Arizona Health Care Cost Containment System (AHCCCS)

AHCCCS - Systems Integrator Services
RFQ: YH23-0021

Technical Proposal

Due Date: 03/17/2023
HealthTech Solutions, LLC
2030 Hoover Blvd.
Frankfort, KY 40601

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

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March 17, 2023

Meggan LaPorte, Chief Procurement Officer
Arizona Health Care Cost Containment System
801 East Jefferson Street
Phoenix, AZ 85034

RE: YH23-0021 – AHCCCS Systems Integrator Services

Ms. LaPorte,

HealthTech Solutions, LLC (HealthTech) is pleased to submit our response to the Arizona Health Care Cost Containment System – Systems Integrator Services RFQ (RFQ: YH23-0021) issued by the State of Arizona soliciting quotes from vendors for Systems Integration infrastructure, tools, and services for the state of Arizona.

HealthTech was incorporated in 2011 and is located in Frankfort, Kentucky. HealthTech was formed with a vision of supporting federal and state government agencies with project management, consulting, and technical services to manage and oversee the overall strategy and development activities of modernized technology solutions to improve efficiencies and services across the health and human services (HHS) domain. HealthTech has been engaged in Medicaid Enterprise System (MES) modernization activities in varying capacities across seven (7) states including initially supporting Arizona with the solicitation development for the MES Roadmap vendor.

Our proposal accurately describes the SI services being offered to the state. We have read and will comply with all the terms and conditions outlined in the RFQ to include the terms and conditions set forth by:

- Arizona Department of Administration State Procurement Office
- State of Arizona Uniform Terms and Conditions
- Resulting State of Arizona Participation Addendum
- AHCCCS Terms and Conditions

We have reviewed the example Participating Addendum provided as part of the RFQ and do not take exceptions to any of the terms within the example. As such, we do not foresee any issues within meeting the 60 day contract signature provision listed within the RFQ Cover Letter.

HealthTech confirms our understanding of the contract structure for the resulting contract from this RFQ. HealthTech will comply with the resulting contract from the NASPO Cloud Contract. At the time of RFQ submission, HealthTech has confirmed our ability to leverage two (2) potential acquisition paths within the NASPO Cloud Contract and can provide additional information to AHCCCS upon request. In addition, HealthTech will remain compliant when utilizing the NASPO Cloud Vehicle.

HealthTech has reviewed and acknowledges both rounds of Questions and Answers for this RFQ as published in Amendment 1 and Amendment 2. All signed Amendments have been included after this signed Cover Letter.

Contract Number:

- Carahsoft – CTR046098
- SHI – ADSPO18-196282

The primary contact for this RFQ response is:

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

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,

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

AHCCCS
Arizona Health Care Cost Containment System

SOLICITATION AMENDMENT #1		
YH23-0021 AHCCCS Systems Integrator RFQ	Solicitation Due Date: **March 17, 2023** **3:00 pm Arizona Time**	Procurement Officer: Meggan LaPorte Email: procurement@azahcccs.gov

A signed copy of this amendment must be submitted with your solicitation response.

The attached Answers to Questions are incorporated into this solicitation amendment.

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: 02/21/2023	DATE:

AHCCCS
Arizona Health Care Cost Containment System

SOLICITATION AMENDMENT #2		
YH23-0021 AHCCCS Systems Integrator RFQ	Solicitation Due Date: **March 17, 2023** **3:00 pm Arizona Time**	Procurement Officer: Meggan LaPorte Email: procurement@azahcccs.gov

A signed copy of this amendment must be submitted with your solicitation response.

1. The attached Answers to Questions are incorporated into this solicitation amendment.
2. Attachment 1 Requirements Matrix is updated and version 2 is incorporated with this solicitation amendment. Two changes were made as follows:
    a. The Notes Column on the SLA tab was update to remove the drop down options.
    b. SLA 25 has been removed.

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: 02/21/2023	DATE:

6.2 Required Elements

6.2.1 Cover Letter

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

We have provided the Cover Letter at the beginning of the response on Page 1.

6.2.2 Name and Contact of the Person Responsible for Response to this Solicitation

The responsible person 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

6.2.3 Security Authorization

Include with submission, FedRAMP or StateRAMP authorization, HITRUST certification, or Security and Privacy assessment and SSA-E 18 assessment or equivalent if hosted outside of AHCCCS Azure tenancy.

HealthTech is proposing that all components of the SIP including but not limited to the EDMS, ODS, and integration services will be **hosted within the AHCCCS Azure tenancy**. HealthTech will comply with required privacy and security compliance requirements. While we recognize that HITRUST is not required if the vendor's selected to host within the AHCCCS Azure tenancy, please note that at the time of task order submission, HealthTech is on track to receive HITRUST certification by the end of 2023. HealthTech also currently has two (2) projects with AHCCCS that has required compliance to state policies related to privacy, system security, and compliance.

6.2.4 Compliance with Security Requirements

Proof of compliance with all the following requirements: "For solutions that will process, store, or transmit restricted or confidential data" HIPAA Privacy and Security – specifically CFR title 45 public Welfare, Parts 155.260 and 164 – Security and privacy. Arizona Security standards and policies set by ADOA/ASET.

HealthTech will comply with the requirements set forth in 6.2.4, 6.2.5, and 6.2.6 of the task order solicitation document. Throughout the engagement, HealthTech will maintain compliance, at a minimum, with the following standards and requirements:

- HIPAA Privacy and Security including CFR title 45 public welfare, parts 155.260 and 164
- Arizona security standards and policies set by ADOA/ASET
- Applicable ACA requirements
- MARS-E
- FedRAMP (moderate level)
- FIPS 140-2

HealthTech has reviewed Section 27.7 (Cloud Applications) of the distributed example Participating Addendum. Although we are proposing to leverage AHCCCS environments, we confirm that we will comply, as applicable, with the following Contractor requirements:

- Submission of Arizona Baseline Infrastructure Security Controls assessment
- Penetration testing
- Submission of system logs

6.2.5 Compliance Statement – Data Transmission

Proof of compliance with all the following requirements: "For solutions that will process, store, or transmit data from the Federal Hub".

As part of DEL – 011, System Security Plan, we will provide a compliance crosswalk that indicates the human and/or non-human resources that will be utilized and required to meet and comply with applicable standards and policies. This will include compliance information related to FedRAMP, as applicable, since we are proposing to host within the AHCCCS tenant and encryption standards compliant with FIPS 140-2.

The proposed SI platform was selected as the PaaS model because of the out-of-the-box compliance with the standard compliance to federal rules and regulations and the ability to easily align to Arizona-specific access, security, and administrative codes. We are confident in our ability to meet the requirements set forth within the terms and conditions of the RFQ and example contract.

6.2.6 HIPAA Privacy and Security

HIPAA Privacy and Security – specifically CFR title 45 public Welfare, Parts 155.260 and 164 – Security and privacy. Arizona Security standards and policies set by ADOA/ASET All applicable ACA requirements and standards, including MARS-E.

HealthTech is familiar with security frameworks and how to manage multiple frameworks and controls across internal and external systems and projects. Our team has reviewed the Arizona Security standards and policies set forth by ADOA/ASET. We understand that we shall comply with applicable standards and policies including but not limited to:

- Arizona Security standards and policies
- MARS-E
- HIPAA
- HITECH
- 45 CFR Part 155.260 and 164

HealthTech also has experience aligning to and complying with MARS-E requirements.

6.3. Experience and Capacity of the Firm

6.3.1 Specific Experience with this Type of Project

Since 2011, HealthTech has successfully served the HHS community in more than 30 states. HealthTech has served as the technical lead for the Medicaid Enterprise Team for CMS which has included leading the Certification Community of Practice for CMS and providing consulting support related to MES modernization across the country. Our team of over 250 consultants has experience working directly with Medicaid agencies improving processes, services, and advancing technology to improve the quality of support to beneficiaries. HealthTech currently leads as technical subject matter experts for MES system integration and modernization engagements in Kentucky, Louisiana, Colorado, and Wisconsin. We also serve as the EPMO in Colorado, Connecticut, and Wisconsin. In addition to these clients, HealthTech has provided MES modernization procurement support to AHCCCS and Hawaii's Med-QUEST (MQD) and is currently responsible for procurement consulting services for MES modules in Arkansas. HealthTech leads the certification effort for the case management module implementation for Missouri. In each of these roles, we have served as the strategic and technical advisor for the Medicaid modernization initiatives and are responsible for various components related to system and vendor integration, serve as technology and business subject matter experts to respective departments, provide enterprise strategic guidance, and serve in an oversight role for module vendors. Additionally, we have provided system integration services and expertise to clients to 15 other Medicaid agencies with various projects. Our accomplishments throughout completing multiple projects are demonstrated through our ongoing work with our Medicaid modernization clients and other MES module related engagements. Below are abbreviated experience highlights from two relevant projects.

Kentucky Systems Integration

HealthTech serves as the SI for the Kentucky Cabinet for Health and Family Services to modernize the Commonwealth's Medicaid enterprise. As the SI, we are responsible for module integration and providing technical governance and oversight through all aspects of the SDLC to ensure all modules are successfully integrated, tested, and aligned with CMS strategy and MITA requirements. We also have led the development and implementation of the ADO instance that is used as the centralized integration repository, change management and testing tool, and the requirements and certification tracking tool that includes dashboards and reporting capabilities. In addition to integration services, HealthTech also provides testing services including User Acceptance Testing (UAT). **We delivered 35 on-time contract deliverables within the first 120 days**. We also developed and deployed a Technology Management Framework (TMF) containing over 80 components (process flows, templates, job aids, etc.) for module vendors to use. HealthTech will also act as an independent reviewer to ensure that all modules are MITA compliant (where applicable) and oversee the technical aspects of CMS certification. It is important to note that although there have been major delays in the module procurements within the State, in almost two full years of the contract, HealthTech has only processed one (1) change order and contract modification which was for a scope addition to the contract to account for a module initially based as out of scope in the original RFP.

Louisiana Medicaid Enterprise Modernization

HealthTech supports Louisiana Medicaid and the Louisiana Department of Health (LDH) providing oversight, strategic planning, project management, business analysis, and other related services on a collection of projects related to MES modernization activities and other Medicaid processes. HealthTech is serving in multiple roles and has over 30 resources deployed and embedded within the State.

HealthTech also supports LDH's Decision Support System (DSS) module support engagement providing data governance, project management, system migration, and SDLC planning activities.

Why HealthTech?

HealthTech is fully committed to meeting the performance requirements of the RFQ. For HealthTech, meeting contractual deliverables is our priority. We commit to a long-term partnership with AHCCCS to help advance the goals of the State and protect and promote the health and safety of Arizonans. We have never been delayed on a contractual deliverable and have never received a notification of contractual breach or a corrective action plan.

6.3.2 Personnel Classifications

The proposed key personnel will be supported by a team of resources who will be engaged as needed throughout the project. The level of knowledge and experience of this team will allow for an expedited kickoff and seamless transition to begin project work. HealthTech does not propose to use any subcontractors within this project. The hourly rate card submitted within the pricing proposal provides a listing of classifications of non-key project roles (e.g., Project Coordinator, Business Analyst, Integration Analyst, Certification Lead) that we anticipate assigning to the project during various periods.

6.3.3 Experience of the Proposed Staff with this Type of Project

All proposed key personnel are experienced Medicaid professionals with extensive experience in system integration, enterprise architecture, design and development, operations, MMIS and Medicaid systems, procurement, and certification. The key personnel provide a unique perspective based on lessons learned from previous engagements from both the State and vendor side and have included Medicaid systems and modernization support in over 20 different states combined. We have high-level resumes in Appendix A – Resumes. Full resumes can be provided upon request.

Key Resource/Role	Experience Are			
	System Integration & Architecture	Medicaid Project & Operations Management	MES Modularity	Data Warehouse/ Processing
Sandeep Kapoor, PMP SI Executive Account Director	☒	☒	☒	☒
Janise Daylin, PMP SI Project Manager	☒	☒	☒	☒
Jason Webster, PMP SI Solution Architect	☒	☒	☒	☒
Mohsin Naqvi SI Implementation / Integration Manager	☒	☒	☒	☒
Trish Alexander, PMP SI Testing Manager	☒	☒	☒	☒
Victor Machicote Operations Manager	☒	☒	☒	☒
Elizabeth Linville, PMP Relationship Manager	☐	☒	☒	☒

6.4. Methodology and Approach

6.4.1 Proposed Methodology and Approach

HealthTech understands the SI work will be one of the most important factors to the success of the implementation, as well as Arizona's needs for an exceptional and experienced advisor, advocate, and partner to complete the work and accomplish the vision. Our approach and methodology to the Scope of Work described throughout the RFQ response has been developed based on a concept of leverage, protect, and build - Leverage existing processes and assets, protect day to day business functions and operations, and build a modernization solution for the future.

Our team will act in the best interest of Arizona and ensure there are no business disruptions. Lastly, our approach is based on building a business transformation and systems integration framework that meets the needs of the State now and for the long term as technology and business needs evolve.

AHCCCS has embarked on their journey towards modularity and modernizing their Medicaid enterprise systems. **We commend AHCCCS for selecting the SI as the first module for procurement and implementation.** Based on our experience within the modular space, we have seen other State partners face challenges and delays when the SI vendor was not selected as the initial module for implementation. Ultimately, the SI platform and vendor acts as the **foundation** for integration across modules, is an integrated member of the modernization team for the State and should clearly define and implement governance and technical standards prior to onboarding of other modules. AHCCCS is **uniquely positioned for success** because the SI vendor is being brought in prior to the release and acquisition of other module vendors, thus supporting the ability of the enterprise to be better aligned to the interface and integration requirements defined and implemented as part of the SIP, ODS, and EDMS implementation.

HealthTech is proposing a methodology for service delivery based on an **incremental approach** that allows for **quick wins and progress** but also focuses on establishing the **long-term foundation** from a technical, governance, and standards perspective that will serve the AHCCCS and MQD for years to come. The SI platform and services cannot be treated as a 'one and done' project nor can the design and integration process be rushed because of the downstream impacts of the integration and the need for the SI vendor and platform to truly be the heart of the enterprise. Based on our review of the deliverable listing within the requirements matrix, we look forward to a focused approach on the planning and design phase of the SI structure and services. This approach is very similar to the approach that the Commonwealth of Kentucky took with their SI practice which allowed for all structures for the integration to be established prior to the onboarding of the first module vendor.

HealthTech has been tracking the AHCCCS modernization since our initial project to deliver the solicitation for the roadmap vendor. We have reviewed the published MES Roadmap in depth and understand that the roadmap has been developed to meet a goal milestone date of 2027 for the overall modernization activities and procurement strategy. Based on our analysis of the MES Roadmap, key themes have stuck out to us and have been key drivers to the overall proposed timeline and methodology presented within the response to the RFQ. These themes include:

- Emphasis on replacement of legacy infrastructure including the migration of the data warehouse to Azure
- Deployment of "cloud-first strategies"
- Transparency

- Addressing future staff attrition and potential loss of institutional knowledge by implementing processes and tools that are self-documenting by nature. For example, logic applications within Azure uses a visual mechanism to design workflows that are human readable.

We also understand that the roadmap consists of 11 priority projects. Based on our understanding of the requested SI services and technologies, we believe that we can help to address and complete the following priority projects operating as the SI.

1. Creation of enterprise documentation including documenting the current state and business processes and develop a content strategy for improving and automating documentation where possible within the future state.
2. Establish Enterprise Program Management Office (EPMO) – while the SI will establish the technical framework, in our experience, many of the deliverables that will be developed may be able to be leveraged to support overall MES program management
3. Migration of the data warehouse to Azure
4. Migration of web portal to Azure
5. Implementation of the Systems Integration Platform
6. Refactoring of HPMMIS/PMMIS – the SI service practice can support this project stream
7. Establishment of the Operational Data Store (ODS)
8. Implementation of the Enterprise Business Workflow Management Software

The subsequent write up describes the key components of the overall proposed approach for AHCCCS.

Key Approach Element 1: Operating as One Team

A MES modernization initiative is high risk, long term, and highly complex. Based on our experience, we have found and feel that the best way to mitigate these risks are to have trusted vendor partners as part of the core modernization team. When the HealthTech team becomes a part of the ecosystem, especially operating as the SI and/or PMO, we take a unique approach where we become focused on truly being an integrated entity of the organization. The project team strives to operate as an extension of the State team by removing our 'vendor name' when we step through the door. We foster relationships with the State stakeholders, other module vendors, and external stakeholders to build a one team community that is striving to meet the same goals for success. This 'one team' approach is so critical to our delivery, that we have added a key personnel staff member that ultimately is responsible for stakeholder engagement and oversight of the relationships across the enterprise. This resource also will report directly to the SI Executive Account Director which will be the CEO of HealthTech due to the importance of this project to our organization.

Key Approach Element 2: Framework First Approach

A key differentiator of our approach to SI service delivery is our framework-first approach that we propose to bring as part of our SI services. The technical management framework will consist of the technical and business processes that will be defined and documented to support the integration practice. This framework will be developed within the first 60 days of the contract in parallel to the development of the contract deliverables. The framework will be aligned to the information developed, delivered, and approved within the project deliverables and will consist of process flows, templates, and job aids. Once completed, the TMF will be a key input to the vendor onboarding plan and processes to ensure that vendors/modules are properly trained on the processes within the MES project and integration

requirements. We also believe that establishing a structured framework will help to build capacity within the State teams and streamline knowledge transfer. The TMF will play a big role in the ability to "develop and leverage operational assets". The graphic below outlines the major components of the TMF.

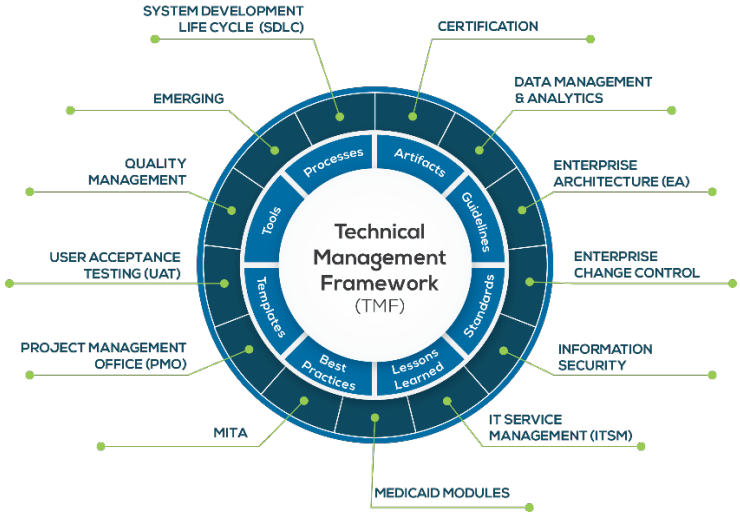

Figure 1: Technical Management Framework

This framework can be used for other efforts within Arizona as appropriate. As an example, initially, in Kentucky, the TMF was developed for the Medicaid modernization initiatives and siloed to that portfolio. However, after the Commonwealth saw the product and was trained on the TMF, they determined to leverage the TMF as the framework for projects across the Cabinet.

Key Approach Element 3: Communication and Transparency

We believe that transparency and communication is critical to the project and are both pillars of our service delivery. While it is always easy to communicate during the winning season of a project, communication and transparency becomes even more important if there is a risk or issue that needs to be addressed. We do not believe that you can truly operate as a partner if you are not willing to have hard conversations, be transparent and honest about project risks, issues, and impacts and cannot support open and honest communications. This method has been continually appreciated by our clients. Transparency also extends beyond transparency within the technical components but extends into all areas of the project including transparency within staffing models, change orders, and change modification estimation and processing. The flat organizational structure improves and streamlines project communication and allows for the binding authorities to be involved directly in conversations with the project instead of passing through an extension chain of command prior to a decision being made.

Key Approach Element 4: SI Platform as a Service Model

HealthTech is proposing to configure and deploy the SI platform within the AHCCCS Azure tenancy. We recognize and appreciate the desire for AHCCCS to have full end-to-end transparency and management capabilities (if desired) of the overall SIP along with the other applications (e.g., ODS, EDMS) under the purview of the SI. HealthTech is proposing an integrated compilation of applications and tools hosted within the Microsoft Azure platform and integrated with a Managed File Transfer product, MoveIT which will also be deployed within the AHCCCS Azure tenant. The SIP will utilize Azure DevOps internally for Requirements Management, Defect Tracking, Source Code, CI/CD (Continuous Integration/Continuous

Delivery), and Testing. Synapse and Azure SQL will be leveraged for the base of the ODS and a combination of tools including SharePoint and configured logic apps within AIS will serve as the proposed solution for the EDMS requirements. All solution components can be integrated with the identity management solution managed by AHCCCS. We also understand that Service Now will be implemented to support various use cases and business processes within AHCCCS. The proposed SI solution can be easily integrated with ServiceNow to provide integrated reporting and change management functionality.

The SI platform serves as the glue and the heartbeat of the ecosystem, and hence should never become "legacy". This is the reason why we chose an infrastructure PaaS. AIS has been ranked as a leader for five (5) consecutive years by Gartner. As new offerings and functionality are added to the infrastructure PaaS offering are available from Microsoft, they will be automatically available to Arizona. This service strategy will allow for the SI Platform to never become "legacy". The MES Roadmap is a multi-year effort and not all components will be modernized at the same time.

This approach to the SIP is directly aligned to priorities listed within the roadmap. By proposing Azure SQL and Synapse for the ODS, AHCCCS will easily be able to integrate the ODS into the data warehouse. We understand that the ODS will serve as a "feeder to the analytics platform and databases for expansive program research and reporting" avoiding duplication and promoting reuse. The entire technical platform proposed has been based on a "cloud first strategy". By proposing commercially available Azure Integration Services (AIS), we are taking the cloud first strategy to another level by using PaaS for the SIP. This makes the complexity of managing infrastructure simpler and could position Arizona to take over the solution if they so desire. Because the solution will be hosted within the AHCCCS tenant, it will also allow a training practice to be developed that builds the capacity of State staff as the program progresses. We believe this offering structure also mitigates or eliminates the risk of "contracting and licensing" as mentioned in the MES Roadmap. We are not proposing a lift and shift of any code base as we truly believe that AIS provides functionality that can be configured to meet all of AHCCCS' needs. While the statement, "cost savings of public cloud hosted systems can quickly disappear" is absolutely true, by using a pay-as-you-go PaaS model there are **no upfront costs**. We have noticed that some states have procured a SI platform in the cloud with immense upfront cost because the infrastructure had to be built and licenses for proprietary tools/solutions had to be procured. The PaaS model eliminates this cost.

Key Approach Element 5: Independence of the SI

In a modular world, there are multiple modules that are being reprocured, modernized, and refactored operating in a multi-vendor environment. As such, a key component of our approach is to operate as a truly independent vendor. We understand and recognize that other vendors, while they may have exceptional service and product offerings, are not independent. We think independence is one of the most important considerations for the SI because of the role that the SI vendor will play within the enterprise. In many regards, the SI will have oversight over the implementations, technical standards, and integrations across the MES modules. Selecting an SI that is serving as a module vendor or may elect to bid on a future module potentially introduces bias and issues within the integration development. For example, the integration plans may shift towards more favorable integration for their area instead of a macro perspective on integration across the ecosystem.

With the dependency between certification activities and enhanced federal funding participation, independence of the SI is also an important consideration when thinking of certification activities and the

role the SI will play in certification. For states that have opted not to procure a separate IV&V vendor, the SI may provide technical oversight and advising to support to the certification teams.

Lastly, we know that risks are going to be identified and there are going to be some issues in the project. This is a long term, complex engagement within a multi-module, multi-vendor environment and problems will arise. Having the ability to sit at the table independently to act as a neutral party, truly operating on the behalf of the best interests of AHCCCS is going to be a key component of the risk mitigation and risk management structure that we have deployed across our other large scale MES modernization PMO and SI contracts. We have seen the success of this approach in our previous HEAplus engagement with AHCCCS.

Because of the defined timeline, dependencies across modules, and the current MES environment, we believe that HealthTech is the best choice for AHCCCS because we can also respond quickly to change. The CEO is a named key resource on the engagement. This combined with the flat organizational structure of HealthTech streamlines risk mitigation and communication and expedites decision making.

HealthTech is a family. We appreciate the team structure within AHCCCS and the relationships and mentoring that takes place between the leadership team and staff. HealthTech operates very similarly and values the relationships that we develop with our clients. We treat our clients as **partners** and the symbiotic relationship between us as a vendor and the clients we serve is of the upmost importance and regard to HealthTech. We do not view this engagement as just another project within the portfolio but rather, we view this as a **long-term partnership**. Our size allows us to be **nimble** and quickly respond to change which is a primary lesson learned that we have from other MES modernization projects. **Change is going to occur.** It is more about the quality of the team members assigned to the project instead of the size of the organization. If this project was to fail, we would fail as an organization and that is something that we do not take lightly.

HealthTech can provide comprehensive and holistic services including the ability to provide value added services like procurement and acquisition support. We are committed to client success and providing the best support – we have never been placed on a Corrective Action Plan and have never had a failed contract deliverable since our inception in 2011. As demonstrated by this project success rate and the contract value of many of our contracts, we have the capacity to deliver the services and exceed expectations to Arizona. Truly, it is the best of both worlds – a competent organization with a personal feel.

In summary, the overall approach to meeting the requirements of the project is focused on:

- Incremental approach to staffing levels, data sources to integrate, and PaaS approach that supports a consumption, pay as you go model
- Providing value including a focus on building capacity within the State
- Operating as partners – ‘one team’ approach

6.4.2 Satisfying the Requirements in the Requirements Matrix

HealthTech has reviewed the technical, general/functional, and global requirements in the requirements matrix. A listing of the solutioning components has been provided in response to 6.4.3. As noted previously, we are proposing Azure Integration Services as the basis for the integration platform and various Microsoft tools for the EDMS, ODS, and reporting solutions. The compliance to meeting each requirement begins with the development and approval of the deliverables identified in the requirements matrix. These deliverables will document and outline the technical integration plans, overall design, interface controls and standards, and provide details related to the implementation of each component. Highlights related to some of the items proposed within the Technical SI requirements are below. *Please note that due to the page limitations, we have focused the response on key approach areas and have not addressed requirements or categories individually.*

System Integration Platform

It is important that the SI platform allows for modules to integrate on a continuum, meaning some integrations might start in a batch mode but then migrate to real-time without much duplication of effort. It is also critical for AHCCCS to select a platform that has automated functionality and features and can be scaled to integrate all identified data sources for both applicable MES and other AHCCCS systems and applications. To achieve these goals, the SI platform will use the four (4) applications within Azure Integration Services as key elements and functionality within the system integration platform.

- **APIs (API Management):** A way to publish and manage application programming interfaces (APIs). This *API service* makes software services accessible to other software, whether those services run in the cloud or on-premises.
- **Orchestration (Logic Apps):** A straightforward way to create and run integration logic. The orchestration tool allows to visually map these workflows and can be accessed via APIs.
- **Messaging (Service Bus):** Based on business needs and module specific system up times, Modules will also communicate in a loosely coupled way via *messaging*. This service provides queues that hold messages until they can be picked up by the receiver. For example, when a new provider is added in the Provider Management module, there will be a need to add the provider to the MMIS and other applications This lets application and integration software communicate asynchronously, even across diverse technology platforms; something that's often required in integration scenarios. It also guarantees delivery of the message.
- **Events (Event Grid):** A technology that supports communication via *events*. Rather than polling a queue in a messaging service, as it's sometimes easier and more efficient to learn about changes by receiving an event. For example, say the PMMIS leverages the secured MFT solution to transfer files, we can set up an event in the event grid to process the file when the file is dropped.

API Management

Modern applications expose at least some of their functionality through APIs. This lets integration logic access an application's functionality through its APIs. To do this effectively and robustly the following must be considered:

- How to limit the number of calls one module can get from another and control the authentication of API calls. Most module vendors that expose APIs cannot handle an unlimited number of requests and are SLA driven, so the SI needs a way to control this.
- How to make sure APIs are fast enough.

- How to monitor and analyze how APIs in the entire AHCCCS MES ecosystem are being used. Patterns and dashboards of API usage might indicate a trend that needs to be monitored.
- How to make it easy for developers to use APIs from multiple modules. We need a way to provide documentation, code samples, and more from within the tool.

Our SI offering utilizing Azure API Management addresses all these concerns. API Management can expose REST and SOAP APIs from all kinds of backend software, including applications running in the cloud and applications running on-premises. The technology stack used to build that software—.NET, Java, or anything else—is irrelevant; API Management works with anything. Even other Azure services can be exposed through API Management.

Logic Apps

Integrating applications commonly requires implementing all or part of a business process. A logic app consists of a series of actions, each of which is a logical step in the process this workflow implements. These actions can express conditionals (if statements), loops, and more. Critically, a logic app can also use actions to call external software and services. **Creating a logic app typically does not require writing code.** Instead, our developers use the Logic Apps Designer, a visual tool, to create new processes. Logic Apps are at the heart of Azure's iPaaS offering, letting us easily connect the modules. Since it allows us to integrate disparate services running both in the cloud and on-premises, Logic Apps provides an effective workflow solution for AHCCCS. Another huge advantage of our offering is the use of serverless computing from Azure. The computing infrastructure (VMs, scalability, etc.) is managed by Azure and AHCCCS will never have to worry if additional capacity is needed.

Service Bus

The essence of Module integration to harmonize disparate software into a cohesive solution. Sometimes, a direct call via API Management, as described above, is perfect. In other cases, though, this synchronous style of communication will not work. Sometimes an asynchronous approach, as provided by Service Bus, is required. Service Bus provides enterprise messaging including the following:

- Queue semantics, including message persistence and strict first-in, first-out ordering of messages. The service also detects and deletes duplicate messages.
- Atomic transactions. Poison message handling. A message that causes problems won't put a receiver into an ongoing loop.
- High availability, including geo-replication, along with built-in disaster recovery.

Event Grid

There are lots of integration scenarios in which communication through messages rather than API calls is the best approach. However, requiring receiving software to periodically check whether a new message has arrived—commonly known as polling—can be wasteful. Event Grid provides the perfect solution. Rather than requiring a receiver to poll for new messages, the receiver instead registers an event handler for the event source it is interested in. Event Grid then invokes that event handler when the specified event occurs.

Combining the Services: A Scenario

Every component of Azure Integration Services has value on its own. Yet, the real value of these technologies becomes clear when all four are used together. The figure below shows an example of how we might configure this for an AHCCCS use case: A new provider is approved in the PM Module. The scenario begins when a provider being approved in the PM module (Step 1). This application sends a message to Service Bus describing the new provider (Step 2). This message might contain a JSON document identifying the provider and all the details. When this message arrives in a Service Bus queue, an event is generated for Event Grid (Step 3). This event then triggers execution of a logic app (Step 4), which immediately reads the message waiting in Service Bus (Step 5). The logic app extracts the information in this message, then executes a business process by accessing the necessary applications (Step 6).

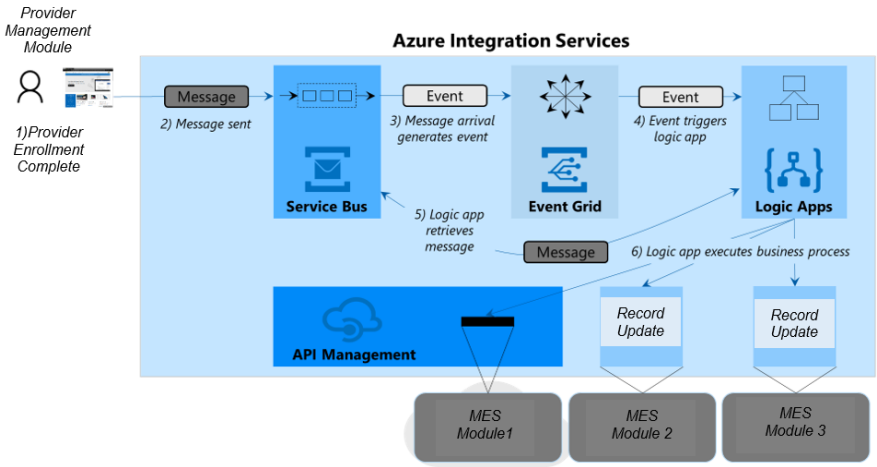

Figure 2: Combining AIS Technologies to Provide a Complete Integration Solution

Approach for Standards-based Interfaces

Our approach to implementing standards-based interfaces is simple and straightforward with three (3) main steps – Step 1: Review existing standards and recommend revisions or development of new standards, Step 2: Communicate standards through module RFPs, a published standards library, and Systems Integration Onboarding Training, and Step 3: Enforce standards through low-impact gate reviews, testing, and post-implementation audits. Our Systems Integration team works collaboratively with AHCCCS business and technical resources to identify existing integration standards. Once identified, our teams work to update existing standards or develop new standards and have them approved by the appropriate team members.

Operational Data Store – Overall Structure

Based on the MES Roadmap, we understand that the Operational Data Store (ODS) is one of the (8) eight defined priority projects for the recommended path forward towards modernization. The purpose of establishing the ODS is to improve business functions and serve as the central collection point for data from all modules and enterprise systems, and as a primary source for operational dashboards, reporting, and T-MSIS. We commend AHCCCS in the decision to include the ODS as a key component of the overall technology and services delivered by the selected SI vendor. Because of the role that the SI will have with designing, developing, and implementing the integration platform and interfaces and integrations between systems, it is a natural extension for the SI to also be responsible for the ODS and data integration process. HealthTech is proposing an architecture for the ODS that has been implemented as the foundational structure for our clients utilizing various versions of our data analytics platform to support Medicaid processes. The diagram below provides a high-level architectural model of the ODS architecture we are proposing for AHCCCS.

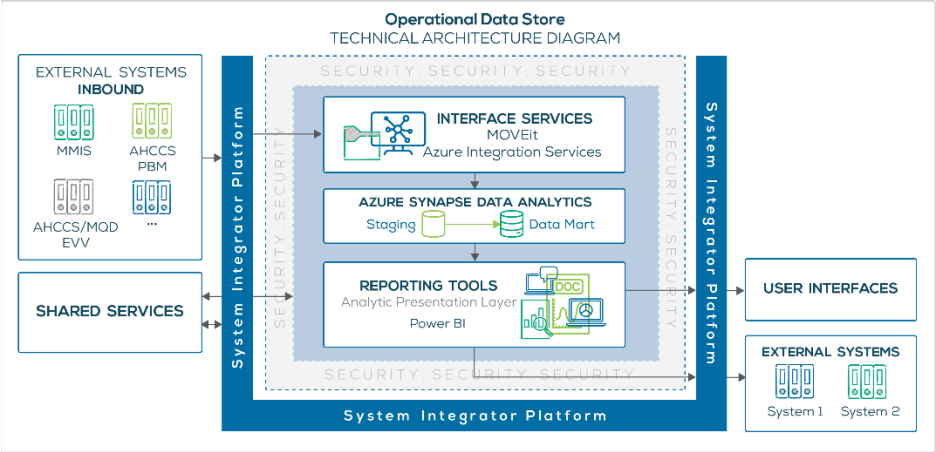

Figure 3: Proposed ODS Architecture

Due to page constraints, highlights of the ODS architecture are below. The staging environment is the representation of the source data as it is received into our platform. The **data stays in its original shape and form into this database environment**, with additional metadata appended to identify the source, timestamps, etc. File layouts may get separated to individual columns. But all data provided in history stays in the environment so that it can traced back at any time to the source system and record. Once staged, we also perform data quality checks for the data in this environment and write the outcome of the validation in the metadata repository. This metadata repository can then be exposed to the source system users by means of reports, to access the outcome of their respective submissions, using reports within PowerBI. MoveIT, logic apps, Azure Integration services, and Synapse will be the tools used to ingest the data (via the SIP) and load the data to the staging schema or model.

Analysis of the Source Data and Approach to Metadata

HealthTech approaches its design process by identifying the types of data sources and the raw data to be consumed by the ODS. Whether the data sources are raw files, databases, or standard transactions, we stage the data in a temporary staging environment and create data profile and quality review documents by functional areas. HealthTech documents all data elements that serve as a precursor to the design of the conceptual, logical, and physical data models. HealthTech uses the following guidelines for metadata management on our platform and the products we chose.

- We provide a comprehensive metadata repository within our data platform that includes a metadata dictionary that stores metadata from across the system
- Use products that self-document metadata that may be extracted and reported on
- Make this data available to all users via query and reports in our reporting platform

Validation of Historical/Ongoing Data Loads

We understand that initial loads of data will include three (3) years of historical data that will need to be loaded and validated before go-live. To address this validation and to provide confidence AHCCCS, we have created and will deploy a balance process that ensures the data integrity upon load. HealthTech will provide a balancing report from the metadata repository that can be executed data loads (e.g., claims) have been completed. We will work with AHCCCS to establish the load balancing validation procedures within the SIP.

Operational Data Store – Meeting Needs Today and Scalable for Tomorrow

We envision the ODS development as phases with the DDI being focused on the base scope of the ODS that will include the following data and data sources:

- Claims and Encounter Data (Source: HPMMIS, PMMIS)
- Member Data (Source: AHCCCS eligibility system – HEAplus)
- AHCCCS/MQD EVV systems
- Pharmacy Data (Source: AHCCCS PBM)
- Provider Data (Source: HOKU Provider Enrollment, APEP Provider Enrollment)

Following the implementation of the base ODS data sources, we would work with AHCCCS to finalize the configuration and implementation plan for the next phase of the ODS which we would assume to include case management and hearing and grievances, and web applications. We recognize that the current capabilities for these processes are manual, pape-driven processes supported by decentralized tools and that the State will be procuring a case management system as part of the future state. The ODS will be designed to support this and other future data sources for the ODS. We are confident that the base ODS can be configured and enhanced to meet the needs of AHCCCS and MQD following more complete requirements gathering and discussion with stakeholders related to the scope of the case management and web application onboarding to the ODS. We welcome this discussion as part of contract negotiations. HealthTech believes that the future state of the ODS could even be expanded beyond the current documented scope within the ODS by layering additional analytics and reporting capabilities, integrating even more data sources from across the enterprise, and including additional data models to support analytics, federal reporting, and additional data warehousing across AHCCCS and MQD if desired. As described below, differentiators of the proposed ODS includes:

- Hosting in AHCCCS Azure tenant to include two (2) ODS instances.
- Robust metadata repository, reports, and structures to provide valuable data insight.
- Process for maintaining source data with full end to end transparency into any data cleansing, transformation, or processing.
- Scalable and easily integrated with other data models, analytics tools, etc. for extension into future use cases and functionality of the modernized enterprise.
- Ability to create data marts designed for specific business use cases.
- Robust self service capabilities empowering business users with minimal dependency on technical personnel.

Enterprise Document Management System

HealthTech has reviewed the EDMS requirements within the RFQ as well as the volumetric data provided. We have scoped and sized the EDMS for the DDI period based on our understanding of the requirements, however, discovery sessions specific to the EDMS and confirmation of volumes will be an important part of the project. We have dedicated resources within the staffing plan to account for the EDMS architecture and configuration. Based on our understanding of the EDMS, this portion of the engagement will serve as a replacement for the current functionality being met through DocuWare and will require migration of the current library to the new EDMS. To support these requirements, HealthTech is proposing to configure a customized SharePoint library to utilize as the EDMS. SharePoint functions will be combined with AIS functions including configured logic apps. The design of the EDMS will be documented within DEL-010.

Reporting and Dashboards

HealthTech proposes PowerBI has the primary tool for reporting and dashboards.

6.4.3 Proposed Timeline for Completion of the Requirements

Project Planning and Discovery

The formal kick-off meeting will serve as a critical meeting for this engagement. We will utilize the kickoff meeting to not only formally introduce the project team but also as a work session that will be leveraged to review items including but not limited to:

- DED template
- Project schedule and work plan including key project milestones
- Consensus building on deliverable review, modification, and approval processes
- Confirmation of stakeholder registry and RACI
- Review of preliminary Staffing Management Plan
- Review of a 60-day action plan – highlighting all key activities, milestones, approvals, and dependencies
- Overview and discussion of proposed technical solution(s)
- Review of security protocols
- Confirmation of project status meeting cadence
- In depth review and walk-through of the MES Roadmap
- Clarification and discussion of any items that have come out of our preliminary review of AHCCCS distributed materials

The project kick-off will serve as the first formal discovery meeting that occurs following the contract negotiation and pre-contract discussions. Following the project kick-off, HealthTech will immediately begin the planning and discovery phase in parallel. The workstreams will be divided by key project area with teams assigned to each. We will request that AHCCCS assign a point of contact to each of the defined work streams that will be a primary contributor to the HealthTech team.

Following kickoff, the discovery phase will continue. The discovery phase will be based on focusing on understanding where we are before we can help define where we are ultimately going. This includes assessing the current state, conducting a comprehensive review of existing system documentation, completing walkthroughs, and deploying a strong governance process. The second element of our approach is making sure there is a focus on being **attainable**. We recognize there is a lot of work to accomplish with limited State resources, so we want to focus on any defined process dependency, streamline timelines, maintain an accurate RACI to drive information dissemination and project communication, and develop a work plan that allows for leveraging enhanced funding and is realistic based on the finalized scope and discussions with AHCCCS following award.

The third element is the focus on a **staggered** methodology providing quick wins, immediate realized value, an incremental approach to delivery, and focusing on bringing hybrid Agile development methodologies. The fourth element is that we strive for **value** through understanding this is not just a technology replacement but rather a total shift to a new enterprise approach (people, process, tools). We do this by focusing on the return on investment, SLA monitoring and integrated reporting, and utilizing the existing HealthTech knowledge base and templates. The fifth, and arguably most important concept, is **noninterference**, ensuring that the modernization project does not interfere or do harm to the current business process and service delivery to Providers and Members. This is important. We do this by

analyzing use cases and developing requirements that are based on various personas and rigorous testing requirements focusing on parallel testing and rollback procedures.

Finalization of SI Tools

A key project milestone for the beginning of the project will be finalization of the proposed SI toolset and solution components. To meet the requirements of the RFQ, we are proposing the following tools. All items will be hosted in the AHCCCS Azure tenant. We look forward to the opportunity to further discuss the proposed solution architecture with the AHCCCS team. DEL – 010 and DEL – 016, both due within 60 days from contract execution, will be primary deliverables for documenting the overall design and configuration of the tools below.

Requirement Category	Proposed Primary Tool	Requirement Category	Proposed Primary Tool
Dashboards and Reports	PowerBI	EDMS	SharePoint
Integration Platform MFT	Virtual Machines	Integration Platform	Azure Purview
Integration Platform	Azure Bastion	Integration Platform	Azure Monitor
Integration Platform	Bandwidth	ODS	Azure Synapse Analytics
Integration Platform	Azure Firewall	Managed File Transfer	MOVEit
Integration Platform	Load Balancer	Integration Platform ESB	Service Bus
Integration Platform ODS	Azure BLOB Storage	Integration Platform API	API Manager
Integration Platform	Managed Disks	Integration Platform	Event Grid
Integration Platform	VPN Gateway	Integration Platform	Azure Data Factory
Integration Platform	Microsoft Sentinel	DevOps CI/CD	Azure DevOps
Integration Platform	Azure DDOS Protection	Integration Platform	Azure Load Testing
Integration Platform	Azure Key Vault	Integration Platform ODS	Azure SQL Database Storage
Integration Platform	NAT Gateway	Integration Platform ODS	Azure SQL Database Recovery
Integration Platform ODS	Azure SQL Database	Integration Platform ODS EDMS	Logic Apps

Project Deliverables

We understand that the project deliverables that are required are grouped into seven (7) deliverable due date categories:

- Fifteen (15) business days post contract execution
- Thirty (30) business days post contract execution
- Forty (40) business days post contract execution
- Sixty (60) business days post contract execution
- Forty (40) business days prior to implementation date(s)
- Eighty (80) days prior to system testing start date

- Sixty (60) business days pre-Operational Go-Live date

HealthTech will utilize the Project Management Repository provided by the State to store all project management artifacts and project deliverables. A documentation management plan and process will be documented and reviewed with AHCCCS to ensure that HealthTech is aligning to required naming conventions and review processes. We will collaborate with the State on all project deliverables and understand that a Deliverable Expectation Document (DED) will be created and delivered for all project deliverables. To meet the timelines proposed, HealthTech will deliver the DED template to the State for review and approval within five (5) business days from contract execution. We anticipate delivering most DEDs within 10 business days from the AHCCCS approval of the DED template. The final DED schedule and template will be finalized post award.

All SI deliverables will align with any existing MES Program Plans that may have been developed. If these exist, they will need to be provided immediately following contract execution and reviewed with HealthTech during the project kick off. All deliverables will be updated per the required update interval timeline. The proposed DDI cost and staffing structure has accounted for the deliverable development process. We will leverage existing artifacts and templates in house at HealthTech or can align to a AHCCCS specific template if available.

Timeline Considerations

Although we have provided a base timeline for consideration, the final schedule and project timeline for DDI will be discussed with AHCCCS during the initiation phase of the project. While we have proposed an aggressive timeline for DDI, we have assumed that the DDI contract period will be for 12 calendar months followed by four (4) years of Operations and Maintenance. HealthTech has developed a comprehensive staffing model that can be distributed and reviewed with AHCCCS during negotiations and project initiation. This staffing model focuses on utilization of a combination of key resources and non-key personnel and is a similar construct to what has been used successfully in the Kentucky SI project and other large-scale Medicaid PMO and technical integration contracts. The staffing model and proposed timeline for the overall DDI has taken the following items into consideration:

- CMS approval and processes can take longer than expected.
- State procurement and acquisition processes can be unpredictable because of the delays in procurement and negotiation, potential for protests, etc. While we do not necessarily anticipate this occurring in the first year of the project, depending on the final runway for the MES modules and project status, it may.
- We recognize that while the SI project will be a priority for AHCCCS staff, staff time and bandwidth may be limited during portions of the DDI period
- The current MMIS is fairly old, and our experience has shown that long-standing legacy systems have lacking documentation or documentation that is not up to date which can cause barriers in the transition to the new vendor and within the DDI phase. We can include other tools and programmers as part of our offering to glean business requirements from actual code, if needed, to define the roadmap. This can be discussed during contract negotiations.

System Integration Platform and Services

We are proposing to complete the base ODS implementation within **60 business days** from the approval of the DEL – 010 Business Design / System Design Document (BD/SDD) and DEL – 016 Data Integration /

Interface Design and Control Document (DIID&CD). This timeline is dependent on the availability of data from the data sources and access being provided to the AHCCCS Azure infrastructure.

Enterprise Documentation Management Timeline for Completion

We are proposing to complete the base ODS implementation within **60 business days** from the approval of the DEL – 010 Business Design / System Design Document (BD/SDD). This timeline is dependent on the AHCCCS approval of the final configuration design, content strategy, and availability of data from the data sources. The base EMDS implementation will include configuration of the EDMS, migrating the current document library to the new EDMS, and training delivery.

Operational Data Store Timeline for Completion

Recognizing that there is an immediate need to develop and implement the ODS, we are proposing an incremental and phased implementation of the ODS that will begin with the initial design, development, and implementation of the ODS during the first year of the SI contract. We are proposing to complete the base ODS implementation within **60 business days** from the approval of the DEL – 010 Business Design / System Design Document (BD/SDD) and DEL – 016 Data Integration / Interface Design and Control Document (DIID&CD). The aggressive timeframe is possible due to our knowledge and use of the MMIS data as part of our quality reporting project(s) with Arizona, however, this timeline is dependent on the availability of data from the data sources. As described in response to 6.4.2, the base ODS implementation will include the following data sources:

- Claims and Encounter Data (Source: HPMMIS, PMMIS)
- Member Data (Source: HPMMIS, PMMIS)
- AHCCCS/MQD EVV systems
- Pharmacy Data (Source: AHCCCS PBM)
- Provider Data (Source: HOKU Provider Enrollment, APEP Provider Enrollment)

The base ODS implementation will also include:

- Support of nightly data load
- All testing and training services
- Data conversion and migration of 36 months of historical data
- Data processes to support the 36 month rolling data requirements (T-138, T-139)
- Implementation of base HealthTech proprietary data models for member, provider, claims, and encounters at no additional licensing fee or access cost
- Metadata library and reports

Certification Timeline

HealthTech will develop a certification management plan that will outline the plans for certification including the timeline and key project milestones. If the proposed timeline for implementation is confirmed and successfully met, we believe that we can align the certification schedule to include certification of the SI module within the DDI contract period (1 year). In general, we estimate that the final certification review can be scheduled approximately six (6) months after go live to align with the certification requirements related to operational data and results. This schedule is highly dependent on the schedule of CMS and MITRE and will require timely scheduling and completion of the ORR and CR which can delayed due to scheduling issues. The overall scope of certification and timeline for certification

will be discussed during negotiations and the project initiation phase. It will be important that we understand where AHCCCS is in defining and finalizing outcomes and metrics prior to developing the certification management plan and final schedule.

Proactively Managing Risks

HealthTech understands that there will be many issues and risks to mitigate during the transition from a monolithic MMIS to a modular Medicaid Enterprise. Successful risk and issue management and mitigation for an initiative of this size and complexity will require intensive research and thought leadership even at the onset of the effort while developing the strategic plan and roadmap. HealthTech will employ an aggressive strategy to identify risks and issues that could be encountered and ensure this is factored across the project management and implementation plans. Once the discovery phase occurs, a more targeted analysis of the key issues and risks will be conducted to ensure mitigation strategies can be established proactively. HealthTech uses a comprehensive risk management framework driven by our project management methodologies and is based on industry leading practices in risk and issue management, including CMS Risk Management Guidance outlined in the CMS' Target Life Cycle Framework (TLC).

6.4.4 Solution Overview – Global Requirements

The global requirements are requirements that support many functional and non-technical requirements within the SI practice. The primary solution proposed for the global requirements comes back to our most important organizational asset, our people. Below is the overall approach for meeting the global requirements

- **Adequately staff the project** not just with bodies but rather with qualified, experienced resources. While we operate as lean as possible to be good stewards of funding, we do not believe in exercising repetitive change orders or modifications because the project was not initially scoped and staffed appropriately.
- **Open and transparent communications.** While discussed earlier in the response, this is a fundamental element of our approach. The project can't be successful without a strong enterprise communication management and stakeholder engagement plan.
- **Transparency to staffing and project activities.** Understanding that this project has a significant pool of modification hours, it is important to establish a staffing management plan and transparent reporting for burn rates, estimation, change management, contract management, and invoicing and reporting. AHCCCS will have access to multiple tools utilized by HealthTech to manage the project and resources. Additionally, we will provide requested project reports and invoice reports that outline the exact activities resources are engaged in.
- **Just in time staffing approach.** HealthTech uses a 'Just in Time' staffing approach which has proven effective across all of our engagements. Essentially, this means we staff the project with the right people, for the right duration, and interject them at the right time during the project. This staffing approach also provides flexibility to the State to easily access other subject matter expertise or resources as the project progresses.
- **Integrated project status reporting and tracking across modules**. The reports and project dashboards created will not be limited to the SI module project status or activities but rather, we will deploy integrated reporting and tracking (e.g., risk, integration, etc.) to include data from all modules.
- **Focus on certification from the initiation of the project**.

Important aspects of the approach to meeting the global requirements are highlighted below. *Please note that due to the page limitations, we have focused the response on key approach areas and have not addressed requirements or categories individually.*

Highlighted Project Management Approach and Integrated Project Reporting

HealthTech program and project management methodology is based upon the principles of the Project Management Body of Knowledge (PMBOK) and the processes that have been established as part of our adoption of the Capability Maturity Model Integration (CMMI) framework. The proposed project team has extensive project management experience and includes four (4) certified Project Management Professionals. HealthTech's pillars for success are strategic and business management, leadership, and technical project management. While the HealthTech team understands and uses industry-standard project management methodologies, we also know there is no such thing as a one-size-fits-all approach. For the AHCCCS SI engagement, we will use se the Project Management Institute's (PMI) PMBOK model with its five (5) process groups – initiate, plan, execute, control, close.

The structured deployment of HealthTech's project management methodology enables the level of detail needed to assess the project health, risks, issues, and opportunities, and to effectively review deliverables. The overall deployment of the methodology will be aligned to the PMO and AHCCCS MES program processes. Continual assessment of the project will occur through regular status meetings (weekly, monthly, and quarterly), status reports, and the review of project schedules, budgets, and resource utilization. This allows HealthTech to identify where challenges may arise and assist in focusing on solutions that will allow the project to stay on track. The HealthTech team deploys its execution methodology in a structured framework governed by the following project management (PM) processes:

- **Project Initiation** – Conduct a kickoff meeting to provide an opportunity for key stakeholders including the AHCCCS project team and Program Manager, to engage and develop a solid understanding of the importance of the project, overall goals, and the role that each will play in ensuring project success
- **Project Planning** – In addition to preparing for and conducting the kickoff meeting, detailed planning will result in the initial creation of the Project Management Plan (PMP) and other project planning deliverables
- **Project Execution** – Executes the PMP and deployment plan including monitoring the systems development life cycle (SDLC), deliverable review, assessments, testing, and sharing findings and deliverables
- **Project Control** – Monitors and controls and ensures the objectives of the project are met by identifying findings and recommendations and delivering reports monthly or as required by the client
- **Project Close** – Verifies all objectives and findings have been met by the project or resulting systems

As a Systems Integrator, HealthTech believes that "integration management" is one of the most critical roles the SI must play in such a complex program with multiple vendors, multiple solutions, technologies, and stakeholders. As the SI Contractor, as shown below, our primary job is to keep all interconnected projects within the project as one unified set of activities, while managing the risks and issues so they do not impede the progress of the project:

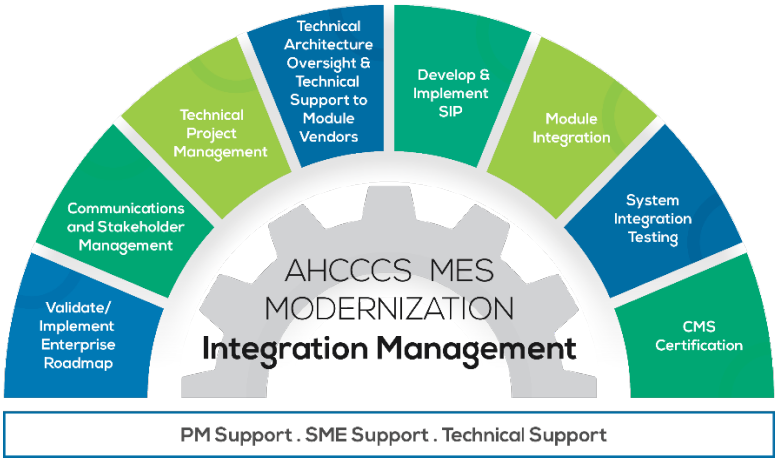

Figure 4: Integration Management Approach

HealthTech will collaborate with AHCCCS to develop and update a set of project status reporting templates customized for Arizona. HealthTech relies on well-defined tolerances for project health, risk, progress, and measures of success to ensure consistent and reliable project assessments. We believe that status reporting should be both **qualitative and quantitative** to provide a concise perspective on the

impact, size, and dependencies of the milestones, activities, and deliverables when reporting the status of the project. We will base our status reporting on a mix of a qualitative and quantitative analysis that includes a weighted system based on the impact of the deliverable so that it depicts a more accurate project status (Red/Yellow/Green) for overall project health. We believe it is critical for AHCCCS to have access to *clearly identified interdependencies between modules, projects, and vendors as this can have severe impacts to the overall health of the project.*

For example, our work with a state for MES certification, at face value, appears to be in green status for the whole duration of the project, because most project tasks and activities were in green status. However, there is a single element of the project trending yellow/red, which continually had a significant impact to the certification timeline, resources, and process. In that case, the one component trending red is the most important component of the project, the overall project health will not be reported in a green status. The accurate reporting of project health drives risk mitigation processes and resource additions to the engagement to ensure all deliverables were met by the technology vendor. Having an integrated view of this across all modules as provided through our reporting will prove invaluable to AHCCCS.

Collaborating in a Multi-Vendor Environment

A considerable challenge in implementing a modernized modular Medicaid solution is managing and controlling the amount of collaboration, orchestration, and oversight that occurs across technologies and among vendors. We understand that this is a primary role of the SI in conjunction with the Program Manager and AHCCCS (and MQD, as applicable) team. Based on our most recent experience we recommend the following to help mitigate this challenge:

- Weekly or bi-weekly integration meetings for vendors to discuss upcoming activities and schedule impacts
- Steering or leadership committee meetings with senior Agency executives for project and program status
- Defined escalation paths for all projects
- Pre-identified schedules for integration activities, meetings, and testing
- Cross-module deliverable reviews to confirm alignment with expectations
- Milestone/gate reviews
- Combined maintenance/release calendars and communication methods
- Focus on comprehensive vendor onboarding and training delivery

We implement and use an effective plan for achievement of true collaboration among all module vendors. From project initiation, **we clearly demonstrate our vendor and technology neutrality.** We seek the best solutions without bias or preconceptions. Our diverse experience with multiple vendor teams in multiple states—inform HealthTech's distinctive collaboration plan, built on our rungs of collaboration, as depicted in the figure. The upper four occur sequentially, with the foundation rung supporting all collaboration actions. These rungs are articulated as actionable items in our overall Project Management and included collaboration plan.

Figure 5: Principles of Communication

Planning for People, Processes, and Technology

A modular Medicaid enterprise requires an approach that optimizes the relationships between people, processes, and technology. By focusing primarily on the processes and technology areas, an imbalance is created. For example, many organizations believe that by installing a new technology solution or tool, all their problems will be solved, but technology is only as good as the processes that are implemented around it, and processes are only as good as the people who execute them. The level of effort regarding people is often underestimated. Therefore, organizational alignment and skills assessment should be built into the strategic plan and appropriately funded, including staffing capacity impacts (the adequacy of the staff complement and appropriate skills in both business and technical arenas) and recommended implementation plans for re-alignment plans. This is often a heavy lift in State Government. A key focus on organizational alignment, organizational change management and communications is as important as a technical design.

Proposed Overall Approach to SDLC Process

We recognize that not all requirements will be known at project start-up, or even at the start of each sprint. At HealthTech, we use a flexible approach for discovery by allowing discovery to take place incrementally throughout the entire DDI lifecycle. We propose to conduct configuration and development through an agile-hybrid SDLC methodology. At the end of each sprint, we conduct a sprint retrospective by showing AHCCCS configuration so key stakeholders can identify what they like or do not like. The user stories produced are very short for a reason — to give the project sponsor the flexibility to refine the requirement and build upon itself from sprint to sprint. Therefore, full engagement from the project sponsors and key stakeholders is imperative. With this approach, there is no other option but engagement from the sponsors — from the very beginning to the end.

To minimize and streamline the dependencies on certain stakeholders, some sprints may be conducted in parallel with other sprints; i.e., sprint of sprints. With this approach, sprints are segregated by workstream to allow flexibility with time needed by certain key stakeholders. Understanding dependencies between activities within related work elements, dependencies outside of the work components, and dependencies between vendor and module work- streams, is critical for establishing the linkages necessary to communicate impacts of delays or schedule changes. These dependencies, in large part, are identified during JAD/requirements sessions. The initial JAD/requirements sessions will begin by identifying what ***must*** be included in the initial release, what ***should*** be included in the initial release, what ***could*** be included in the initial release, and ***will not*** be included in the initial release. Additional JAD sessions will be used to refine requirements starting with the *must include list* and build out the detailed Iteration Task List. The implementation phase will include the major stages: Initiation, Discovery, Business Analysis, Design, Development/Configuration, Testing, Deployment, and Training and Documentation Update. Testing will be an emphasis during the development process. Testing will be an emphasis during the development process. Multiple testing methodologies will be deployed, and we leverage automated testing tools to support this process. HealthTech will fully document these processes within DEL-017, Test Management Plan. **HealthTech has maintained a DEV-Level 3 appraisal rating from CMMI since 2018 – demonstrating our commitment to best practices, performance measurement and improvement, and continuous process improvement.**

Certification – Leveraging Dashboards to Streamline Certification Activities for Modules

We will take certification into consideration from day one in the initiation and planning phase of the project. As part of the staffing plan for the engagement, HealthTech will name a Certification Lead to work

directly with AHCCCS to begin reviewing the overall MES program certification strategy and aligning the overall SI module work plan to the MES certification plans and milestones. This resource will have expertise in leading and supporting certification efforts for statewide MES implementations and will be responsible for developing the Certification Management Plan. To eliminate confusion on tasks and accountability, HealthTech will help define, assign, and communicate certification roles and responsibilities to all stakeholders early in the initiation and planning phase of the project. HealthTech recommends deploying the certification report within PowerBI to provide automation in report analytics and provide visualizations of the project status. Structuring the reporting this way allows for a report to easily be downloaded by PowerBI for submission to CMS to serve as the required status report throughout the streamlined modular certification process. Best practices built within our certification practice will be leveraged.

Change Management – Handling Change through Transparency

The HealthTech team understands changes are inevitable, and our change management philosophy anticipates such changes. We recognize formal change management is conducted to preserve the integrity of the MES program. Change management is the key to keeping the project on track and on budget, as well as keeping the system stable, available, and responsive. HealthTech will develop a change management and modification pool plan (DEL -004) that addresses the processes and governance for all changes throughout all phases of the project lifecycle. The team will participate in the change control board and will provide staffing to support organizational change management. All change management processes will be aligned to State structure and governance requirements. Based on our understanding of Service Now, we recommend that this tool is potentially used to facilitate some components of the change management process and can be integrated into the overall SI platform. We look forward to discussing this possibility and the change management process with AHCCCS.

Privacy and Security

HealthTech has included a Privacy and Security Officer to serve on the AHCCCS SI project team. An emphasis on compliance, privacy and security will occur throughout the engagement. Because of the proposed hosting and PaaS model, we would like to review and discuss the expectation for the SI role in the overall BC/DR and incident response process. The security practice for the SI project will conform to standards, expectations, and requirements of the State and this will be fully documented in DEL-011.

Staffing Management

A unique approach to meeting the global requirements is our approach to staffing management and reporting of this to our clients. We appreciate the extensive staffing management and reporting requirements within the Global Requirements and attest that all requirements, especially around transparent reporting and invoicing, are directly aligned to our standard practice. HealthTech can provide a financial forecasting tool that has been used in other engagements to provide financial transparency and accountability to both the State and HealthTech. This tool will be used to help track the modification hours and provides full transparency into the total hours by role that is proposed for each change order and project task and provides a daily burn rate across the project. We will collaborate with AHCCCS to define the reports required and commit to providing AHCCCS to requested staffing information. Although not required as a formal deliverable, HealthTech will create and maintain a Staffing Management Plan outlining all resources and management processes that can be reviewed by AHCCCS. HealthTech uses BigTime as our timekeeping and invoicing system which can be configured to provide AHCCCS with invoice data. These processes can be further discussed during negotiations.

6.4.5 Completed Requirements Matrix

HealthTech has submitted the completed requirements matrix as a separate attachment in Excel format. The following tabs have been completed within the matrix:

- Technical Requirements for the SI
- General Requirements for the SI
- Global Requirements for the SI
- Service Level Agreements
- Deliverables

6.5. Proposed Pricing

6.5.1 Pricing Attestation

HealthTech confirms that the presented pricing includes all costs based on our understanding of the RFQ and provided assumptions.

6.5.2 Pricing Structure Document

The completed Attachment 2 – Pricing Structure is below. The pricing structure includes the following components as required by the RFQ:

- A - System Integration Platform Design
- B - Maintenance and Operations
- C - Modification Pool
- D - Optional Pricing
- E - Vendor Rate Card

Attachment 2 PRICING STRUCTURE PROPOSAL

A – System Integration Platform Design, Development, and Implementation

Line Item	Proposed Price
SI Platform Design, Development, and Implementation Inclusive of system integration solution requirements, staffing and deliverables	$8,513,793.48

Pricing Assumptions:

- Underlying Azure infrastructure and applications required for the integration services have not been included in the total cost proposed for the DDI. The API Management, ESB, Event Grid and Logic apps are all consumption driven pricing models. To provide the best value to AHCCCS and to align with the proposed timeline and incremental approach, we are recommending a fully PaaS model that will be take advantage of the pay-as-you-go model offered from Microsoft.
- The proposed hosting model is within the AHCCCS Azure tenant. Discussions need to occur to understand any limiting parameters around acquisition and payment structure between AHCCCS, HealthTech, and Microsoft for the Azure integration services.
- Infrastructure costs for the Managed File Transfer, EDMS, and base ODS have been included in the DDI cost.
- The contract period for DDI is 12 months.
- In all our engagements within the SI domain, we have found that engagement of the SI vendor within the procurement lifecycle of the modules is important so that all modules are properly aligned to established integration and technical processes and vetted from a technical standpoint. The proposed key resources have expertise in providing this type of consulting and project support. Pricing is not included for this support within the DDI but can be provided.
- Documentation of current business processes will be critical to the ongoing success of the modularity engagements. While some enterprise documentation development is included in scope, additional requirements, and expectations of the total scope of enterprise system documentation, etc. to be developed can be discussed. There are a few different methodologies that we have utilized with other clients to meet this need and would like the opportunity to discuss this with AHCCCS.
- ODS includes development of two (2) separate instances – one instance for AHCCCS and one instance for Med-QUEST
- AHCCCS will have program and project management staff to manage other non-technical aspects of the MES program. HealthTech can discuss expanding the project and program management services provided under this contract, however, the base DDI is focused on provisioning of project management specific to the SI, integration, and technical activities, ODS, and EDMS.
- Pricing for the logic app configuration for the EDMS was calculated by reviewing the volumetric data and assuming an average of three (3) pages for file. If this is not a correct assumption, adjustments may be required to the final pricing for the EDMS. HealthTech also assumed that the current volume data as provided by AHCCCS was intended to be used for base pricing for DDI and ongoing operations of the EDMS and migrated data during DDI.

Attachment 2 PRICING STRUCTURE PROPOSAL

B – Maintenance and Operations

Line Item	Proposed Price
SI Platform Maintenance and Operations - Year 1	$4,637,011.54
SI Platform Maintenance and Operations - Year 2	$5,332,563.27
SI Platform Maintenance and Operations - Year 3	$6,132,447.76
SI Platform Maintenance and Operations - Year 4	$7,052,314.92

C – Modification Pool

Line Item	Hourly Blended Rate	Total Proposed Price
Modification Hours Pool – 90,000 hours	$165.85	$14,926,500.00

D – Optional Pricing

Optional Pricing Component	Proposed Price
Electronic Data Interchange (EDI) Platform	$680,000.00 - $1,100,000.00
Pricing Assumptions: • The EDI platform leverages functions of the ODS. This pricing includes the cost for deploying and integrating the Interfaceware Iguana on the AHCCCS Azure tenant. • The cost also includes configuration; however, the final cost will have to be determined based on the EDI transaction types, volumes, and the scope of the parsing and data validation required.	

Optional Pricing Component	Proposed Price
Enterprise Content Management (ECM)	$950,000.00 - $1,500,000.00
Pricing Assumptions: • Leverages SharePoint as basis for the Enterprise Content Management tool. • Additional requirements and scoping information is needed to finalize the proposed price.	

Optional Pricing Component	Proposed Price
Digital Fax Services	$100,000.00 - $350,000.00
Pricing Assumptions:	

- Digital fax services can be integrated within Azure.
- There are multiple tools to select from, however, discovery sessions on the requirements will need to be conducted prior to finalizing the tool selection and price.
- The digital fax services supported through the Azure Marketplace will require to be vetted against final AHCCCS requirements. Most products are consumption based.
- The proposed price is a range estimate.

Optional Pricing Component	Proposed Price
Enterprise Business Rules Engine	Marketplace Price (Minimum $330/Month) + Required Consumption Fees (e.g., Outbound data) + configuration per HealthTech rate card

Pricing Assumptions:

- Proposing Azure Front Door - Business Rules Engine
- Consumption model based on a combination of outbound transfer, incoming requests, and base fees.
- There are multiple tools to select from, however, discovery sessions on the requirements will need to be conducted prior to finalizing the tool selection and price. The proposed price is a range estimate.

E – Vendor Rate Card

Type of Resource	Proposed Hourly Price
SI Executive Account Director	$ 250.00
SI Project Manager	$ 190.00
SI Solution Architect	$ 190.00
SI Implementation/Integration Manager	$ 190.00
SI Testing Manager	$ 190.00
Operations Manager	$ 190.00
SI Relationship Manager	$ 190.00
Privacy and Security Officer	$ 185.00
Reporting/Development Specialist	$ 160.00
Training Lead	$ 160.00
Junior Trainer	$ 125.00
Integration Specialist	$ 175.00
Certification SME	$ 190.00
Business Analyst (BA)	$ 160.00
Junior Business Analyst	$ 125.00
Testing Analyst	$ 160.00
Documentation Librarian	$ 125.00

Attachment 2 PRICING STRUCTURE PROPOSAL

Type of Resource	Proposed Hourly Price
OCM Lead	$ 175.00
Operations Analyst	$ 115.00
Business Area SME(s)	$ 190.00
Project Coordinator	$ 160.00
Technical Writer	$ 125.00
Admin	$ 120.00
EDMS Architect	$ 160.00
EDMS Developer	$ 125.00

Pricing Assumptions:

- Inclusive of pass thru fees from Carahsoft (NASPO vehicle contract holder)
- Does not include any applicable COLA adjustment that may be required

Appendix A: Key Personnel Resumes

Abbreviated resumes have been provided below for the named key personnel. Full resumes or additional personnel information can be provided upon request.

SCRUM MITA SDLC

MEDICAID

Implementation

HealthTech SOLUTIONS

Sandeep brings more than 25 years of managerial experience working with federal and state agencies in digital transformation engagements using cutting edge technologies to improve business outcomes.

- Experience providing strategic planning, assessment, and thought leadership in the Medicaid domain
- Certified Project Management Professional
- Former Chief Technology Officer for the Kentucky Cabinet for Health and Family Services

SANDEEP KAPOOR

PROPOSED ROLE: SI EXECUTIVE ACCOUNT DIRECTOR

WHY SANDEEP? As CEO of HealthTech Solutions, Sandeep continues to take a hands-on role with several major engagements across the Medicaid landscape. Sandeep has longstanding relationships with clients, stakeholders, and national leaders in both healthcare and technical industries, and he ensures that HealthTech Solutions' commitment delivers the best record of client results in the industry. In his own words, **"To be honest, I can't wait to get to work with the excellent AHCCCS team. As the CEO, I assure you that this is a priority engagement for HealthTech and I will do everything in my power to ensure your success with integrity, trust, and responsiveness."**

EXPERIENCE

Sandeep has extensive Medicaid Enterprise Systems experience in the following areas:

- Strategic advising and oversight related to Medicaid eligibility and enrollment, system integration, and Medicaid modernization projects
- Currently engaged with over 20 state Medicaid agencies nationwide
  - SME on technical matters for the Urban Institute to assist CMS with training and guidance to all states on the Medicaid Enterprise Team
    - Provides consulting services related to IAPD development, certification, system acquisition, and other technical components related to the PI and Medicaid modernization activities, including certification and federal funding guidance
- Medicaid Information Technology Architecture (MITA)/Medicaid transformation initiatives
- Procurement, contract, and personnel management
  - Provides contract management, strategic oversight, and responsible for service delivery across the HealthTech Medicaid portfolio
  - Supports Kentucky Medicaid procurements as Contract Manager for Kentucky Systems Integrator
  - Served as Strategic Advisor for several states to develop RFPs for MMIS and MES modernization modules including Arizona, Arkansas, Connecticut, Colorado, and Kentucky
- Data management, data warehousing
- Health Information Exchanges (HIE)/Health Information Technology (HIT)/public health
  - Served as a Technical Architect for South Carolina's EHR Incentive Payment System
  - Served as Systems Architect/Technical Lead on Kentucky's implementation of the statewide HIE and SLR for Medicaid incentive payments

Full resumes can be provided upon request.

SANDEEP KAPOOR

PROPOSED ROLE: SI EXECUTIVE ACCOUNT DIRECTOR

SELECT PROFESSIONAL HISTORY

2011-Present	**Chief Executive Officer, HealthTech Solutions**
1996-2011	**Chief Technology Officer, Office of Administrative and Technology Services**

EDUCATION & CERTIFICATIONS

- BS National Institute of Technology - Calicut, India
- Certified Project Management Professional - Project Management Institute

Full resumes can be provided upon request.

Project Manager

MITA SDLC

PMP MEDICAID

HealthTech SOLUTIONS

With over 19 years of State Healthcare experience, Janise has the institutional experience needed to provide support to the State of Arizona. Her ability to lead planning and DDI teams for multiple Medicaid projects combined with her considerable project management skills, in-depth understanding of SDLC processes, and experience in leading all aspects of phased solution implementation for state government agencies is evident in the innovative services she delivers to state clients.

- Over 19 years of State Healthcare and Medicaid experience
- Over 14 years of Project Management experience
- Certified Project Management Professional

JANISE DAYLIN

PROPOSED ROLE: SI PROJECT MANAGER

WHY JANISE? Her vast institutional knowledge of state and federal regulations allows for the execution of implementations that comply with relevant standards, rules, and regulations. Janise has substantial project management skills in project initiation, scoping, resourcing, scheduling, budgeting, monitoring risks, and reporting, and has an in-depth understanding of Software Development Life Cycle (SDLC) processes using Agile and hybrid Agile methodologies which enables her to deliver flexible solutions that meet and exceed client expectations. In her own words, **"I know personally the importance of Medicaid to the people who need it and would like to support Arizona in improving the system and processes that will benefit Medicaid beneficiaries. I'd love the opportunity to partner with the State at the start of the modularity journey to provide insights and best practices we have learned elsewhere."**

SKILLS

Programming Languages:

ASP, C#, ColdFusion, COM+, HTML, JAVA SCRIPT, MICROSOFT ACCESS, SQL, VISUAL BASIC, VB SCRIPT

Software Development Lifecycles:

Agile, Waterfall, Hybrid Agile

Software:

BusinessObjects, Cognos, DevSuite, Dreamweaver, Fireworks, IBM Mainframe, Jira, Microsoft Access, Microsoft Azure DevOps, Microsoft Excel, Microsoft Power BI, Microsoft Power Automate, Microsoft PowerApps, Microsoft PowerPoint, Microsoft Project, Microsoft SharePoint, Microsoft Visio, Microsoft Visual Studio, Microsoft Word, Photoshop, ServiceNow, SQL Server Management Studio, Tableau, Toad

SELECT PROFESSIONAL HISTORY

2021-Present	**Senior Consultant, HealthTech Solutions**
2017-2021	**Project Manager, Optum**
2016	**Interum Solution Architect, Xerox Government Healthcare**
2015-2016	**Product Analyst, Xerox Government Healthcare**
2003-2015	**Systems Development Senior Specialist, Xerox Government Healthcare**

EDUCATION & CERTIFICATIONS

- BA Computer Science and Philosophy, Cornell College - Mount Vernon, Iowa
- Certified Project Management Professional, Project Management Institute

Full resumes can be provided upon request.

JANISE DAYLIN

PROPOSED ROLE: SI PROJECT MANAGER

EXPERIENCE

Janise has extensive Medicaid Enterprise Systems Experience in the following areas:

- Medicaid Information Technology Architecture (MITA)/Medicaid transformation initiatives, particularly data management and data warehousing
    - Currently serves as System Analyst on Louisiana's Decision Support System module support engagement and leads a DSS workstream to gather existing stakeholders, reports, and extracts to develop documentation for stakeholders and incoming vendors
    - Served as Deputy Integration Architect on the Systems Integrator project for Kentucky's Medicaid enterprise modernization where she was responsible for supporting, coordinating, and developing project deliverables and processes including technical standards, PowerBI dashboards, and module vendor interface and integration support
    - Managed implementation of New York State Original Source Data Submitter and Statewide Planning and Research Cooperative System projects which involved implementing COTS transaction processing systems and integrating data into the New York State All Payers Database
        - Responsible for leading DDI projects, vendors, contractors, and testing teams
    - Interim Solution Architect on Xerox Government Healthcare's data warehouse modernization solution, one of the first Medicaid modules requested by states
    - Experience managing and administering DSS including the data warehouse and solutions for reporting, CMS MAR reporting, and fraud, waste, and abuse detection
- Procurement, contract, and personnel management

HealthTech SOLUTIONS

Full resumes can be provided upon request.

architect
INTEGRATION
MITA
PMP
MEDICAID

HealthTech SOLUTIONS

With over 30 years of experience of exceptional integration architect implementing major Information Technology (IT) projects, Jason is the ideal candidate for SI Solution Architect for the AHCCCS project.

- Responsible for integration architecture related to Medicaid modernization projects
- Certified Project Management Professional
- Experience providing integration architecture consulting for modernization of technology and business processes in both Arizona's and Hawaii's Med-QUEST Medicaid program

JASON WEBSTER

PROPOSED ROLE: SI SOLUTION ARCHITECT

WHY JASON? His extensive experience in MMIS and system integration will ensure all MES modules are successfully integrated and tested end-to-end. As a Senior Integration Architect, his team members rely often on his extensive knowledge with system architecture. His previous experience with AHCCCS' technology will be invaluable and will add to the successful outcome of this project. In his own words, **"I thrive on problem solving. My happiness is directly proportional to the rate at which I'm solving something. I'm very effective at communicating insights to others and integrating complex workstreams on large projects and cannot wait to work with the great people at AHCCCS."**

SKILLS

Servers/ Opeating Systems:
Windows; Solaris; AIX; SQL Server; Sybase ASE and Replication Server; Oracle; Azure ESB
ADO

Languages:
C/C#; SQL

Standards & Vocabularies:
X12; HL7; CPT; ICD; NDC; RXNorm; CDA/C-CDA; QRDA

EXPERIENCE

Jason has extensive Medicaid Enterprise Systems experience in the following areas:

- Medicaid Information Technology Architecture (MITA)/Medicaid transformation initiatives
- CMS certification
- Medicaid Solution Design and System Integration
- Multistate technical architecture and Medicaid system design experience
- Procurement, contract, and personnel management
- Data management, data warehousing
- Integration, system, and enterprise architecture, including system implementations that cross agency boundaries such as eligibility and child welfare
- Consulting
  - Enterprise Architect
- Procurement, design, development, and deployment of solutions for multiple state agencies and industry vendors including a national PBM module vendor
  - Integration Architecture
  - Planning, implementation, and certification (Missouri Case Management project)

Full resumes can be provided upon request.

JASON WEBSTER

PROPOSED ROLE: SI SOLUTION ARCHITECT

SELECT PROFESSIONAL HISTORY

2011-Present

Senior Integration Consultant, HealthTech Solutions

Jason has served in various roles during his tenure at HealthTech. **Jason currently supports multiple states with MMIS modernization initiatives. He has supported Arizona, Colorado, Connecticut, and Kentucky with their modularity projects and has been engaged on modernization initiatives since 2015.** He currently supports Louisiana Department of Health with their Decision Support System (DSS) modernization, planning, and module support effort. Jason served as the Enterprise Architect and Solution Architect for Colorado HCPF. Jason also served as the Enterprise Architect for the Kentucky System Integrator. He also was the HealthTech Technical Lead on the AHCCCS MES Roadmap RFP project and HEAplus. He aides in defining enterprise architecture processes for multiple clients and strategies for components such as Enterprise Service Bus (ESB), enterprise Master Patient Index (eMPI), rules engine, disaster recovery, cloud strategies, security, auditing, and reuse. He provides project management support across multiple methodologies including Agile and Sprint.

2004-2011

Chief Enterprise Architect and Deputy CTO, Kentucky Cabinet for Health and Family Services, Office of Administrative and Technology Services (OATS)

Primary Executive responsible for the smooth implementation of Health and Human Services business processes that spanned multiple agencies and systems for the OATS. Lead Enterprise Architect for Kentucky's HIE, a statewide implementation in 2010, and the MMIS modernization project.

1996-2004

Database Administrator, Office of Information Technology, KY CHFS

HealthTech SOLUTIONS

Full resumes can be provided upon request.

MITA
SDLC
MEDICAID
Implementation
SCRUM

HealthTech SOLUTIONS

With over 28 years of experience in enterprise Information Technology (IT), Mohsin has worked with diverse customers, technologies, and leadership roles. He comprehensively understands the functions, processes, technologies, and fiscal agent operations required to implement and operate a Medicaid Management Information System (MMIS), including an in-depth understanding of underlying Medicaid processes.

- 16+ years of Medicaid experience
- Former Systems Director for the Kentucky Medicaid Management Information System
- Certified Scrum Professional

MOHSIN NAQVI

PROPOSED ROLE: SI IMPLEMENTATION / INTEGRATION MANAGER

WHY MOHSIN? Throughout his career, Mohsin has successfully architected, redesigned, and integrated various solutions that have had a significant impact on enabling state staff, Medicaid providers, and business partners to access critical information in a timely and efficient manner. His expertise in implementing advanced solutions has led to notable improvements in the overall efficiency and effectiveness of these systems, ultimately helping to enhance the quality of care for Medicaid beneficiaries. In his own words, **"I am a highly experienced leader in Medicaid technology with proven experience in designing and implementing efficient solutions for critical information access. I am a dedicated, innovative, and accomplished team player who will stop at nothing to help your organization succeed."**

SKILLS

Microsoft - Azure DevOps; Azure Integration Services/ BizTalk; SSAS, SSRS, SSIS, SSMS; Power Query; Power BI; Visual Studio; PilotFish; Mulesoft; AnyPoint; TOGAF; AWS; Jira; Confluence; SAP - Business Objects BI Suite; Quest – TOAD, J2EE; PL/ SQL; SQL Developer, C; C++; C#; PowerBuilder; INFORMIX; Unix; ASP.Net/.Net; JScript/ JavaScript; SODA; WCF; AJAX

SELECT PROFESSIONAL HISTORY

2016-Present	**Senior Technical Consultant, HealthTech Solutions**
2010-2016	**Application Services Executive / System Director, Commonwealth of Kentucky**
2008-2010	**Technical Delivery Manager, Commonwealth of Kentucky**
2005-2008	**Information Specialist, Commonwealth of Kentucky**

EDUCATION & CERTIFICATIONS

- BS Waynesburg University - Waynesburg, PN
- EDS System Engineer Program
- Certified Scrum Professional - HealthTech Solutions

Full resumes can be provided upon request.

MOHSIN NAQVI

PROPOSED ROLE: SI IMPLEMENTATION / INTEGRATION MANAGER

EXPERIENCE

Mohsin has extensive Medicaid Enterprise Systems experience in the following areas:

- Medicaid Information Technology Architecture (MITA)/Medicaid transformation initiatives, including web technologies, ESB architecture, microservices, data analytics, and MES certification support
    - Current Senior Architect on the System Integrator team for Kentucky CHFS
    - Current Enterprise Architect for the Louisiana Department of Health on a collection of Medicaid modernization and claims processing projects
    - Previous Enterprise Architect on the Connecticut Department of Social Services EPMO
    - Previous roles within Commonwealth of Kentucky MMIS initiatives include Information Specialist, Interim Technology Delivery Manager, Technical Delivery Manager, and Application Services Executive/Systems Director
        - Management and oversight of systems and fiscal agent operations (claims receipt/edits, data entry, TPL activities, reporting) organizations for KY Medicaid account
        - Led system development activities including provider enrollment implementation and MES certification, resource planning, and staff management/mentorship
        - Implemented custom time recording system (KY-TMS) to facilitate accurate financial forecasting and streamline invoicing processes
        - Technical SME for Kentucky Medicaid N-tier (.Net) interChange projects and interchange User Interface Technical Functional Area Lead for framework and subsystem development
- Procurement, contract, and personnel management
- Data management/governance, data warehousing
- Integration, system, and enterprise architecture assessments and support
- Led multiple large-scale federal and Commonwealth of KY initiatives including statewide managed care rollout, Affordable Care Act Rule 1104 Phases I, II, and III, ICD-10

HealthTech SOLUTIONS

Full resumes can be provided upon request.

User Testing

MITA IV&V SDLC

PMP

HealthTech SOLUTIONS

With over 33 years of multistate systems analysis experience in Health Information Technology (HIT) and Medicaid systems, Trish has a proven track record of providing excellent test management, strategic support and consulting, and system analysis and programming services, making her an ideal candidate to support the AHCCCS project.

- 33+ years of experience with Health and Human Services Programs and systems
- MMIS Experience in Florida and Kentucky, and Louisiana
- Strong background with Independent Verification and Validation (IV&V), systems development lifecycle, and user acceptance activities
- Previous experience serving as a Testing Lead and overseeing testing teams and integration testing in a multi-module environment
- Certified Project Management Professional

TRISH ALEXANDER

PROPOSED ROLE: SI TESTING MANAGER

WHY TRISH? Trish provides invaluable expertise to states on operational aspects of Medicaid including claim processing and reimbursement, third-party liability, certification, program integrity, drug rebate, pharmacy, and participant and provider eligibility. She is proficient in MMIS and MES modernization and has provided technical subject matter expertise to efforts in Alabama, Florida, Idaho, Kentucky, Michigan, Mississippi, Montana, New Hampshire, North Carolina, Tennessee, Texas, Wyoming, and Washington, DC. A former application developer, Trish is an expert in data management and testing. She has field-based experience with Fortune 500 companies, states, and local clients. In her own words, **"I have been fortunate to witness the progress of the testing methodologies and tools throughout my career and I look forward to bringing my multistate experience and skills to assist AHCCCS."**

SKILLS

Servers/Operating System:
Windows Server 2000/2003/XP, Microsoft Exchange

Languages:
COBOL, C, SQL, UNIX

Database Management:
MS SQL Server, Azure ESB, Business Objects, DB2, IMS, VSAM

Web/XML Technologies:
HTML, XML

Standards and Vocabularies: X12, HL7, FHIR

SELECT PROFESSIONAL HISTORY

2014-Present	**Senior Consultant, HealthTech Solutions**
2013-2014	**Software Testing Analyst, Cognizant Technology Solutions**
2012-2013	**Systems Analyst, Edifecs**
2010-2012	**Consultant, Kovac Software Consulting**
2007-2010	**Systems Analyst, Affiliated Computer Services**
2006-2007	**Systems Analyst, The Maxis Group**
2005-2006	**Senior Programmer, Electronic Data Systems**
1995-2005	**Systems Analyst, Unisys**
1998-1999	**Systems Programmer, US Airways**
1989-1997	**Systems Analyst, Electronic Data Systems**

EDUCATION & CERTIFICATIONS

- BA La Roche College - Pittsburgh, PN
- Certified Project Management Professional - Project Management Institute

Full resumes can be provided upon request.

TRISH ALEXANDER

PROPOSED ROLE: SI TESTING MANAGER

EXPERIENCE

Trish has extensive Medicaid Enterprise Systems experience in the following areas:

- Testing and Quality Management – Leading development of technical management components including test plans, test case templates, testing process documents, and relevant quality management components
    - Testing and Quality Management Lead for Kentucky System Integrator project Medicaid modules
    - Technical Subject Matter Expert and Quality Assurance/Quality Control Manager for Idaho's Statewide Healthcare Innovation Plan Electronic Clinical Quality Measure Implementation Project
    - Supporting Louisiana Department of Health with technical subject matter expertise and quality management for MES modules
    - IV&V Quality Assurance Lead, Test Verification Lead, and Business Objects Reporting Team member for Florida MMIS project
    - Technical Project Manager for Colorado's State Innovation Model (SIM) implementation of an eCQM application
    - Policies and Procedures Lead for a pharmacy benefits management company in California providing quality assurance, quality control, and testing management
    - Quality Manager for HealthTech's internal Software Development Team and for its Enterprise Data Warehouse project providing testing and quality assurance on all Jira tickets within sprints
- Health Standards and Certification (HL7 and FHIR standards, CMS Certification)
- Data warehousing and data management, governance, and analytics
- Enterprise Architecture, System Integration, Provider Eligibility and Management
- Claims and Payment Systems, Third-Party Liability

HealthTech SOLUTIONS

Full resumes can be provided upon request.

Operations

MITA Medicaid SDLC Management

HealthTech SOLUTIONS

With over 20 years of experience managing IT systems in the healthcare industry and proficiency in complex Medicaid systems, Victor brings a level of commitment and work ethic essential to successfully support the AHCCCS project.

- 20+ years of experience with a history of managing successful systems project implementations
- Especially knowledgeable about complex Medicaid systems
- Demonstrates exceptional organizational skills in strategic planning, scheduling, and thorough procedure documentation to develop and maintain high-quality, reliable, scalable systems

VICTOR MACHICOTE

PROPOSED ROLE: OPERATIONS MANAGER

WHY VICTOR? He has a history of successful project implementations delivered on time using a variety of project lifecycle development methodologies. Victor's strong technical and analytical skills ensure that system problems are resolved effectively. His commitment to service shows through his interaction with clients, colleagues, and team-oriented work ethic. In his own words, **"I have been fortunate to develop and strengthen my knowledge of Medicaid systems throughout my career, and I look forward to bringing my perspective and lessons learned to the project. I am eager and committed to providing the best possible service to successfully support AHCCCS."**

SKILLS

Hardware:

Windows; IBM 390 Mainframe (IBM/MVS)

Application Software:

MS Excel, Word, Visio, and PowerPoint; MS Project; Cognos; Business Objects; Exposure to Visual Basic; SharePoint; MOVEVit; COBOL/COBOL II; CICS; VSAM; Limited DB2

Application Tools:

JCL; TSO/ISPF; ABEND-AID; FILE-AID; XPEDITER; ENDEVOR; EASYTRIEVE; CA FILEMASTER; CA INTERTEST; Control-M Scheduler

SELECT PROFESSIONAL HISTORY

2022-Present	**Consultant, HealthTech Solutions**
2020-2022	**Systems Manager, Conduent Government Healthcare Solutions**
2008-2020	**App Development & Support Engineer III (Team Lead), Conduent Government Healthcare Solutions**
2005-2008	**Systems Engineer manager, Conduent Government Healthcare Solutions**
2000-2005	**Programmer/Analyst, Conduent Government Healthcare Solutions**

EDUCATION & CERTIFICATIONS

- BS Troy State University (now Troy University) - Troy, AL
- AS Enterprise State Junior College - Enterprise, AL

Full resumes can be provided upon request.

VICTOR MACHICOTE

PROPOSED ROLE: OPERATIONS MANAGER

EXPERIENCE

Victor has extensive Medicaid Enterprise Systems experience in the following areas:

- Integrated, system, and enterprise architecture including Medicaid transformation initiatives
  - Medicaid systems experience includes but is not limited to claims, client, provider, provider enrollment, prior authorizations, utilization review, TPL (COB data) Medicare Entitlement, X12 transactions, NCCI editing, backend MARS, CMS, and TMSIS reporting
  - Former Systems Manager responsible for managing the State of Montana's Medicaid applications
  - Experience with SOC audits, SLA requirements, JAD sessions, and developing project deliverables
  - Experience with converting pre-HIPAA claim format to a modernized HIPAA-compliant format through writing a conversion program and rebuilding all claim-related files
- Data warehousing and data management, governance, migration, and analytics
  - Led transition of Wyoming CHIP program, the TMSIS projects aimed at reducing data quality issued as recommended by CMS, and other major data center migration projects
  - Served as Business Analyst for all Electronic Data Interchange transactions including maintenance of all batch MMIS jobs involved in retrieving all DI transactions
- Testing and Quality Management – Leading development of technical management components including test plans, test case templates, testing process documents, and relevant quality management components
  - Implemented a detailed testing approach for developers to ensure effective UAT processes

HealthTech SOLUTIONS

Full resumes can be provided upon request.

PMP MEDICAID

PROCUREMENT analyst MITA

HealthTech SOLUTIONS

With experience having worked broadly across internal PMO/SI teams and with other vendors and state agencies throughout the Medicaid space, Elizabeth is the ideal candidate for the AHCCCS project.

- 8+ years of experience with Health and Human Services Programs and Systems
- Multistate MES modularity and modernization project support
- Excellent interpersonal, communication, and persuasive writing skills
- Certified Project Management Professional

ELIZABETH LINVILLE

PROPOSED ROLE: RELATIONSHIP MANAGER

WHY ELIZABETH? Her robust experience with procurement, business analysis, and subject matter expertise was a catalyst for her exceptional communication, meeting and interview facilitation, and cross-departmental collaboration skills. In response to solicitations, her team often elicits her extensive knowledge with RFP requirement and MES-related initiatives. Her previous experience will be invaluable to AHCCCS and will support successful project outcomes. **"I started my career when the concept of MES modularity began and have had a unique perspective as the market has evolved. This engagement is personal to me, and I am committed to serving alongside AHCCCS now and for years to come."**

EXPERIENCE

Elizabeth has extensive Medicaid Enterprise Systems experience in the following areas:

- Project Management, Procurement Management, RFP Development
  - Leads procurement team in facilitation, process coordination, selection, review, and approval of RFP responses
  - Provides SME services across MES modular projects for integration and contractual requirements
  - Project Lead for HealthTech's Fraud, Waste, and Abuse Team and Program Integrity Module Development
  - Supports the Arkansas Department of Health Services Technology Innovation and Integration Consultant project with MES module procurement support and RFP writing for MES modules
  - Provided subject matter expertise, assistance, and led procurements for a Top 25 Managed Care Organization undergoing multistate expansion and a national based Medicaid PBM vendor
  - Provided support to Florida IV&V project
- Medicaid transformation initiatives
  - Advance Planning Document (APD) development for multiple states
- Health Informatics/Health Information Administration, Data/Business Analytics, Clinical Quality Measures
  - Business Analyst as part of both the Kentucky Department of Public Health financial system assessment and Electronic Health Record implementation teams
  - Assisted Oregon State to define requirements for Provider Directory and Clinical Quality Metrics Registry (CQMR) and common credentialing initiatives on the statewide HIT portfolio consultation
  - Leads Market Landscape and Service Cost Analysis workstream for Kentucky Cabinet for Health and Family Services Cost Allocation Methodology Technical Consulting engagement; evaluates service costs across the Kentucky Health Information Exchange and other state HIEs for comparison

SELECT PROFESSIONAL HISTORY

2015-Present
Senior Consultant, HealthTech Solutions

2016
Graduate Practicum, Northern Kentucky University (NKU)

SKILLS

Software:
Jira, Microsoft Office Suite, Adobe

EDUCATION & CERTIFICATIONS

- MS Health Informatics
- BS Biology
- BS Health Services Administration
- PMP Certification

Full resumes can be provided upon request.