previously the Business Analyst for Louisiana's Directed Payment Program Support project. HealthTech provides project management support to the Department of Health (LDH) to assist with Ambulance, Dental, Hospital, and Physician payment programs. This work includes meeting facilitation and documentation, communications support, developing and maintaining a project SharePoint repository, and developing and maintaining a project schedule. Donia assisted and was a backup to the Project Manager in working with LDH and their vendors to hold effective and efficient cross-team meetings, maintaining the project schedule, and maintaining the project SharePoint site. Donia previously assisted LDH with the Single Pharmacy Benefit Manager (SPBM) implementation, providing project management support.

Kentucky Systems Integrator, Technical Analyst | 2021-2023

As a Technical Analyst for Kentucky, Donia helped draft the SDLC Processes for the MEMS Program. She also reviews deliverables as part of the Quality Assurance team and assisted with the development of the Technology Management Framework.

AHCCCS Interoperability RFP Review, Project Coordinator | 2021

Donia previously served as the Project Coordinator for AZ AHCCCS under the Interoperability RFP Review task order. Those deliverables included meeting facilitation, status reporting, a redline of the existing draft/clean copy, a final report, and a final presentation of HealthTech recommended changes to their RFP draft.

Connecticut HIT Implementation Support, Subject Matter Expert | 2019

Donia assisted the Connecticut Department of Social Services with a statewide provider registry. This project consisted of the replacement of the Medicaid Medical Administrative Support Organization's (ASO) current provider management system (Cactus) and the onboarding for the dental and behavioral health ASOs with bidirectional functionality of real-time updates through the use of application program interfaces and current infrastructure efforts to link provider data with patient data through the current product vendor's relation registry. Donia performed quality assurance on use cases and other project documentation. She met directly with stakeholders and collected and analyzed requirements. She also performed user acceptance testing on the new system.

North Dakota Health Information Network Provider Education, Training Subject Matter Expert | 2018-2019

Donia assisted with the Computer-Based Training (CBT) development and quality review for HealthTech Solutions' engagement with the North Dakota Health Information Network for provider education. A CBT program was created and implemented, using Adobe Captivate, helping participants to learn and navigate the system for effective end user utilization. The training also allows medical professionals to earn continuing education credits as they complete the course.

Process Development Chemist II, Piramal Pharma Solutions 2015-2018

As part of the Technical Services Group, Donia performed process design and scale up for clinical and commercial drug products. She worked closely with stakeholders and vendors from identification of functional requirements to implementation of solutions. Donia authored functional and product requirements documents, test protocols, procedures, and

policies. She engaged with internal groups to provide continuous process improvement and was the authority for changes to existing written procedures.

Donia served as the Technical Writing Supervisor. She performed a niche role in quality reviewing technical documentation to ensure clear understanding for end users, as well as compliance with regulatory requirements, and provided training for procedures and processes developed. As a member of the Safety Committee, Donia also performed compliance checks on all departments.

Adjunct Biochemistry Lab Instructor, Transylvania University 2014-2015

As a general Laboratory Instructor, Donia provided instruction on chromatography methods, SDS-PAGE, enzyme kinetics, and ligand-protein interactions. She provided student supervision, research, and curriculum design.

Chemistry Lab Coordinator, Transylvania University 2013-2015

Donia managed the Chemistry Department laboratories and supervised students. She oversaw undergraduate laboratory spaces, chemical stockrooms, and cryogen equipment maintenance. She served as the Natural Sciences and Mathematics representative for the University Safety Committee and was the authority for regulatory compliance and environmental health and safety.

Interim Chemistry Lab Coordinator, Linfield College 2010-2011

Donia managed the Chemistry Department laboratories including departmental budget, payroll documents, and effectively directed and coordinated the activities of assigned staff and students. She also acted as General Instructor for two semesters.

EDUCATION AND CERTIFICATIONS

M.S. University of Kentucky – Lexington, Kentucky

B.A. Berea College – Berea, Kentucky

Certified Project Management Professional: Project Management Institute

Matthew Engler

Proposed Role: Technical Lead

Matthew is a Technical Consultant with over seven (7) years of experience in report development and Business Intelligence (BI) with Health and Human Services programs and systems as well as over five (5) years of experience with development and testing of electronic clinical quality measures (eCQM). He has experience creating data tables, queries, and reports with Microsoft SQL Server Management Studio and SAP Business Objects as data analytics tools. Matthew contributes analytical expertise to HealthTech's modular Enterprise Data Warehouse supporting State Medicaid agencies and has experience in Capability Maturity Model Integration (CMMI) Level 3 processes for software development, in both the audit process and continuous process improvement.

SELECT PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions 2018-Present

New Mexico Medicaid Product Suite, Reporting and Quality Measure Development Lead | 2025-Present

Matthew is a team leader for the implementation of MCO dashboards and quality measures in New Mexico. This work includes the development of MCO oversight dashboards in Power BI as well as Healthcare Effectiveness Data and Information Set (HEDIS) measures as defined by the National Committee for Quality Assurance (NCQA). Matthew has overseen the certification of several measures by NCQA, with more on the roadmap for this year.

New Mexico Data Services, Reporting Lead | 2024-Present

Matthew is a team leader for the development of custom Power BI dashboards using member eligibility and claims data sources in New Mexico, as well as a team member for the development of data marts being built on top of a data lake in Snowflake. As part of this effort, he is involved in requirements gathering, data modeling, query development mapping the data lake to data mart, Power BI dashboard development, and testing.

Arizona System Integrator, Developer | 2023-Present

Matthew is a team member for the Arizona system integrator (SI) responsible for Power BI reporting. His role in this team is to build metadata operational reports and dashboards for the operational data store (ODS) using Power BI. Additionally, Matthew is responsible for migrating business intelligence reports from Arizona's legacy document management system to the SI's Enterprise Document Management System (EDMS) in Power BI.

HealthTech Agile Software Engineering Team, Auditor | 2023-Present

Matthew is a team member of HealthTech's Agile Software Engineering Team focusing on implementation of processes and maintenance of CMMI standards. CMMI is a systematic collection of best practices for process improvement maintained by the CMMI Institute. He ensures continuing compliance with company processes through conducting pre-appraisal assessments and internal audits where he identifies areas of compliance, non-compliance, and opportunities for improvement in software development projects.

AHCCCS Performance Measure Calculations and Reporting, Technical Lead | 2022-Present

Matthew is the Technical Lead for the ongoing Arizona Health Care Cost Containment System (AHCCCS) DAP/NF Performance Measure Calculations and Reporting project. He was previously engaged on four (4) AHCCCS contracts supporting the HEALTHII, DAP/NF, and ARPA HCBS quality measure rate programs. These projects involve(d) quality measure rate data collection, analysis, validation, and technical and outreach services. HealthTech utilizes AHCCCS Claims data to calculate measure rates for the current DAP/NF project, as well as for prior HEALTHII, DAP/NF, and ARPA projects. Matthew provides research and expertise on quality measure specifications, develops the Data Elements and Value Sets, and assists in development of calculation methodologies and measure rate calculations for Claims-calculated measures.

EXPERIENCE

7+ years of experience with Data Modeling in support of Health and Human Services Programs and Systems

5+ years of experience with eCQM development and testing

CMMI-DEV Level 3

CORE COMPETENCIES

- Data Analytics
- Report Design and Development
- Database Administration
- Requirements Gathering
- EDW/BI
- ETL
- System Design Development and Implementation
- eCQM Development and Testing

HealthTech Enterprise Data Warehouse/Business Intelligence | 2018-Present

Matthew is a team member for the development of an EDW and BI suite of analytics products. He creates queries for diverse business requirements and creates and executes performance tests to ensure application performance. He works with testers to establish test data and expected results and regressions. He developed a variety of Extract, Transform, and Load (ETL) packages to load state Medicaid data into the EDW. This process involved creating SQL Server Integration Services (SSIS) projects to extract data from flat file and database sources, transforming that data based on business rules, and mapping the data to be loaded into the EDW. As part of the Louisiana Project, Matthew created and executed packages to load claims data into the EDW for use in reporting.

EDUCATION AND CERTIFICATIONS

B.S. University of Kentucky – Lexington, Kentucky

TECHNICAL SKILLS

Languages: SQL; C++; Python

Databases Management Systems: SQL Server; Snowflake

Operating Systems: Windows; Linux

Software: Microsoft SQL Server Management Studio; Visual Studio; SAP Business Objects; SQL Server Data Tools; SAP Predictive Analytics, Microsoft Power BI, Tableau

Vaishnavi Bhoomagoud

Proposed Role: Development Lead

Vaishnavi is a detail-oriented and results-driven professional with more than 11 years of experience in application development, systems integration, and data analytics, with extensive experience in ETL design and development. Complementing her experience, Vaishnavi holds a master's degree in computer and information sciences, demonstrating her strong technical foundation. Vaishnavi's expertise includes building and optimizing complex ETL workflows using SSIS and leveraging advanced tools such as SQL Server, ADO.NET, and middleware API integration. She has a proven ability to design scalable data models, aligning source data with business roles and compliance standards. She has created data extracts, EDI transformations, and stored procedures, as well as enhanced pipeline performance with Kafka for real-time data streaming. Vaishnavi is skilled in utilizing Azure Data Services including Azure SQL, Cosmos DB, and Blob Storage, to support advanced analytics and scalable storage architectures. Vaishnavi has a strong command of RESTful services and middleware APIs to support seamless system integration and optimal data flow across platforms. She also excels in creating visualizations and reports using SSRS to empower stakeholders. Vaishnavi is committed to supporting data-driven decision-making within enterprise systems.

SELECT PROFESSIONAL HISTORY

Consultant, HealthTech Solutions

2025-Present

EVV Real-Time Aggregator Integration, API Developer | 2025-Present

Vaishnavi contributes to the development of a Real-Time Electronic Visit Verification (EVV) interface that enables secure, synchronous data exchange between third-party EVV vendors and a centralized Aggregator platform. The application is hosted in Microsoft Azure, supporting scalable and highly available cloud-based integration services. She is responsible for designing and developing RESTful APIs using .NET technologies to ingest EVV data packages per provider agency, ensuring compliance with healthcare interoperability and data exchange standards. She implements data validation, transformation, and routing logic to support real-time processing and accurate downstream integration. Vaishnavi collaborates with internal project teams and external vendor technical teams to define interface specifications and ensure seamless onboarding. She leverages Azure services such as Azure App Services, Azure SQL, and Blob Storage to support API deployment, data persistence, and document handling. Additionally, she implements robust logging, monitoring, and error handling mechanisms to ensure reliability and performance of the integration. She also contributes to technical documentation and supports vendor integration efforts. Vaishnavi develops and maintains Azure Timer Trigger Functions to support internal system processes, including scheduled data processing, validation routines, and system maintenance tasks. These serverless components improve automation, reliability, and operational efficiency across the platform.

Application Developer, Independent Health

2020-2025

At Independent Health, Vaishnavi worked on the RedShirt Rewards project, an incentive-based wellness program. She developed and maintained the Member Portal—a web application transitioning from AngularJS to Angular—by integrating it with the ClientFramework API built on the .NET Framework. Her responsibilities included front-end development using Angular 14, HTML5, CSS3, and TypeScript, with a focus on reusable UI components, routing, and state management using RxJS. She implemented RESTful API calls and integrated Kafka for real-time microservice communication. She also supported hybrid mobile development using Ionic and Capacitor, implemented logging with Splunk, and performed testing with Jasmine and Karma. She used Git for version control, followed Agile development practices, and actively participated in SAFe ceremonies.

Application Developer, UICA

2019-2020

Vaishnavi contributed to building a constituent-centered portal that streamlined advancement functions at the University of Iowa. She designed single-page applications using Angular 7, incorporating features like ng-templates and custom form validation. She built web interfaces using Bootstrap, HTML5, and CSS, and developed microservices using ASP.NET Core. She integrated secure authentication with ASP.NET Core Identity and

EXPERIENCE

6+ years of experience with SQL Server

5+ years of hands-on experience with ETL processes

Experience with Middleware Solutions and System Integration

CORE COMPETENCIES

- Full-Stack Application Development
- Cloud Development and Deployment
- Front-End Development
- Back-End Development
- Database Development and Integration
- Quality Assurance and Testing
- Agile/Scrum and SAFe Methodologies
- System Design and Architecture
- Performance Monitoring and Logging
- Collaboration and Teamwork

Azure Active Directory and built RESTful services consumed via JSON. Vaishnavi worked extensively with SQL Server for complex queries, used Azure Blob Storage for unstructured data, and tracked work through Azure DevOps Boards and Repos. She also participated in Agile/Scrum practices, unit tested with Jasmine, and deployed solutions via Azure App Services.

.NET Developer, Evolent Health

2018

At Evolent Health, Vaishnavi supported the development of interfaces and applications across multiple lines of business. She followed an Agile-Kanban methodology and collaborated with business analysts to implement features from BRDs. She developed .NET Core applications with data access layers using ADO.NET, Dapper, and Entity Framework. Her backend development included C# libraries, SSIS data extraction packages, and multithreading services. She designed web interfaces using MVC and integrated with Cosmos DB for scalable data storage. Vaishnavi also handled EDI file processing (837 formats), wrote unit tests using MS-Unit and X-Unit, and used SpecFlow for behavior-driven testing.

.NET Developer, Nutrien

2018

At Nutrien, the world's largest provider of crop inputs and services, Vaishnavi contributed to enhancements and feature development for the ARS Point of Sale system. Working in an Agile environment using Visual Studio Team Foundation Server 2017, she participated in daily standups and sprint planning. She developed RESTful APIs using ASP.NET Web API and C# (versions 5.0–7.0), implemented user interfaces in ASP.NET MVC 5, and designed application architecture following OOP, SOLID principles, and design patterns. She utilized Entity Framework and LINQ for data access with SQL Server 2017, and implemented asynchronous message processing using Kafka. Vaishnavi contributed to both back-end and front-end enhancements, performed unit testing with NUnit, and managed deployments through GitHub and Octopus. She also leveraged JIRA for project tracking and worked with IBM's Master Data Management (MDM) tools and JSON-based WebAPI serialization.

.NET Developer, Hewlett Packard

2015-2017

Vaishnavi played a key role in modernizing applications at Hewlett Packard by migrating legacy systems to the .NET platform. She developed web-based applications using ASP.NET, MVC 5.0, and VB.NET, transitioning from older MS Access systems to Oracle back-ends. Working within a Scrum team, she contributed to front-end development using HTML5, CSS3, JavaScript, AngularJS 2, Bootstrap, and jQuery. Vaishnavi designed and built RESTful services using Web API, created reusable HTML Helpers and partial views, and developed UI components with a focus on responsiveness and user experience. She participated in daily Agile ceremonies and collaborated on architecture design using Visual Studio 2015. Vaishnavi also prepared automated unit tests with NUnit and managed source control using TFS.

EDUCATION AND CERTIFICATIONS

M.S. (Computer and Information Sciences)

B.S. (Engineering) – India

TECHNICAL SKILLS

Languages & Frameworks: C#, .NET Framework, .NET Core/.NET 6+, ASP.NET MVC, ASP.NET Web API, HTML5, CSS3, JavaScript, TypeScript, Angular (2+), AngularJS, jQuery, T-SQL, XML, JSON.

Cloud & DevOps: Microsoft Azure (App Services, Azure Functions – Timer Triggers, Azure SQL, Cosmos DB, Blob Storage), Azure DevOps, CI/CD Pipelines, Git.

Application & Integration Technologies: RESTful APIs, Microservices Architecture, Middleware Integration, Kafka (Event Streaming), ADO.NET, Entity Framework, Dapper, LINQ, Web Services.

AI & Developer Productivity Tools: GitHub Copilot, AI-assisted code generation, code optimization, and automated documentation support.

Web & Application Servers: IIS 8.0/7.0/ 6.0

Databases: Oracle 10x/11x, MS-SQL Server 2005/2008/2012/2017.

Reporting Tools: Crystal Reports, SQL Server Reporting Services (SSRS), SSIS Package.

Microsoft Office Tools: Microsoft Word 03/07/10, MS Visio, Excel, PowerPoint, Access, Outlook.

IDE Tools: Visual Studio .NET 2008/2013/2015/2017/2019,2022.

Methodologies: Agile and waterfall.

Other tools & Technologies: Splunk (Logging & Monitoring), Jasmine, Karma, NUnit, xUnit, SpecFlow, Bootstrap, Ionic, Capacitor.

Nicole Pardo, MD

Proposed Role: Subject Matter Expert

Nicole brings over 15 years of clinical and program leadership experience in the Health and Human Services sector, with deep expertise in EMR and HIE implementations and stakeholder engagement. Her experience includes leading requirements gathering and RFP development for Arkansas DHS initiatives, supporting procurement and provider management efforts in Louisiana during the transition from a legacy MMIS to a modular enterprise, and contributing to data exchange and quality metrics programs across multiple states. She has direct experience supporting Arizona AHCCCS initiatives for Medicaid and HHS-related scopes of work. Nicole is a bilingual (Spanish) PMP-certified leader recognized for driving strategic clinical initiatives, fostering high-performing teams, and delivering measurable improvements in program performance and operations.

SELECT PROFESSIONAL HISTORY

Senior Consultant, HealthTech Solutions 2020-Present

Arizona AHCCCS Performance Measure Calculations and Reporting, SME | 2022-Present

Nicole is a Subject Matter Expert for the ongoing Arizona Health Care Cost Containment System (AHCCCS) DAP/NF Performance Measure Calculations and Reporting project. She was previously engaged on four (4) AHCCCS contracts supporting the HEALTHII, DAP/NF, and ARPA HCBS quality measure rate programs. These projects involve(d) quality measure rate data collection, analysis, validation, and technical and outreach services. HealthTech utilizes AHCCCS Claims data to calculate measure rates for the current DAP/NF project, as well as for prior HEALTHII, DAP/NF, and ARPA projects. Previous HEALTHII projects additionally included hospital self-reported data submissions via a HealthTech web-based application. She provides guidance on measure specifications and calculation methodology, reviews measure rate reporting, provides technical support for providers in the HEALTHII program, and assists in the development of performance target recommendation methodology.

Wisconsin DDI Care Management System Implementation, EPMO Project Manager | 2025-Present

Nicole currently serves as the EPMO Project Manager for the DDI Care Management project in Wisconsin, facilitating collaboration between state partners and technology vendors. Previously, she served as a subject matter expert for the Missouri Department of Mental Health, leading requirements gathering and solicitation development for a Case Management System. She also led the Arkansas DHS project, overseeing requirement collection and RFP development initiatives including the Patient-Centered Medical Home (PCMH) portal and IT PMO Services.

Louisiana Medicaid Modular Provider Management & Claims Systems, SME | 2022-2024

Nicole has also served as subject matter expert for the state of Louisiana facilitating the analysis and review of modular requirements for the procurement and implementation of Medicaid Provider Management module, including requirements for provider enrollment and credentialing; and the Claims Processing and Managing Service module.

Nebraska CyncHealth HIE, Project Lead | 2020-2023

Nicole was the Project Lead for the Nebraska CyncHealth Project, a multi-state community information exchange. Using her clinical expertise, she created an in-depth landscape analysis of Health Information Exchange (HIE) resources and Social Determinants of Health (SDoH) implementations in the states of Minnesota, North Dakota, South Dakota, Iowa, Missouri, and Kansas completing an environmental scan at the region, state, and national levels. She helped create and implement the strategy to deploy the client's SDoH platform on each of the expansion targeted states. She developed a multi-state value proposition outreach package including internal strategy process workflows and client presentations to facilitate directed outreach to key high-level partners, including healthcare systems, county government and state health departments, payers, and medical associations. She also supported the development of the Clinical Outcome Metrics Crosswalk and provided expertise on Meaningful use requirements.

EXPERIENCE

16+ years of experience in Clinical and Program Leadership
Director of Clinical Initiatives and Strategy
Chief Innovation Officer

CORE COMPETENCIES

- Meaningful Use
- Process Optimization
- Product Development
- Quality Metrics
- Contract Negotiations
- Business Development
- Product Implementation
- Operational Leadership
- Clinical Research
- Medical Device Innovation
- Value-based Healthcare
- Strategic Planning
- Clinical Data Management
- Provider Engagement
- Population Health
- Stakeholder Engagement
- Healthcare Analytics
- Public Health Systems and Business Process

Florida AHCA HITECH & SMHP, SME | 2022-2023

In 2022, Nicole served on the Florida Environmental Scan (ES) project, conducted at the request of the State of Florida Agency for Health Care Administration (AHCA) to fulfill federally required closeout activities for the Health Information Technology for Economic and Clinical Health Act (HITECH) funding and to inform the final statewide Medicaid Health IT Plan (SMHP). This included Public Health's Meaningful use initiative. In 2023, Nicole worked on another project commissioned by AHCA to conduct a Landscape Assessment which served to inform the development of an implementation plan to expand services that support the Pathway to Prosperity program as part of the Health Information Exchange (HIE) and Health Information Technology (HIT) activities in Florida, in addition to informing the Florida State's Broadband Planning Office on the state and regional needs of healthcare facilities in the State regarding broadband access

Colorado Office of eHealth Innovation, SME | 2020-2021

In addition, Nicole provided subject matter expertise on strategic planning and Meaningful Use requirements to the Colorado Office of eHealth Innovation Project. In this project, she developed the Social Health Information Exchange Interoperability Guidance document and supported the planning and documentation of the Care Coordination Workgroup and task force activities.

Chief Innovation Officer, Mercintelli Healthcare Solutions 2019-2020

Nicole devised and integrated a strategic vision to identify, evaluate, and apply innovations to address issues in the health system. She developed and implemented the overall medical innovation and product strategy associated with the company's smart contracts, provider network development, and clinical trial applications. She managed the implementation of the company's first client with providers in 48 states performing outreach and developed training for each of the physician offices to deliver an individually crafted approach. She cultivated relationships to build internal and external networks for fostering and actualizing innovation.

Founder/Principal Consultant, IntechHealth LLC 2018-2020

Nicole performed simple to complex analyses within the scope of projects to identify areas for improvement. She built and maintained multiple executive relationships and served as a primary liaison between the business team and technical personnel to ensure the implementation of business strategies according to project scope. She analyzed complex client data to assess opportunities leading to an average 25% boost in client satisfaction and was a subject matter expert on business strategy and facilitation of client relationships to drive continued business growth.

Environmental & Occupational Health Adj. Faculty, Texas A&M University 2015-2020

Nicole designed and integrated comprehensive clinical and research studies as an academic advisor for Master and Ph.D. students in the School of Public Health.

Medical Director, Aprenda Systems 2018-2019

Nicole provided full support for core commercial activities such as research, marketing, and product development, assuring all projects were completed on time and under budget. She negotiated and drafted various types of agreements including essential master agreements and championed the development of a strategic new product application in clinical trials while enhancing two company products to achieve 100% customer satisfaction. She devised and incorporated the overall administrative medical strategy with a focus on the delivery of top provider data management workflows, reducing provider enrollment time from weeks to hours.

Chief Innovation Officer, Remindtrac 2017-2018

Nicole applied advanced analytical thinking to segment customer needs, understand health data trends, and translate findings into an effective, engaging interface for patients, clinicians, health plans, and other healthcare stakeholders. She mapped the digital health (medication adherence and care coordination/management) platform using agile tools from design vision through testing, creating the unique platform currently commercialized by the

company as a tool to engage case managers/clients and patients to improve healthcare outcomes. She cultivated and maintained professional collaborations with industry partners to boost company reach and community engagement. She served as acting Chief Security Officer overseeing all aspects of security operations to sustain a safe, productive environment. She also designed innovative advanced mobile health technology to support patients, caregivers, providers, and payers by providing tools to aid in improving medication adherence, increasing quality of care, and reducing costs.

Products and Quality Programs Vice President, HealthHelp 2016-2017

Nicole spearheaded the digital health product division and enhanced the medical oncology program while designing/implementing clinical pathways for oncology, radiology, cardiology, and other specialty programs. She implemented creative provider and facility outreach strategies for oncology, radiology, cardiology, and sleep medicine programs elevating facility quality attestation compliance by 50%. She communicated strategic goals and negotiated key contracts for win-win transactions generating revenue increases of \$6M over numerous quality program product lines. She revitalized a failing site program into the basis of a new direct program allowing consumers to obtain the best diagnostic quality places with the lowest fee saving \$6M.

Quality Improvement Programs Director, HealthHelp 2015-2016

Nicole maintained a comprehensive working knowledge of ongoing quality issues and offered innovative solutions to optimize program performance. She developed and implemented standardized processes and quality strategies for four quality improvement programs, conducted quality audits documentation of all reviews, CQI, and audits for enhancements. She partnered with the compliance officer and leadership team to design reporting tools and metrics specific to established QI for tracking monthly, quarterly, and annual outcomes/results specific to contractual requirements. She supported essential compliance requisitions and established quality programs and strategies including industry metrics related to provider performance involving NCQA, PQRS, and HEDIS measures.

Chief Executive Officer, Remind Technologies 2013-2015

Nicole established and launched a successful medical device company dedicated to developing, manufacturing, and marketing consumer technologies to assist patients and caregivers in ensuring medication adherence. She analyzed client requirements to create an effective business plan and drive key strategy development. She built and maintained strong relationships with key industry insiders, strategic partners, and clients and led a company strategic alliance with a subsequent merger. She secured \$1.1M in investments to execute innovative product development.

Life Science/Technology Business Consultant, Fannin Innovation Studios 2012-2013

Nicole researched market competitors and industry trends to identify potential new products and services for continual business growth. She evaluated a variety of new technologies and businesses to accurately determine the financial impact of potential investments and ensure optimal success. She collaborated directly with the Office of Technology Transfer at four hospitals and universities to achieve patent licenses and the creation of new startup companies.

Medical Devices Center Senior Innovation Fellow, University of Minnesota 2011-2012

Nicole was chosen for participation in a competitive post-graduate training program dedicated to educating professionals in the multi-disciplinary art of medical device innovation. She identified fundamental technology needs and technical barriers to the next generation of medical devices to support new research in the basic, biological, and biomedical sciences. She developed innovative devices and new medical procedures and intellectual property/patents driven by invention. She participated in extensive clinical experiences with practical hands-on prototyping expertise and education on tools and preparation related to the medical device industry.

EDUCATION AND CERTIFICATIONS

M.D. El Bosque University – Bogotá, Colombia

M.B.A. Minnesota School of Business – Minneapolis, Minnesota

M.S. Minnesota School of Business – Minneapolis, Minnesota Educational Commission for Foreign Medical Graduates Certified

Certified Project Management Professional – Project Management Institute