

2021-PRMP-MES-ePMO-003
Puerto Rico Medicaid Enterprise System
Enterprise Project Management Office (ePMO)
Vendor Request for Offers (RFO)

Intervoice Communication of Puerto Rico Proposal

March 18, 2022



INTERVOICE
IT Project Management and Consulting

Attachment B

B.1 Title Page

The vendor should include a title page stating the vendor's intent to bid for this RFO. The vendor's response should include a Title Page; Table of Contents; Executive Summary; and vendor contact and location information.

The vendor should include the following cover letter, signed in blue ink by an authorized signatory legally binding the vendor and include it in the labeled "Original Proposal."

The vendor should provide the following information regarding the person responsible for completing of the vendor response. This person should also be the person PRMP should contact for questions and/or clarifications.

Name	Carlos Ortiz, President	Phone	787-302-1030
Address	1250 Ave. Ponce de León	Fax	N/A
	San Juan, PR 00907	Email	COrtiz@IntervoicePR.com

Subject to acceptance by PRMP, the vendor acknowledges that by submitting a response and signing in the space indicated below, the vendor is submitting a formal offer to meet that which is being requested within this RFO.

In addition to providing a signature to **Section 6.5: Disclosure of Proposal Contents** in the RFO, failure to sign the Submission Cover Sheet or signing it with a false statement shall void the submitted response or any resulting contracts.

 / 3.18.2022

Original signature of Signatory Authorized to Legally Bind the Company / **Date**

Name (Typed or Printed)	Carlos Ortiz
Title	President
Company Name	Intervoice Communication of Puerto Rico
Physical Address	1250 Ave. Ponce de León
	San Juan, PR 00907
State of Incorporation	Puerto Rico

By signature hereon, the vendor certifies that:

1. All statements and information prepared and submitted in response to this RFO are current, complete, and accurate.
2. The vendor's response meets the requirement of this RFO.
3. The vendor will comply with all federal and Commonwealth laws, rules, and regulations that are in force currently or anytime during the term of a resulting contract.
4. The vendor acknowledges and accepts that the full response contents and associated documents will become open to public inspection in accordance with the laws of Puerto Rico. PRMP will hold "confidential" all response information, including both technical and cost information, during the evaluation process, except for the questions and answers

before the submittal of proposals. All other information associated with the RFO, including but not limited to, technical scores and reasons for disqualification, will not be available until after the contract has been awarded in accordance with the laws of Puerto Rico.

5. The company represented here is an authorized dealer in good standing of the products and services included in this response.
6. The vendor, any subcontracting partners, and its proposed resources are eligible to participate in this transaction and have not been subjected to suspension, debarment, or similar ineligibility determined by any federal, state, or local governmental entity; are in compliance with the Commonwealth's statutes and rules relating to procurement; and are not listed on the federal government's terrorism watch list as described in Executive Order 13224. Entities ineligible for federal procurement are listed at <https://sam.gov/content/home>.
7. Prior to award, the vendor affirms it will have all current approvals, licenses, or other qualifications needed to conduct business in Puerto Rico.

B.2 Vendor Information

B.2.1 Payment Address

Table 1: Payment Information

Payment Information			
Name:	Carlos Ortiz	Title:	President
Address:	1250 Ave. Ponce de León		
City, State, and Zip Code:	San Juan, PR 00907		
Phone:	787-302-1030	Fax:	
Email:	COrtiz@IntervoicePR.com		

B.2.2 Legal Notice Address

Table 2: Legal Notice Information

Legal Notice Information			
Name:	Carlos Ortiz	Title:	President
Address:	1250 Ave. Ponce de León		
City, State, and Zip Code:	San Juan, PR 00907		
Phone:	787-302-1030	Fax:	
Email:	COrtiz@IntervoicePR.com		

B.3 Executive Summary

The Puerto Rico Department of Health (PRDoH) is seeking a vendor to establish and run an Enterprise Project Management Office (ePMO) for the Puerto Rico Medicaid Program (PRMP)'s Medicaid Enterprise Systems (MES). As PRMP continues to transform their MES to align with Centers for Medicare and Medicaid Services (CMS) directives and regulatory requirements, we look forward to partnering with you to build a solution that will support efficient and effective management of the island's Medicaid Program, as well as ensure that Puerto Rico continues to receive enhanced federal matching funds for the operation of the program. We fully understand PRMP's desire to partner with an experienced vendor such as Intervoice to provide project management, project support, and project-level oversight of the MES, working closely and collaboratively with the PRMP leadership, including the Medicaid PRMP Director, the Program Manager, the PRMP Program Management Office (PgMO), PRMP Project Lead, and other agency stakeholders.

About Intervoice

For the past 10 years, Intervoice has been honored to have been able to contribute toward PRDoH's vision. Intervoice offers a collaboration with PRMP as a trusted partner with a commitment to help you achieve the program's local and federal responsibilities on a sustainable basis. Since 2011, Intervoice has been working with PRMP, performing in a Project Management Office (PMO) role on several MES projects, including the Puerto Rico Medicaid Management Information System (PRMMIS) Phase I and II initiatives. We have also provided PMO services for Medicaid systems across the United States. This experience has allowed us to combine an understanding of the Puerto Rico business culture with expert PMO, technical, and subject matter resources to offer PRMP a trusted partnership that provides government experience, exceptional customer service, and a proven track record of success managing the delivery of government healthcare solutions.

The ongoing transformation of the Puerto Rico MES will enable new technologies and processes that will help improve health data, reduce program costs, and ultimately improve the delivery of healthcare for the people of Puerto Rico. As a company located, managed, and operated in Puerto Rico, we are excited for the opportunity to continue being part of this journey and believe that our experience, expertise, and knowledge will allow us to provide the PRDoH with the ePMO needed to see this transformation to fruition.

Delivery Approach and Timeline

We recognize that the MES's transformation is a major initiative requiring the collaboration of multiple government agencies and knowledgeable partners, such as the PgMO, System Integrator (SI) vendors, Administración de Seguros de Salud (ASES), and local vendors. Our PMO and Subject Matter Expert (SME) work on the PRMMIS Phases I and II and MEDITI3G projects has allowed us to establish relationships with agencies and partners entrusted with the oversight, development, and implementation of Puerto Rico's MES initiatives. As the ePMO, we will leverage these relationships from the start, which will enable us to quickly ramp up resources and processes and kick off PRMMIS Phase III, MEDITI3G, and other MES Projects. In addition, we can work with PRMP and partners to leverage the assets and templates developed for the PRMMIS Phases I and II and MEDITI3G Projects to jumpstart the upfront efforts in developing the artifact deliverables requested in this RFO.

Our project management approach has been and continues to be collaborative and foundational, with the twofold goal of modernizing the MES and enhancing PRMP's ability to manage the Medicaid Program. As ePMO, we will support PRMP and MES partners with project management processes, tools, and best practices based on Project Management Institute (PMI) Project Management Body of Knowledge (PMBOK) and Institute of Electrical and Electronics

Engineers (IEEE) standards, as well as our teams' decades of MES experience in Puerto Rico and other states. For each MES project assigned by PRMP, we will assemble and oversee an experienced, knowledge project team that will work with PRMP, the PgMO, and partners to execute on each project using proven processes and tools, as well as best practices.

Setup of the ePMO and assigned MES projects will be guided by comprehensive project management schedules. The following is the base project work schedule for the ePMO setup. This high-level work plan summary depicts our proposed timeframe for delivering the setup of the PRMP ePMO, including all tasks to be accomplished within the 30-day start-up period. (The Project Start date is illustrative and will depend upon actual project initiation.)

Figure 1: Base Project Work Schedule

[illegible]

Proposed ePMO and Leadership Teams

The ePMO team is dedicated to assisting PRMP leadership in defining the overall enterprise strategy, developing and maintaining project management standards, and ensuring overall project processes and procedures are followed. This team will work under the direction of the PRMP Director, Program Manager, PRMP PgMO, PRMP Project Lead, and other agency stakeholders. In addition to the ePMO team, Intervoice executives and corporate advisors regularly participate in major project activities and stand ready to support PRMP as needed.

Figure 2: Proposed ePMO Organization

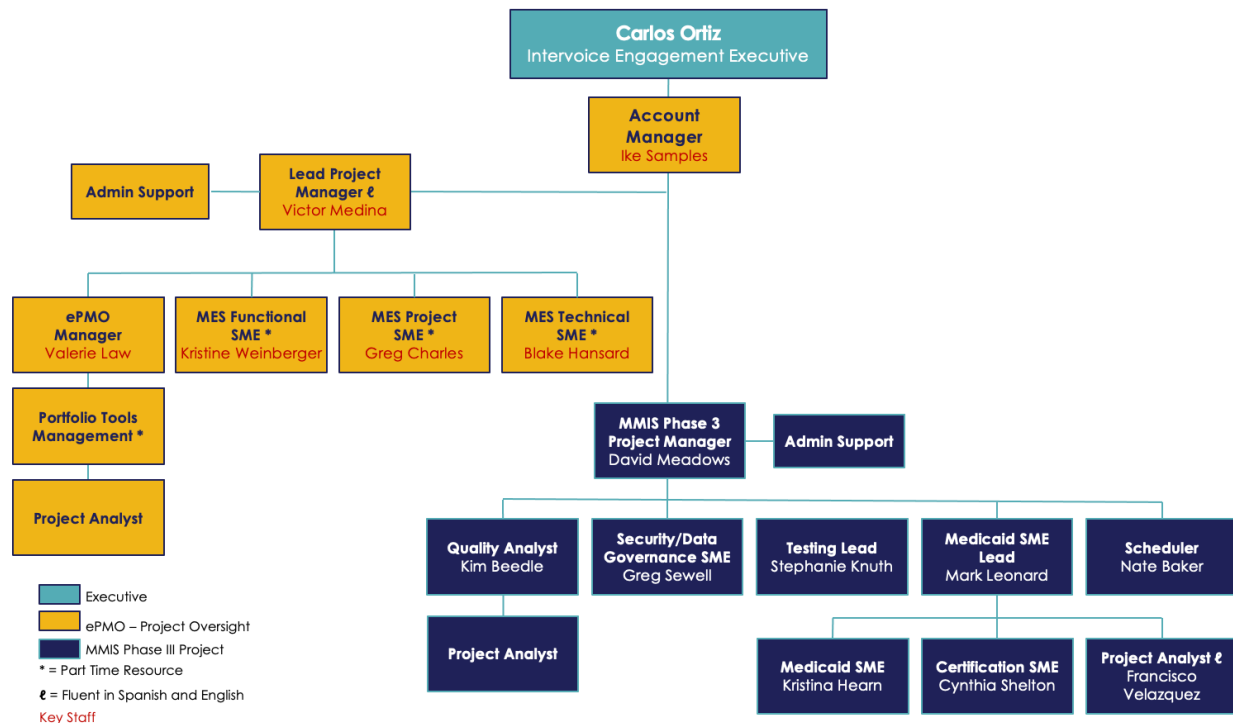


Figure 3: Intervoice Executive View



Key Advantages offered through Intervoice

We believe that the following advantages set Intervoice ahead of its competition as an ePMO vendor with project management expertise at both enterprise and project levels. As PRMP looks to select an important vendor to provide ePMO services as well as PMO services and project expertise to their endeavors, please thoughtfully consider these advantages that we at Intervoice believe we can offer PRMP.

- **Continuity of services:** Intervoice has been with PRMP throughout its MES journey. We were awarded the RFP for developing the Medicaid Management Information Systems (MMIS) Planning Advanced Planning Document (APD) project in October 2011. Since then, we have remained engaged in the PRMP's MES projects. We have been with you through five governors, two major hurricanes, multiple damaging earthquakes, and a worldwide pandemic. We understand the origins of the major projects that PRMP has, and is, undertaking, and welcome the opportunity to continue to support you. Intervoice has no "learning curve" and can hit the ground running to ensure a successful ePMO, along with standing up Project Staff to help drive your MES projects forward.
- **A local company with national industry experts:** As a Puerto Rico company, we understand the local nuances when it comes to navigating administration changes, government agencies, local culture, and the unique aspects of the PRMP (e.g., territory status, funding and staffing limitations, and limited access to needed services). We recruit nationally to augment our talented team with additional MES experts. Our experience spans multiple Medicaid programs across the United States, and we are equipped to provide the strategic view required of an effective ePMO, as well as the detailed project expertise to support individual MES projects in Puerto Rico.
- **Staffing consistency and flexibility:** Our team members offer continuity. You know our team and they work with you on a regular basis. Our proposed Account Manager, Ike Samples, has been working in Puerto Rico since the planning phase of the MMIS Phase I Project. Over the years, we have been able to quickly and efficiently staff up and staff down based on PRMP's project management needs and the needs of PRMP's PMOs, as well as for operational support of the MMIS. We continue to pivot qualified resources to best match PRMP's needs across MES Design, Development, and Implementation (DDI) and operational activities. We leverage our relationships with staff augmentation vendors that we have worked with for over a decade to ensure we find the best qualified candidates to support PRMP.

Intervoice has been long recognized for its forward-thinking solutions to complex business and IT challenges. Along with proven project management practices, we provide leadership and vision toward creating a successful 360° client experience, which we have incorporated and embodied throughout all Puerto Rico MES projects. We look forward to continuing and expanding our relationship with PRMP in the successful implementation and fulfillment of its MES vision.

B.4 Subcontractor Letters

Not applicable. All services will be provided by Intervoice.

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B.6 Disclosure of Response Contents

All vendors, selected for negotiation by PRMP, will be given equivalent information concerning cost negotiations. All cost negotiations will be documented for the procurement file. Additionally, PRMP may conduct target pricing and other goods or services level negotiations. Target pricing may be based on considerations such as current pricing, market considerations, benchmarks, budget availability, or other methods that do not reveal individual vendor pricing. During target price negotiations, vendors are not obligated to reduce their pricing to target prices, but no vendor is allowed to increase prices.

All materials submitted to PRMP in response to this RFO shall become the property of the Government of Puerto Rico. Selection or rejection of a response does not affect this right. By submitting a response, a vendor acknowledges and accepts that the full response contents and associated documents will become open to public inspection in accordance with the laws of Puerto Rico. If a vendor determines there is a "Trade Secret" contained in the proposal, the vendor must send a written notification to the Solicitation Coordinator when submitting the proposal to prevent public disclosure of the "Trade Secret." A redacted version of the technical proposal must be provided to PRMP at the time of proposal submission if there are "trade secrets" the proposing Vendor wishes to not be made public.

A redacted proposal should be provided separately from the technical and cost envelopes and should be in addition to (not in place of) the actual technical or cost proposal. PRMP will keep all response information confidential, including both technical and cost information, during the evaluation process, except for the questions and answers before the submittal of proposals.

Upon completion of response evaluations, indicated by public release of a Notice of Award, the responses, and associated materials will be open for review on the website or at an alternative location as defined by PRMP. Any trade secrets notified by the vendor to the Solicitation Coordinator will be excluded from public release.

By signing below, I certify that I have reviewed this Request for Offers (and all of the related Amendments) in its entirety; understand the requirements, terms, and conditions, and other information contained herein; that I am submitting this proposal for review and consideration; that I am authorized by the vendor to execute this bid or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that, to the best of my knowledge, the vendor has properly registered with any Puerto Rico agency that may require registration.



Intervoice Communication of Puerto Rico
(Company)

Carlos Ortiz, President
(Representative Name, Title)

787-302-1030
(Contact Phone/Fax Number)

March 18, 2022
(Date)

Attachment C

C.1 Organization Overview

C.1.1 Organization Overview

Table 3: Vendor Overview

Vendor Overview	
Company Name	Intervoice Communication of Puerto Rico, Inc
Name of Parent Company (If Applicable)	N/A
Industry (North American Industry Classification System [NAICS])	541511, 541512, 54153, 541519, 541611, 541614, 541618, 624190, 624230
Type of Legal Entity	Corporation
Company Ownership (e.g., Private/Public, Joint Venture)	Private
Number of Full-Time Employees	57
Last Fiscal Year Company Revenue	\$12,856,817
Last Fiscal Year Company Net Income	\$2,480,570 before taxes
Percentage of Revenue from State and Local Government Clients in the United States and its territories	100%
Percentage of Revenue from IT Design and Implementation Services	80%
Number of Years in Business	13
Number of Years Vendor has been Providing the Type of Services Specified in the RFO	11
Number of Employees Providing the Type of Services Specified in the RFO	48
Headquarters in the United States	Yes
Locations in the United States	Puerto Rico

C.1.2 Subcontractor Overview

Not applicable. All services will be provided by Intervoice.

C.2 Mandatory Qualifications

Table 4: Mandatory Qualifications

Mandatory Qualification Item(s)	Vendor Meets?	Provide A Brief Narrative to Demonstrate Fulfillment of Requirement
The vendor must have at least six (6) years of experience in establishing and maintaining a project management office of similar size, scope, and complexity as described in this RFO.	YES NO	For more than 10 years, Intervoice has served PRMP as a trusted project management partner, providing support on electronic health record (EHR) incentive payments, the Health Information Technology (HIT) plan, Health Information Exchange (HIE), Medicaid Eligibility, and MMIS. Since January 2016, Intervoice has been providing PMO and SME advisory services on the PRMMIS Program. Since January 2019, Intervoice has been providing PMO and SME advisory services on the MEDITI3G Program.
The vendor must demonstrate at least three (3) years' experience in Medicaid and Health and Human Services.	YES NO	Intervoice has more than 10 years of demonstrable experience in Medicaid and Health and Human Services through its work on the following PRMP projects: EHR, incentive payments, HIT plan, HIE, Medicaid Eligibility, MMIS, and MEDITI3G.
The vendor must include at least three (3) references from projects performed within the last three (3) years that demonstrate the vendor's ability to perform the scope of work described in the RFO. Vendors may only use one (1) reference per project performed.	YES NO	Intervoice has provided references from our work within the last three years. These references and projects reflect our capabilities as project managers in the healthcare IT sphere, as well as our successful partnership with PRMP.

C.3 Existing Business Relationships in Puerto Rico

Since 2011, Intervoice has had a series of successful engagements with PRDoH and PRMP. We have provided advisory and project management services that delivered a strong foundation for large system implementations, including the PRMMIS and MEDITI3G Systems. Intervoice also completed the Puerto Rico Health Information Exchange (PRHIE) Planning Project, which established the technical foundation and implementation strategy for the PRHIE.

Intervoice recently completed an assessment of the PRDoH PMO initiated by Administrative Order 2021-504, intended to facilitate how PRDoH will implement federal grants. The purpose of this high-visibility project, initiated by the PRDoH secretariat, was to identify PMO gaps within the

current structure and resulted in recommendations to align the PRDoH PMO with PMI and Capability Maturity Model Integration (CCMI) standards.

C.4 Business Disputes

As part of the efforts undertaken by the Financial Oversight and Management Board (FOMB) of Puerto Rico, acting by and through its Special Claims Committee and the Committee of Unsecured Creditors of all Title III Debtors except Corporación del Fondo de Interés Apremiante (COFINA), certain adversary proceedings have been undertaken seeking to avoid and recover constructive fraudulent transfers and preferences and to disallow claims pursuant 11 U.S.C. Secs. 502, 544, 547, 548 and 550 and Puerto Rico law. To that end the equivalent of a master complaint containing as common denominator several unverified, common general allegations was filed against parties who at one time or another have been vendors of goods or services to the Government of Puerto Rico. Intervoice Communication of Puerto Rico, Inc., is one of these entities, and we promptly agreed to voluntarily appear and participate in an information exchange process made available pursuant to an Omnibus Court Order entered to facilitate the resolution of said cases.

The proceeding to which Intervoice is a party was filed on April 30, 2019 under Adversary Proceeding No. 19-00068. Upon the first meeting and voluntary production of documents, Intervoice established that contrary to the general allegations made in the complaint, all of its executory contracts with the Government of Puerto Rico were duly registered in the Office of the Comptroller, in strict compliance with the applicable state and federal regulations, given the fact that 90% of the funds destined to pay for the services provided under the contract were federal funds administered by CMS/Medicaid, and that none of the alleged fraudulent conveyance allegations which had been made in the other complaints were applicable to the claim filed against Intervoice. To that end, all invoices and the extensive supporting documents required by CMS to approve payment were made available for inspection, to the satisfaction of the FOMB.

Through the ensuing exchange of information, the FOMB was provided with incontrovertible evidence that the services provided by Intervoice Communication of Puerto Rico, Inc. complied with federal regulations and monitoring, and that in the absence of the MMIS supported by Intervoice, the PRMP would not be eligible for federal funding.

Following various meetings and voluntary exchange of information, the FOMB representatives reviewing the claim are currently evaluating if reimbursement of \$660,000, which it understands was paid to Intervoice during the 90 days preceding the filing of bankruptcy by the Government of Puerto Rico, should be reimbursed in full or if only 10% of said amount, which is the actual contribution from the Government of Puerto Rico, is applicable under the federally funded program.

Other than the above-mentioned proceeding, Intervoice Communication of Puerto Rico, Inc. has no other pending litigation, complaints, or administrative procedures with any local or federal entity.

C.5 References

C.5.1 Vendor (Prime) References Form

Table 5: PRMMIS Phase II

Vendor Information		
Vendor Name: Intervoice Communication of Puerto Rico	Contact Name:	Carlos Ortiz
	Contact Phone:	787-302-1030
Customer Information		
Customer Organization: Puerto Rico Department of Health, Puerto Rico Medicaid Program	Contact Name:	Carlos Carrasquillo
	Contact Title:	PRMP Program Director
Customer Address: PO Box 70184 San Juan, PR 00936-8184	Contact Phone:	787-528-1573
	Contact Email:	cmccarrasquillo@gmail.com
Project Information		
Total Vendor Staff:	40	
Project Objectives: PRMMIS PMO, Ongoing DDI, Phase II Implementation		
Project Description: In 2009, Congress passed legislation that modified federal laws that previously excluded the territories from being able to develop IT with enhanced federal financial participation (FFP) for approved technology projects as defined in part 11 of the State Medicaid Manual. Enhanced FFP enables state Medicaid programs to obtain a high match for IT DDI projects at 90% federal and 10% state match. As a result, the PRDoH and PRMP prioritized the adoption and use of health information technology (HIT) to improve program administration, account for federal and local expenditures, and to improve the relationship between Puerto Rico and the federal government, and in particular with the CMS. The goals established with the original PRMMIS project charter were as follows: - Transform the MES into an information-driven organization with access to information down to the level of the point of care, ensuring accountability and transparency in provider performance - Fully meet the present and future information needs of the PRMP and other government healthcare programs - Leverage MES to achieve common outcomes for HIT and health reform initiatives - Develop infrastructure capacity and establish business processes within the MES to provide adequate program oversight - Increase the credibility of Puerto Rico Medicaid stakeholders with CMS		

To achieve these goals, PRMP and CMS agreed to a phased project approach. To date, two project phases have been completed.

Intervoice developed the project management policies and procedures in accordance with PMI PMBOK 6 and then executed these, providing PMO services throughout the full software development life cycle (SDLC), as well as management oversight over the primary SI vendor and additional software vendors engaged by PRMP.

These planning and project management services included provided project management and Medicaid SMEs during the requirements verification, design, application development, deployment, and implementation phases of the project through to, and including, training of the operations team.

Intervoice's PMO and SME services were successful in ensuring the delivery of an integrated MMIS application developed for the web and compliant with the CMS Medicaid Enterprise Certification Toolkit (MECT) process.

Vendor's Involvement:

Intervoice's PMO and SMEs provided the following services:

- Coordination, facilitation, and management of the SI vendor during functional, non-functional, and interface requirements
- Reviews of system and software requirements specifications and design documents
- Test management oversight of system testing and planning, development, training, and execution of User Acceptance Testing (UAT)
- Creation of business process documentation for system operations and procedure manuals
- Training and transition of operations to the customer business unit

Some of the work products in this engagement included:

- Monthly Project Status Reports
- Bi-Weekly Project Status Reports
- Self-Service Project Dashboard
- Project Charter
- Project Management Plans
- Communications Plans
- Integrated Master Schedules
- RACI Matrix
- Change Management Plan
- Risk and Issue Management Plan
- Performance Management Plan
- Project Phase Assessments
- Deliverables Management Plan
- Human Resources Management Plan
- Operational Readiness Assessments
- Requirements Management Plan
- Test Management Plans

Intervoice provided the following PMO services and deliverables during DDI:

Process Enhancement & Governance

- Our program management team provided oversight of the project governance process for making decisions to ensure it is effective to satisfy the needs for which it was undertaken.
- Deliverables included: regular status reporting, action items, risks & issue reporting, Governance Management Plan, process and procedures optimization analysis, and continuous process improvement.

Scope & Schedule Management & Oversight

- Our scope management methodology was used to determine if the processes used for developing and managing project scope, including the definition and creation of work breakdown structures (WBS), were adequate for the project to satisfy the desired benefit realization.
- Deliverables included: Scope Management Plan, scope and schedule assessments, findings & defects, and scope tracking metrics.

Schedule Management

- The Intervoice PMO team provided continuous reviews of the PRMP MES implementation vendors' subplans, ensuring activities required for determining whether the processes used for developing and managing a fully integrated project schedule are adequate for the project to satisfy the design objectives. This also included reviews of the project team's ability to execute and follow the prescribed time management procedures. The goal was to develop a fully integrated and dynamically linked master schedule.
- Deliverables: Schedule Management Plan, bi-weekly schedule status reporting, Integrated Master Schedule (IMS), Reporting: Schedule Variance (SV) and Schedule Performance Indexing (SPI).

Quality Management

- Intervoice defined the quality management processes and procedures required to meet defined quality standards to avoid the risk of PRMP prematurely approving project work products (deliverables) of an inadequate quality which may be incomplete or inaccurate.
- Deliverables: Quality Management Plan, quality and risk avoidance recommendations, and SME review of all implementation vendor deliverables.

Risk and Issue Management

- Intervoice defined the procedures and processes used to conduct risk management planning, identification, analysis, responses, and monitoring. We monitored identified risks and mitigation plans with the goal of preventing identified risks from becoming issues. As issues were identified, we worked with the responsible parties to develop a plan of action to resolve and close out the issue with minimal impact to the project.
- Deliverables: Risk Management Plan, plan of action and milestones, and bi-weekly status reports. Regularly scheduled and facilitated Risks and Issues meetings, which occurred no less than twice per month. The PMO team managed the process to help ensure all risks were identified in a timely manner, resulting in mitigation strategies submitted to the Project Director within three business days of identification of those risks.

Communications Management

- Intervoice worked with PRMP to define the processes and procedures used for generating, collecting, distributing, storing, retrieving, and ultimate disposition of project information with the goal of avoiding the risk of miscommunication between the various project stakeholders (both internal and external), the project team, and governance structure, which may have resulted in non-effective decisions.
- Deliverables: Communication Management Plan and bi-weekly Status Reports to the Program Manager and CMS. The same format and content were used for both the bi-weekly status and the CMS reports. PRMP ad-hoc status updates, presentations, and reports were provided to stakeholders at intervals as defined by the Steering Committee or the Program Manager.

Project Monitoring and Control

- Intervoice implemented and executed a Performance Management Plan that provided an appropriate level of project metrics to convey an accurate situational awareness of vital programmatic information.
- Deliverables: Bi-weekly status report and online self-service status reporting dashboard.

Project Library and Artifact Control

- Intervoice hosted the project's web-based SharePoint project library. This was used to house and maintain all meeting agendas, meeting notes, decision documents, and any other relevant project documents for all contractors involved in the execution of the DDI Project. The project library was accessible to all authorized project resources.
- Deliverables: Hosting and maintenance of project library

The previously described planning and project management services provided project management and Medicaid SMEs during the requirements verification, design, application development, deployment, and implementation phases of the project through to, and including, training of the client organization's operations team.

Intervoice's PMO and SME services were successful in ensuring the delivery of an integrated MMIS application developed for the web and compliant with the CMS Medicaid Enterprise Certification Toolkit (MECT) process.

Project Benefits:

As part of a key continuous process improvement initiative, Intervoice developed a PMO consolidated dashboard that provided a single source of truth for data elements across the IMS and service level agreements (Service-Level Agreements (SLAs) for each project under the PMO purview. This consolidated dashboard is highly configurable and allowed PRMP and the PMO to establish key data points required to perform research and analysis and to develop recommendations throughout the project lifecycle. The dashboard's red, yellow, and green indicators; tasks; milestone; risks and issues; and CR summaries enabled the team to quickly identify hot topics and provide drilldown capability to support research and analysis. As owners were also assigned to each of these data elements, the dashboard helped to drive accountability for issue and action resolution. Through custom and/or out-of-the-box Application Programming Interfaces (APIs), the dashboard was able to pull and render data from alternative SDLC tools such as JIRA and Version One to track and report requirements traceability, burn-down, defect aging, etc., across the project portfolio. PRMP praised the ease of use of this dashboard and the convenience of obtaining real-time project data in support of keeping stakeholders aware of project status.

Key Personnel				
Name: David Meadows		Role: Project Manager		
Name: Valerie Law		Role: PMO Manager		
Name: Blake Hansard		Role: Security SME		
Name: Nate Baker		Role: Scheduler		
Project Measurements:				
Estimated Project One-time Costs: \$50,361,055		Actual Project One-time Costs: \$46,839,885		
Reason(s) for change in one-time cost: While Intervoice was not at the time responsible for the project costs, some of the reductions in expenditures were a result of Independent Verification and Validation (IV&V) responsibilities being reassigned to the PMO under PMO Quality Assurance (QA), reducing those project expenses. We also acquired other project responsibilities such as Advance Planning Document (APD) development support among others, which were performed by our SMEs under our existing contracted terms, further reducing the overall project expenses of the state. All expected goals of the project were met on time despite the reduction of the expected costs.				
Original Value of Vendor's Contract: \$12,247,180		Actual Total Contract Value: \$12,247,180		
Reason(s) for change in value: N/A				
Estimated Start & Completion Dates:	From:	01/2019	To:	05/2020
Actual Start & Completion Dates:	From:	01/2019	To:	05/2020
Reason(s) for the difference between Estimated and Actual dates: N/A				
If the vendor performed the work as a subcontractor, the vendor should describe the scope of subcontracted activities: N/A				

Table 6: MEDITI3G DDI Implementation Release 1

Vendor Information		
Vendor Name: Intervoice Communication of Puerto Rico	Contact Name:	Carlos Ortiz
	Contact Phone:	787-302-1030
Customer Information		
Customer Organization: Puerto Rico Department of Health, Puerto Rico Medicaid Program	Contact Name:	Alexander Quevedo
	Contact Title:	Puerto Rico HIT Coordinator
Customer Address: PO Box 70184 San Juan, PR 00936-8184	Contact Phone:	787-594-4543
	Contact Email:	Alexander.Quevedo@salud.pr.gov
Project Information		
Total Vendor Staff:	12	
Project Objectives: MEDITI3G PMO, DDI Development, Implementation		
Project Description: PRMP undertook a modernization of its MEDITI3G system and processes to respond to the requirements and timelines of CMS and local program objectives. PRMP developed an incremental modernization approach designed to meet the requirements of the Affordable Care Act of 2010 (ACA). PRMP's primary objectives included improving its eligibility processing capabilities and implementing a new system in a controlled, deliberate manner to realize these outcomes: ■ Simplifying the Medicaid application process for citizens in Puerto Rico ■ Achieving full compliance with federal requirements and CMS guidance ■ Improving the accuracy of Medicaid eligibility determination ■ Reducing operational cost through electronic verification and real-time processing		
Vendor's Involvement: To support this modernization effort, the Intervoice PMO began serving in January 2019 on the MEDITI3G Project (formerly known as the Puerto Rico Medicaid Eligibility and Enrollment (PREE) Project). The PMO and its highly experienced SMEs established the comprehensive project management plans, processes, and forms, as well as configured the supporting SharePoint project library site, enabling a strong project management foundation for the project. The project management approach incorporated proven, leading practices and aligned with PMI PMBOK best practices. Intervoice customized the project management policies and procedures execution to support the SI's commercial-off-the-shelf (COTS) development approach and the multi-vendor environment. The PMO managed, in conjunction with PRMP, the project across all phases of the SDLC. The PMO provided functional and technical design review, architectural guidance, security oversight, trading partner (interfaces) coordination and alignment, and test		

management. In addition, Intervoice's SMEs provided insight and guidance gathered from years of industry knowledge and hands-on project expertise.

The MEDITI3G PMO developed processes and delivered services in eleven essential process areas:

- General Project Management
- Project Management Planning
- Management Monitoring and Control
- Integrated Project Scheduling
- Change Request (CR) Management
- Risk and Issue Management
- Performance Management
- Deliverables Management
- Resource Management
- Business and Technical Project Management
- Test Management

The PMO focused on proactive, integrated project management in each of these areas and refined the processes in each area as needed based on the SDLC phase and specific issues the project encountered. Below we provided highlights for a subset of the disciplines.

Project Management Planning and General Project Management

Intervoice established the processes for planning, scheduling, managing, and reporting the SI's system design, development, test, and implementation. In addition, Intervoice developed and executed the performance management process. With the approval of the project executive committee, Intervoice managed the project schedule and all accompanying activities across the MEDITI3G Project, and when necessary, initiated CMS Corrective Action Plans (CAPs) on behalf of PRMP. In the establishment of the project governance structure, the Executive Steering Committee and PRMP Leadership Committee were established including thresholds for escalation based on impact to schedule and budget.

A key tenet to the project management approach was responsibility and accountability to successfully execute the project and achieve the objectives PRMP and CMS agreed to together. This responsibility included assisting:

- The executive steering committee and PRMP leadership committee to resolve issues and drive support and participation within the organizations they represent
- Process owners to embrace new approaches and design end-to-end processes to support business functions and enable cross-functional workflows
- Benefit owners validate and report benefits achieved
- The business community (defined as the extended team) address data integrity and data clean up, validate process design, and perform user acceptance testing
- The vendor community execute their statements of work with rigor and timeliness as defined in their SLAs

Deliverables Management

During project initiation, the Intervoice PMO collaborated with PRMP to identify critical artifacts and documents (Functional Design, Technical Design, Interface Design, and Conversion Mapping, among others) and detail the process for review and approval. The PMO managed the deliverable process and confirmed all open comments were addressed by the responsible

party. These artifacts were used during the project to confirm that the configuration and processes aligned with PRMP's direction and, if necessary, to log a defect for the SI vendor to bring the functionality into alignment with the approved functionality.

Business and Technical Management

Intervoice provided business and technical subject matter knowledge for Medicaid eligibility and enrollment requirements and regulations along with leading practices from other states. The PMO performed the following activities to facilitate business and technical management:

- Developed the requirements management process including the required documentation, analysis, traceability, and prioritization; the requirements process also included the process for controlling change and communicating to relevant stakeholders
- Reviewed functional and technical design documents to confirm compliance with CMS policy and PRDoH enterprise architecture standards
- Maintained business requirements and oversaw requirements traceability
- Managed review of all SI deliverables to ensure compliance with contract scope
- Coordinated with the SI vendor and other relevant service providers to validate each party executed against requirements and that the requirements repository was properly dispositioned

Test Management

The Intervoice PMO managed the quality and completeness of testing activities conducted by the vendors and PRMP. Intervoice provided testing process SMEs who assisted with test plan development, execution of test plans, review of test plan results, and coordination and execution of integration testing. The Intervoice PMO reviewed the results of system testing, user acceptance testing, performance testing, and integration testing and identified areas of risk and issues. As part of the issue report, the Intervoice PMO provided recommendations on how to address the risk or mitigate its impact. The PMO performed the following activities to facilitate test management:

- Developed a master test strategy addressing each phase of testing and the interaction with MEDITI3G modules
- Reviewed the results of PRMP's performance test plan and identified concerns and recommendation for the SI vendor to incorporate into system performance tuning before deployments
- Provided recommendations to PRMP on acceptable levels of response times and overall system performance
- Facilitated user acceptance testing including test case development, time travel schedule, and logged anomalies and supporting documentation to aid in the troubleshooting and correction of defects

Risk and Issue Management

The Intervoice PMO established a rigorous risk and issue management process for the MEDITI3G Project. The risk and issue process focused on early identification, qualitative analysis, quantitative analysis, severity of impact, risk mitigation activities, and issue response. The risk and issue logs were accessible to all project stakeholders via the project SharePoint site. The PMO met weekly to analyze the risks and issues and update dispositions. This analysis was used to designate the risks as red, yellow, or green, based on impact severity and likelihood of occurrence. Issues were designated red, yellow, or green based on impact severity. A weekly or bi-weekly meeting was held with PRMP leadership and vendor stakeholders to communicate status and needed actions and assign follow-up actions to the appropriate stakeholder. In addition, red risks and issues were communicated to CMS in the CMS Monthly Report.

In summary, the risks and issues process:

- Fostered open communication with MEDITI3G SMEs to identify new potential project risks early
- Provided a forum to analyze, monitor, and control risks
- Reported the status of project risks to create awareness throughout the project, including among executives
- Analyzed, monitored, and controlled mitigation plans developed to reduce the likelihood of risks being realized

Project Benefits:

At the initiation of the advanced planning phase of the project, Intervoice PMO worked with PRMP to develop a Project Charter identifying the goals and objectives for the project.

PRMP created five goals and nine business objectives to be achieved through improvements in the eligibility determination and associated business processes.

Goals

1. Achieve full compliance with all federal programmatic, systems, management, and operations requirements
2. Improve the accuracy of program payments and provide full accountability and transparency in MEDITI3G processes
3. Provide a first-class user experience through a single, streamlined application and data-driven verification processes
4. Increase federal funding for Medicaid operations
5. Fully support MEDITI3G information needs of the future system to be able to use information in the system to assess program administration and contractor payment accuracy

Business Objectives

1. Simplify the Medicaid application process for citizens in Puerto Rico
2. Provide a path for future integration with other federal programs, such as:
 - a. Puerto Rico Nutrition Assistance Program (NAP) (also known as Food Stamps)
 - b. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
 - c. Administration for the Sustenance of Minors (ASUME)
3. Achieve full compliance with federal requirements and CMS guidance
4. Improve the accuracy of Medicaid eligibility determination
5. Reduce operational costs due to electronic processing
6. Enhance customer service, increase eligibility worker efficiency, improve access to program information, and increase access to assistance programs through technology improvements
7. Align business processes with CMS best practices
8. Maximize qualification for 90% funding for enhanced FFP for the development and implementation of the new system
9. Maximize qualification for 75% FFP operational funding for the new system

Intervoice's active project management and subject matter support helped PRMP achieve the five critical goals. PRMP's eligibility system is also going through the Outcomes-Based Certification (OBC) process now in order to realize the 75% operational funding for the system.

Key Personnel

Name: Greg Charles	Role: Project Director
Name: Valerie Law	Role: Deputy Project Manager
Name: Blake Hansard	Role: Security and IT SME
Name: Nate Baker	Role: Project Scheduler and Lead PMO Analyst

Project Measurements:

Estimated Project One-time Costs: \$102,913,127 (FFY2021)	Actual Project One-time Costs: Project is currently ongoing and final project one-time cost will be available upon completion of DDI
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Reason(s) for change in one-time cost:
N/A

Original Value of Vendor's Contract: \$13,323,714	Actual Total Contract Value: \$13,323,714
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Reason(s) for change in value:
N/A

Estimated Start & Completion Dates:	From:	01/2019	To:	04/2021
Actual Start & Completion Dates:	From:	01/2019	To:	05/2021

Reason(s) for the difference between Estimated and Actual dates:
Intervoice did not incur any time variances.

If the vendor performed the work as a subcontractor, the vendor should describe the scope of subcontracted activities:

N/A

Table 7: Provider Services

Vendor Information		
Vendor Name: Intervoice Communication of Puerto Rico	Contact Name:	Carlos Ortiz
	Contact Phone:	787-302-1030
Customer Information		
Customer Organization: Puerto Rico Department of Health, Puerto Rico Medicaid Program	Contact Name:	Jose Diaz
	Contact Title:	Provider Lead
Customer Address: PO Box 70184 San Juan, PR 00936-8184	Contact Phone:	(787) 765-2929 X6773
	Contact Email:	Jose.diaz.nater@salud.pr.gov
Project Information		
Total Vendor Staff:	19	
Project Objectives: Provider Enrollment and Maintenance Operations		
Project Description: In April 2020, PRMP implemented the Provider Enrollment Portal (PEP) to comply with the ACA, which required State Medicaid Agencies (SMAs) to enroll and screen providers as a condition of participation in Medicaid. Once the system was implemented, PRMP was faced with the significant task of enrolling more than 21,000 providers and maintaining the information for these providers.		
Vendor's Involvement: Intervoice provides the following services:		
Subject Matter Expertise ■ Provide more than 150 years of combined experience in MMIS and Medicaid best practices to ensure that PRMP adheres to federal and state guidelines and regulations ■ Support PRMP's decision making by providing white papers that outlined issues, regulations, and recommendations to ensure federal requirements are met ■ Research local regulations and licensing requirements and make recommendations to ensure system configuration supports local requirements ■ Develop and maintain PRMP policies and implement them into the procedures and system as appropriate ■ Draft and update standard operating procedures to ensure consistency in processing		
Process Provider Enrollment Applications ■ Review and process provider enrollment application information and related documentation to ensure provider meets PRMP and CMS enrollment requirements ■ Review provider screening results to ensure federal regulations are adhered to		

- Research provider screening status in Medicare Provider Enrollment Chain and Ownership System (PECOS) to leverage site visits, background checks, and fee collection

System Oversight

- Document, monitor, and review findings that relate to provider enrollment, encounters, PEP, PRMMIS, etc., to ensure issues are addressed appropriately and downstream impacts are considered
- Identify, monitor, and review system defects and fixes to ensure defects are fixed appropriately
- Ensure that root causes of defects are identified and documented so that preventive measures are taken to prevent them in the future
- Identify, write, monitor, and review CRs to ensure necessary system functionality is in place
- Assist PRMP in prioritizing CRs to ensure that the most critical changes are addressed in a timely manner and that funding is used most efficiently
- Analyze and make recommendations to PRMP on findings, defects, and CRs
- Review CRs to evaluate the appropriateness of the request and determine whether they are included in the original requirements or should be billable
- Educate PRMP on findings, defects, and changes so that PRMP can make informed decisions
- Monitor regulatory changes for impact to procedures and system functionality to ensure PRMP continues to adhere to federal requirements
- Review test results for defect fixes and system changes to ensure quality of system changes
- Review upcoming releases of changes to PEP and provide recommendations to PRMP on optional enhancements to ensure PRMP is taking advantage of enhanced functionality

Quality Assurance

- Conduct quality reviews on provider application processing to ensure accuracy
- Review provider data to ensure accuracy of provider enrollment records (e.g., providers who have unnecessary enrollment records)
- Review encounter data to ensure that encounters are processed according to coding standards, Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements, and CMS regulations and guidance

Provider Maintenance

- Process CRs from providers to update information such as contact information, taxonomy/specialty, group associations, etc.
- Review and process provider terminations including voluntary, referred from Program Integrity Unit (PIU), service location changes, or backlogged site visit failures to ensure that providers who should no longer be enrolled are not able to bill
- For provider terminations, review encounter submissions that need to be addressed and work with providers to void/resubmit

- For CRs that need to be clarified by the provider, field representatives reach out to obtain more information so the request can be correctly processed

Training and Outreach

- Conduct provider training on PEP, Learning Management System (LMS), and Provider Secure Communications (PSC) to ensure that providers are knowledgeable about the applications available to them
- Conduct internal training for new PRMP, contact center, and Intervoice staff, including policies, procedures, PEP, MMIS, LMS, PSC, etc.
- Conduct one-on-one provider outreach to address specific issues with enrollments, such as change of ownership or questions about enrollment
- Collaborate with PRMP to draft provider communications to ensure providers are well informed
- Create frequently asked questions and answers list to be posted to the Medicaid website to give providers access to information
- Create and maintain provider enrollment checklists to enable providers to have all pertinent requirements to submit an application
- Create training documents, such as provider look-up tool guide, to enable providers to understand the tools available
- Provide oversight and support, including monthly refresher training to contact center to ensure they have all necessary information
- Audit contact center calls for quality and customer service etiquette to ensure accurate information is being provided
- Answer provider inquiries referred by contact center and PRMP to help ensure that providers get accurate and timely information
- Create and update provider enrollment support documents, such as the provider type to taxonomy crosswalk and the provider enrollment checklists to ensure that Managed Care Organizations (MCOs) and providers have the information they need

MCO/MAO Communication

- Coordinate research for MCO and Medicare Advantage Organization (MAO) inquiries to ensure that carriers get answers to their questions so they can take appropriate actions
- Inform MCO/MAOs about system changes and how they impact encounters and providers so the carriers can take appropriate actions
- Review data from MCO/MAOs regarding enrollment status of contracted providers to ensure that remaining legacy providers who want to enroll are informed of the deadline
- Facilitate weekly meetings with all contracted carriers, including documenting minutes and action items

Report Review and Processing

- Review Death Master report and terminate deceased providers to ensure that they are no longer able to bill services inappropriately
- Review List of Excluded Individuals / Entities (LEIE) / System for Award Management (SAM) reports to ensure that providers who are excluded from federal healthcare plans, sanctioned, debarred, or excluded from doing business under federal contracts are no longer able to bill

- Review Medicaid and Children's Health Insurance Program State Information Sharing System (MCSIS) report to ensure that providers who are terminated for cause by Medicare and/or other state Medicaid programs are no longer able to bill
- Review address inconsistency report and make providers file to ensure accurate address information is on file
- Review other reports such as surety bond expiration, Drug Enforcement Agency (DEA)/ Clinical Laboratory Improvements Act (CLIA) / license expiration, National Plan and Provider Enumeration System (NPPES) terminations and reactivations to ensure that providers continue to meet program requirements and are terminated if they fail to comply

Encounters

- Conduct review of edits and make recommendations for changes to ensure accurate editing is in place and policies are enforced
- Review required national code sets and related updates to ensure they are implemented accurately and timely while meeting federal guidelines (e.g., International Classification of Diseases (ICD), Current Procedural Terminology (CPT), Claim Adjustment Reason Codes (CARC)/Remittance Advice Remark Codes (RARC), taxonomy etc.)
- Review data anomalies and make recommendations/referrals to PRMP/PIU to ensure that they are addressed
- Provide clarifications and education on HIPAA transaction standards for encounter transactions to ensure appropriate usage and implementation

Site Visits

- Conduct all site visits for newly enrolling and waived providers to ensure that moderate and high-risk providers meet the requirements for enrollment
- Review site visit failures with PRMP bi-weekly to make recommendations for actions and receive PRMP approval

Project Communications

- Provide weekly statistics on activities related to provider enrollment to ensure all stakeholders are informed
- Facilitate bi-weekly meetings to cover issues and action items related to provider enrollment and maintenance to ensure all stakeholders are informed and involved

COVID Waivers

- Waive fee collection and background checks due to the COVID public health emergency (PHE) and track these waivers until the PHE ends; upon the lifting of the waiver, assist PRMP in recording the collection of fees and reviewing background check results
- Conduct back-logged site visits that were waived due to the COVID PHE to ensure that these providers meet the requirements for enrollment or are terminated if they fail to qualify

Project Benefits:

The enrollment and screening of providers via the PEP ensures that the PRMMIS contains the most accurate and updated information about providers and that the providers meet the federal requirements to receive Medicaid funds. This aligns PRMP with the ACA.

Key Personnel				
Name: Kristine Weinberger		Role: Provider Services Manager		
Name: Nicole Beck		Role: Provider Enrollment Lead		
Name: Mark Leonard		Role: Field Representative Lead		
Name: Cynthia Shelton		Role: Provider Maintenance and Training Lead		
Name: Heidi Owen		Role: Subject Matter Expert		
Project Measurements:				
Estimated Project One-time Costs: N/A		Actual Project One-time Costs: N/A		
Reason(s) for change in one-time cost: N/A				
Original Value of Vendor's Contract: \$4,432,548		Actual Total Contract Value: \$4,432,548		
Reason(s) for change in value: N/A				
Estimated Start & Completion Dates:	From:	10/01/2021	To:	09/30/2022
Actual Start & Completion Dates:	From:	10/01/2021	To:	09/30/2022
Reason(s) for the difference between Estimated and Actual dates: N/A				
If the vendor performed the work as a subcontractor, the vendor should describe the scope of subcontracted activities: N/A				

C.5.2 Subcontractor References

Not applicable. All services will be provided by Intervoice.

Attachment D

D.1 Initial Staffing Plan

A thorough and relevant understanding of project management, PMO principles, and resource management is a critical element for any PMO. PMOs operating successfully at the enterprise level must be knowledgeable and well-versed in the specificities and complexities of the enterprise they represent. As enterprises go, it does not get any more complex than the modern Medicaid Enterprise.

Since its inception in the era of processing Medicaid claims by hand and keeping data in paper ledgers, Medicaid has evolved into a modern-day labyrinth with multiple interdependent processes across a myriad of systems in an environment of ever-changing regulations and requirements that can be challenging to both navigate and keep pace. A defining success factor for an ePMO dedicated to a modern MES is the team's individual and collective expertise in those regulations and requirements, as well as knowledge in how the various systems and processes across the MES work together and are dependent on one another. Projects run by teams without this broader view and experience carry the risk of operating in a silo, with changes to one system potentially adversely affecting other systems, impacting the core MES mission of serving the Medicaid members for whom they exist.

Intervoice proposes an ePMO designed to avoid those issues by having the right resources, in the right positions, at the right time. Our Initial Staffing Plan describes our approach to staffing this critical office both for the specific requirements of this RFO and for the future success of the Puerto Rico Medicaid Enterprise.

D.1.1 Purpose

The Initial Staffing Plan describes the strategy Intervoice will employ for staffing the ePMO and projects assigned by PRMP. The purpose of this plan is to capture how Intervoice will manage ePMO and Project Staff resources over the term of the contract. The Initial Staffing Plan will eventually become the Staffing Management Plan deliverable and is designed to ensure the ePMO has sufficient qualified staff at all times and to verify that the Project Staff has the skill sets and experience necessary to enable successful project execution across the MES portfolio.

D.1.2 Scope

This Initial Staffing Plan identifies the processes and procedures Intervoice uses to manage ePMO staffing throughout the life of the contract. The plan describes the planning and acquisition of staff, identifies the responsibilities assigned to each staff member, and discusses transition of staff over time. We also present the initial proposed ePMO team along with the qualifications, experience, and expertise of the staff we propose. We will work with PRMP to finalize the Staffing Management Plan deliverable upon contract execution and agreement on the full scope of the initial contract and assigned projects.

D.1.2.1 Additional MES Projects

As new projects are assigned to the ePMO, Intervoice stands ready to quickly onboard or re-allocate resources to meet the needs of the project. We have been involved in previous MMIS implementations, as well as played a key role in both the MEDIT3G implementation and previous work on the PRMES HIE solution. Most of the resources we propose either currently work on these projects or have worked on them in the past. While there may be times to bring on external resources, Intervoice can quickly fulfill identified Project Staff needs.

In section D.1.6.1, we explain how Intervoice goes about identifying the need to bring on additional resources and onboarding the resources who can best fill the identified needs, when any given need arises.

D.1.3 Document Maintenance

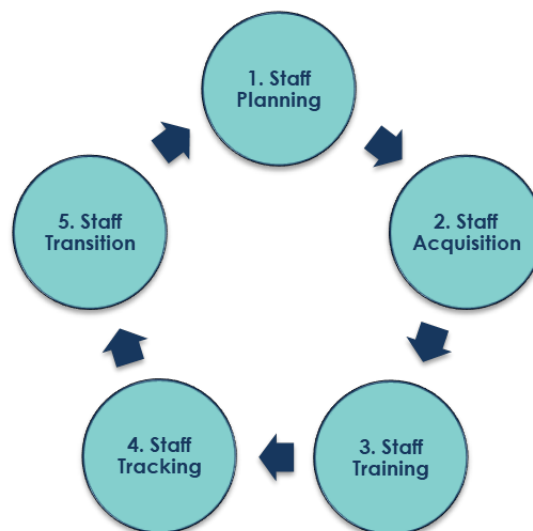
All ePMO deliverables are considered living documents. The final Staffing Management Plan deliverable will be reviewed periodically (semiannually at minimum) by the ePMO and PRMP to address any lessons learned or potential improvements necessary to mitigate risk and/or increase the quality of the deliverable. Upon contract execution, Intervoice will work with PRMP to finalize the Staffing Management Plan to match the agreed-upon contract and seek approval of the final deliverable as one of the Project Management Plan sub-deliverables. Any updates to the approved Staffing Management Plan will be managed through the documented change management process.

Deliverable documents will contain a revision history log. When changes occur, the version number will be updated to the next increment, and the date of revision and change description will be recorded in the document's revision history log.

D.1.4 Staff Management Approach

The staff management process for the ePMO project consists of the following five elements: Staff Planning, Staff Acquisition, Staff Training, Staff Tracking, and Staff Transition.

Figure 4: Staff Management Process



D.1.5 Staff Planning

Staff planning is the foundation of a strong staff management process. Fully understanding PRMP's culture, the needs for resources, and the skills and talents required to be successful, allows you to build an effective staffing plan. The plan should match both the individual resource to the need and the size of the team to the project so that a balance is maintained between the efficient use of resources and not overloading individual resources, leading to burnout.

A key step in developing a meaningful staffing plan includes developing a Responsibility Assignment Matrix (RAM). A meaningful RAM enables key leadership to understand who is responsible for what, across the enterprise portfolio. It also creates a "big picture" view and provides confidence among project sponsors and stakeholders that all aspects of the project have been considered and have been assigned to a responsible party. The type of RAM required by this RFO is a Responsible, Accountable, Consulted, Informed (RACI) matrix.

Intervoice will work with PRMP to deliver an initial RACI matrix for the ePMO and MMIS Phase III projects; this RACI matrix will be updated as needed and as new projects are assigned.

Certain resources represented in the organizational chart in Section D.1.11.2 are already on existing PRMP projects. For these resources, Intervoice has developed a transition plan and has identified backfill resources.

D.1.5.1 Time Estimation Methodology

The Intervoice team has been providing PMO services to PRMP since 2011. Our team, comprised of resources with extensive Medicaid, DDI, IV&V, and PMO knowledge, has developed a deep understanding of the tasks that encompass the delivery of MES projects. The size of any project team depends on the services to be provided by the team, the number of projects overseen by the team, and the scale and complexity of those projects. Intervoice looks at the following variables when sizing resource needs:

- Services requested
- Number of vendors and overall stakeholder agencies impacted
- Estimated number of interfaces
- Number of modules to be delivered
- Deliverables and required turnaround times
- Functions:
 - ◆ Project management
 - ◆ Reporting
 - ◆ Vendor and contract management
 - ◆ Technical and functional design and architecture support
 - ◆ Quality assurance
 - ◆ Risk and issue tracking

Intervoice leverages a proven methodology coupled with our extensive estimating experience to develop accurate estimates of work.

D.1.5.2 FTE Formula

The chart below depicts the base calculation used by Intervoice determine full-time equivalent (FTE) counts.

Figure 5: FTE Base Calculation

$$\text{Resource Capacity in FTE} = \frac{\text{Total Work Effort in Hours}}{\text{Working Time of the Standard Calendar in Hours}}$$

While we use the contracting entity's calendar when accounting for holidays, the general formula accounts for 10 holiday days, 10 vacation days, and 10 sick days per year to be taken out of the standard pool of annual hours. Using a standard eight-hour day and 40-hour work week (recognizing that, during project implementation, it is common for our staff to work longer hours as needed), we generally account for 1,840 hours available in a year for actual work. We reach this number by removing 240 hours (the equivalent of 30 holidays, vacation days, and sick days) from the 2,080 possible work hours in a year. We then allocate the remaining 1,840 annual work

hours for work activities and represent the denominator in the formula for calculating FTE over a year.

D.1.5.3 Required Skills and Skill Gap Plan

Any successful project must have the right people with the right skill sets in the right roles. In some cases, with proper planning, there may be enough time to get people the training or support they need in order to succeed but most of the time, resources need to join the project already having the required experience and skill set. Every skill critical to the completion of assigned project deliverables needs to be identified and assessed in terms of the level of skill required (a scale of 1 to 4 is used where 1=Proficient and 4=Novice). A project without sufficient requisite skills or experience, or one that relies heavily on many new external resources, introduces higher levels of risk. This risk needs to be evaluated as it may potentially cause enough problems to delay or cancel a project until skill gaps have been sufficiently addressed.

Figure 6: Required Skills and Gap Plan

Required Skills & Skill Gap Plan						
Role:		Source:				
Resource Name:		When Needed:				
Required Skills	Skill Level Required				Actual Skill Level	Skill Gap Mitigation Plan
	1 Proficient	2 Competent	3 Learner	4 Novice		
	☐	☐	☐	☐		
	☐	☐	☐	☐		
	☐	☐	☐	☐		
	☐	☐	☐	☐		

D.1.6 Staffing Acquisition

Intervoice has a dedicated and experienced workforce with some of the most knowledgeable experts in the Medicaid and project management fields. We also work with staff augmentation vendors, with whom we have long-standing relationships, who provide specialty skills and a nationwide network to assist in finding excellent team members.

The process of onboarding a new project resource involves the integration of new personnel into an ongoing work effort. By nature, this requires the new resource to become familiar with the current status of the project, the position's specific roles and responsibilities, and the overall project governance and structure. All of this is taken into account in the staff acquisition process, as outlined below.

D.1.6.1 Identify Resource Needs and Outline Responsibilities

The Project Manager assigned to each approved project is the resource with primary responsibility for identifying the need for new or additional resources, defining the related roles and responsibilities, and documenting the type of access that is required for these resources. Initial staffing requirements are evaluated throughout the project by monitoring progress against the schedule, deliverable quality, review turnaround times, defect aging, and risk and issue aging.

The Project Manager may consult with the ePMO and/or other project vendors' key managers for details on role descriptions to identify the correct needs. The Project Manager will recommend an onboarding request.

In some instances, the ePMO may recognize potential gaps for work that has not yet commenced. This information will arise from our contingency strategy, which leverages project management tools, including our own Project Dashboard, to quickly identify schedule issues that

could be the result of inadequate staffing. The ePMO also leverages its estimating experience in similar projects to evaluate the SI vendor's estimates on DDI scope and various change order requests to ensure proposed staffing is neither too high nor too low.

The ePMO performs ongoing evaluations of the tasks and resource loading in the IMS along with the RACI matrix. These evaluations will provide the ePMO with the information necessary to ensure adequate resources and service levels are maintained across all project teams to complete the tasks outlined for the contract period.

Intervoice has demonstrated its ability and flexibility to staff effectively, having supported PRMP's HIE, MEDITI3G, and PRMMIS programs concurrently. We have several multilingual personnel on staff and our proposal exceeds the RFO's multilingual requirements by including fully bilingual key staff at the ePMO and project level, along with several native Spanish-speaking business analysts who are fluent in English.

D.1.6.2 Staff Onboarding

The Project Manager is responsible for preparing onboarding information for all new resources, including, but not limited to:

- Roles and responsibilities
- Current project status
- Relevant background information
- Required training(s)
- Required system access
- Scheduling logistics and expectations
- Building and security protocols
- Validation of HIPAA training completion
- Access to SharePoint

The following documents should be provided to the incoming resource(s) to provide basic grounding and information about the project:

- Project Contract with Project Requirements
- Project Management Plan (PMP)
- Requirements Traceability Matrix (RTM)

The onboarding materials and information should also contain the Associate Information Form for new employees to provide the information required for security measures and system access. The onboarding resources are responsible for accurately completing the Associate Information Form and submitting the form to the ePMO System Access / Security Lead in a timely manner.

Due to the nature of MES project work, onboarded resources should complete appropriate training pertaining to HIPAA and send evidence of completion of the training to the System Access / Security Lead.

D.1.7 Staff Training

Intervoice follows a training approach that includes initial and ongoing training efforts for internal staff. Depending on the specific need, the initial training approach can include core training, tools training, or on-the-job training components.

New staff training includes the following:

1. HIPAA Privacy and Security

2. Medicaid Language
3. Medicaid 101 – History and Funding
4. Medicaid 102 – Language

In addition to internal training for new staff, many resources come to Intervoice with advanced training in disciplines like project management, SDLC, security, data governance, interoperability, strategic planning, and Medicaid. These resources often maintain certifications and other credentials that require ongoing training for renewal.

D.1.8 Staff Tracking

Successful project teams are generally comprised of people who have worked together over a prolonged period of time and are experienced in working as a cohesive unit. Team stability is a key indicator of project success and managing project team stability requires proactive project leadership. Much like managing risks before they become issues, resource management is best done throughout the project lifecycle, not after it happens. Staff transition can be a significant risk to any project, so we work hard to keep transition and turnover to a minimum. We accomplish this by closely tracking project resources in relation to their workload or lack thereof, and level of satisfaction with their role, along with obtaining regular feedback from the customer, peers, and vendors on a regular basis. The goal of staff tracking is to, whenever possible, head off a potential turnover situation before it happens. There are times when staff turnover/transition is unforeseen, unpreventable, and/or unrelated to the project or a resource's role on the project. However, when staff turnover/transition is preventable, Intervoice will do everything in its power to ensure team stability.

D.1.9 Staff Transition

Intervoice builds experienced project teams familiar with the demands and expectations of the project and we mitigate staff transition whenever possible, but we realize staff transition will inevitably occur during a typical project lifecycle. One of our mitigation strategies is to build project teams that remain consistent across all phases of the project. This ensures continuity, adequate staffing levels, minimizes ramp-up/ramp-down time, and provides the project with needed resources across the project lifecycle.

Intervoice understands the staffing requirements of this contract and commits to supporting them. In the event that an unforeseen issue surfaces that causes a resource to leave the project, Intervoice will work quickly to find a qualified replacement. We will replace key staff within 30 calendar days of departure unless a longer period is approved by PRMP. Additionally, PRMP will have the opportunity to review, interview, and approve replacement key staff, if desired. Should PRMP feel, at any point in the project, that a resource is not performing according to contractual requirements, Intervoice will work to find a more suitable candidate.

D.1.9.1 Transition Management

Effective and efficient transition of project resources is critical to the maintenance of project flow and to ensuring uninterrupted progress towards achieving overall project objectives. If a resource is exiting their role on the project and a replacement resource is being onboarded or transitioned from another project to fill the role, knowledge transfer between the outgoing resource and incoming resource is critical. Intervoice will establish a transition period any time there is a change in project resources. This transition allows for knowledge transfer and serves as a beneficial learning period for the incoming resource while they acquire an understanding of the responsibilities and processes that should be leveraged when occupying their new role.

The outgoing resource's manager will schedule dedicated time for the resource to document and share insight into the day-to-day activities required for their role; this will be used to onboard

the incoming resource. Transition sessions between the manager and outgoing resource should be scheduled immediately upon learning of the resource's intended departure so that the opportunity is not lost. If the role will be filled by an internal resource, the manager may choose to include that resource during the transition sessions.

Whenever possible, the incoming resource will work alongside the outgoing resource. If this is not possible, the incoming resource will work under the guidance of a manager, supervisor, or peer who is knowledgeable of the role. The shadowing period should last at least two weeks, as this will give the incoming resource time to adjust to the new role and consult team members or leadership for guidance. During this time, we work to resolve any issues so that the incoming resource is fully integrated into their new process flow and fully adopts the responsibilities and processes of their new role.

D.1.9.2 Transition at Project Completion

The maintenance and operations of most MES projects will likely transition to PRMP at the completion of the project. The approach for this transition, including knowledge transfer to PRMP, will be contained in the Turnover and Closeout Management Plan. Intervoice's approach to turnover and closeout is detailed in our response to Attachment F's Service Area 13.

D.1.10 Roles and Responsibilities

Intervoice's proposed team offers extensive PMO expertise and deep MES experience, including individuals with experience in multiple disciplines. This unique combination gives us the ability to provide staff that can successfully manage projects and have a keen eye for anticipating, identifying, and avoiding issues that often surprise less experienced resources. This combination also provides cross-team support and functionality reducing project impact when a key resource is not available. Each lead can operate in more than one area of expertise and most of our leads have supporting staff members with enough experience to step in and run their area of expertise if they happen to be unavailable. The Intervoice staffing model includes leveraging staff with extensive broad-based backgrounds from current/ongoing projects to seed new projects. This provides PRMP an effective and versatile team that can react and respond quickly in support of your needs.

D.1.10.1 Core ePMO Roles and Responsibilities

The core ePMO key staff roles described below are based on PRMP's request to be able to staff up to three concurrent projects. Intervoice has the capability to scale up or scale down the size and composition of the ePMO based upon PRMP's business needs.

Account Manager

The Account Manager is a key staff position in the ePMO and will be dedicated to the project for the entire contract term. This position is responsible for overall project delivery and will be the primary point of contact for PRMP leadership during all phases of the contract. The Account Manager will be available on site as needed and they will be responsible for establishing and maintaining a positive client relationship. The Account Manager role is fully aligned with the Account Manager role as defined in the RFO's Appendix 3. Staff Qualifications, Experience, and Responsibilities.

Lead Project Manager

The Lead Project Manager is a key staff position and will be dedicated to the PRMP ePMO throughout the entire contract term. This role is accountable to PRMP for all ePMO related activities and will serve as the primary point of contact for all project related activities. The Lead Project Manager guides and oversees the day-to-day internal activities that support the ePMO and assists in the development of the master project schedule and all other project workplans. The Project Manager is accountable for the development, maintenance, and adherence to the

PMO's infrastructure and supporting methodologies, such as processes, procedures, standards, and templates, that follow Intervoice's best practices and policies. Ultimately the Lead Project Manager role is fully aligned with the Lead Project Manager role as defined in the RFO's Appendix 3. Staff Qualifications, Experience, and Responsibilities.

ePMO Manager

The ePMO Manager will ensure that the latest and most current best practices for project management, system integration, quality assurance, system development lifecycle, and human resource management are employed by the ePMO and all assigned PRMP projects. This resource advises both the Lead Project Manager and the PRMP to ensure awareness of the most current best practices and makes a concerted effort to stay current on all things PMO. Additionally, the ePMO Manager is responsible for oversight and coordination of all ePMO and individual project tools and serves as the primary point of contact with the resources who create and maintain the tools.

MES Technical SME

The MES Technical SME is responsible for validating alignment of technical deliverables with the laws, executive orders, policies, standards, guidelines, recommendations, and compliance requirements required by CMS. One of the key roles of the MES Technical SME is to partner with other Information Technology (IT) managers in acquiring appropriate technical assistance for such areas as enterprise architecture, database, software development, security, testing, configuration management, change management, release management, and other technical areas of the new system. This position will provide leadership and support to technical staff of the project throughout its lifecycle. The MES Technical SME will also provide technical support to the Lead Project Manager and other leads within the ePMO to establish and execute technical policies, processes, and procedures.

MES Functional SME

The Medicaid Enterprise SME is responsible for keeping up with the latest CMS rules and regulations and ensuring PRMP leadership is aware of funding, certification, and operational changes at the state and federal level. This position provides input to ePMO leadership in portfolio planning, new funding sources, and updates to HIPAA, Medicaid Information Technology Architecture (MITA), and Medicaid Managed Care. This resource is responsible for understanding and explaining the interaction of various MES projects and systems and ensuring sufficient cross project participation is achieved for optimal end results for PRMP.

MES Project SME

The Medicaid Enterprise Systems Project SME is responsible for Medicaid business proficiency and driving the implementation of project management theory across projects in a way that is practical and appropriately tailored to achieve required outcomes. This resource is also responsible to drive integration management across the MES projects especially as related to Medicaid Eligibility and Enrollment.

Project Analysts

The ePMO project Analysts are responsible for a variety of support tasks, including Risk, Action Item, Issue, and Decision (RAID) tracking and support; QA and deliverable-related activities; staff services activities; help desk liaison between the ePMO and external stakeholders; tools management activities; ePMO personnel support; and serving as ePMO meeting scribes.

ePMO Administrative Support

This resource supports the Lead Project Manager and other key staff by providing clerical support, maintaining conference room calendars and distribution lists, and managing incoming/outgoing mail.

D.1.10.2 MMIS Phase III Roles and Responsibilities

Project Manager

The Project Manager is a key staff role for the MMIS Phase III Project. This position is responsible for the overall delivery of the project. They are accountable to the PRMP Project Manager for all project-related activities and serve as the primary point of contact for the project. This position also guides and oversees the day-to-day internal activities that support the project and assists in the development of the master project schedule and all other project workplans. Project status reports, including schedule, quality, budget, RAID, and staffing updates, are prepared by the Project Manager, who will also facilitate all project status meetings.

Scheduler

The Scheduler is responsible for creating and maintaining the Integrated Master Schedule (IMS) for the MMIS Phase III Project. Once the schedule is baselined, the Scheduler will constantly update the schedule with task-related information from project resources, including other project vendors, and will provide key performance indicators from the updated schedule for the weekly status meetings. In addition to monitoring the staff load in the IMS, the Scheduler will make the Project Manager aware of tasks that are in danger of slipping so that mitigation strategies can be put in place before tasks go past due.

Medicaid SME

The Medicaid SME is a general classification for subject matter experts who have significant experience and backgrounds in Medicaid in general, but also in very specific Medicaid functional areas based on their years of experience in the discipline. The Medicaid SME may possess expertise in MMIS system operations, MMIS DDI, or MMIS Operations either from the perspective of a vendor working on behalf of a state Medicaid program or they may have worked as a SMA resource.

Certification SME

The CMS Certification SME is focused on the end goal of a certified solution. This position ensures certification-related requirements are considered from the onset of the project rather than being an afterthought, when it may be too late or result in additional unexpected expenses to the project. They also ensure traceability of project requirements to certification gates and milestones and help to ensure sufficient documentation exists to achieve final CMS Certification. The Certification SME is also experienced with Outcomes Based Certification (OBC) and will advise on the requirements for this recently adopted process.

Security and Data Governance SME

The Security & Data Governance SME is responsible for validating alignment of Security and Data Governance deliverables with the laws, executive orders, policies, standards, guidelines, recommendations, and compliance requirements required by CMS. One of the key roles of the Security & Data Governance SME is to partner with IT managers in acquiring appropriate technical assistance for such areas as security architecture, database access, software secure development, security compliance, secure configuration management, baseline management, and other technical areas of the new system. This position will provide leadership and support to technical and business staff of the project throughout its life cycle. The Security & Data Governance SME will also provide SME support to the Lead Project Manager and other leads within the ePMO to establish and execute Security and Data Governance policies, processes, and procedures.

Testing Lead

The Test Lead is responsible for reviewing and tracking test issues and ensuring all requirements have assigned test cases and scenarios. This position is responsible for overseeing all project test

activities from System Test through to User Acceptance Testing (UAT) and they will work with PRMP UAT staff to ensure they are ready to perform UAT when the time comes. This position will also provide recommended test reports showing the status of testing throughout the project lifecycle and will monitor defect trends and make recommendations for any corrective actions for testing issues.

Quality Analyst

The Quality Analyst is responsible for overseeing and ensuring both product and process quality for the ePMO and any assigned projects. This role provides insight into the project and various contractor methods of doing business by reviewing process and product activities for adherence to standards and plans, and ensures deliverable work products meet the expectations of the PRMP.

Project Analyst

The individual project analysts are responsible for a variety of support tasks, including project RAID tracking and support; testing support; QA and deliverable-related activities; staff services activities; help desk liaison between the project and external stakeholders; project team personnel support; and serving as project meeting scribes.

Project Administrative Support

This resource supports the Project Manager and other key staff by providing clerical support, maintaining conference room calendars and distribution lists, and managing incoming/outgoing mail.

D.1.11 Project Organization

D.1.11.1 Project Approach

Core ePMO

Intervoice recognizes that the MES ePMO is just one part of a larger Puerto Rico MES team. And as such, we must collaborate with not only PRMP and the PgMO leadership, but we may need input or feedback from other PRMP vendors and potentially even governance and oversight bodies or independent review entities. This level of collaboration not only ensures delivery of a complete and accurate work product, but it enables the entire MES team to consistently achieve PRMP's overall program goals and objectives.

The core ePMO team consists of resources dedicated to assisting PRMP leadership in defining the overall enterprise strategy, developing and maintaining standards for project management across the enterprise, and ensuring overall project processes and procedures are followed within each of the active MES projects. This core team will work under the direction the Medicaid Director, the Program Manager, the PRMP PgMO, and the PRMP Project Lead, and they will assist PRMP with decisions about funding, prioritization, and resourcing. As new projects are approved and assigned, the core ePMO team will train the individual project teams on the approved processes and procedures, as well as monitor project execution across the enterprise to ensure all teams are following PRMP standards.

Intervoice ePMO leadership and SMEs will stay up to date on project management, security and privacy, and system development standards, as well as changes to state and federal regulations that impact the MES. They will advise PRMP in collaboration with other teams and vendors on PMO best practices and the MES landscape. As best-practice processes are finalized and approved by the PgMO, the ePMO will ensure alignment with those processes across the MES project portfolio. We understand that final decision-making authority rests with PRMP leadership and that the contracted ePMO is ultimately accountable for ensuring project schedule, cost, and deliverables are met.

MMIS Phase III Project

As required, we also present a project team to manage the new MMIS Phase III Project. The scope of work we base our approach on is outlined in the MMIS Phase III RFP and technical responses found at <https://www.medicaid.pr.gov/Home/PRMMIS/>. In that the majority of the proposed team members were instrumental PMO resources for Phases I and II of the PRMMIS implementation, we believe we are uniquely qualified to identify the skills and resources necessary to successfully execute the MMIS Phase III Project.

While financial management and capitation processing are the primary functionalities being implemented with the Phase III Project, there are a number of other key activities included in the Phase III implementation that require specific subject matter expertise to ensure project success. In addition to proven project management professionals, we have accounted for resources knowledgeable in the following areas to ensure complete coverage of the 386 documented requirements for MMIS Phase III project:

1. CMS Certification and Payment Error Rate Measurement (PERM)
2. MES Security and Privacy
3. Data Architecture and Management
4. Third Party Liability, Drug Rebate, and Coordination of Benefits
5. Member Management, Premium Payments and High-Cost High-Needs Processing
6. Business Rules Management

D.1.11.2 Organization Chart

In our proposed ePMO organizational chart Intervoice is proposing a steady-state team across all project phases which, based on our experience, is the best overall approach for major DDI projects that roll into Operations. The core ePMO will maintain key responsibility for the initial project deliverables and then will roll into an oversight role for assigned projects in coordination with PRMP leadership, the PgMO, the PgMS vendor, and other PRMP vendors.

Figure 7: MES ePMO Project Organization Chart

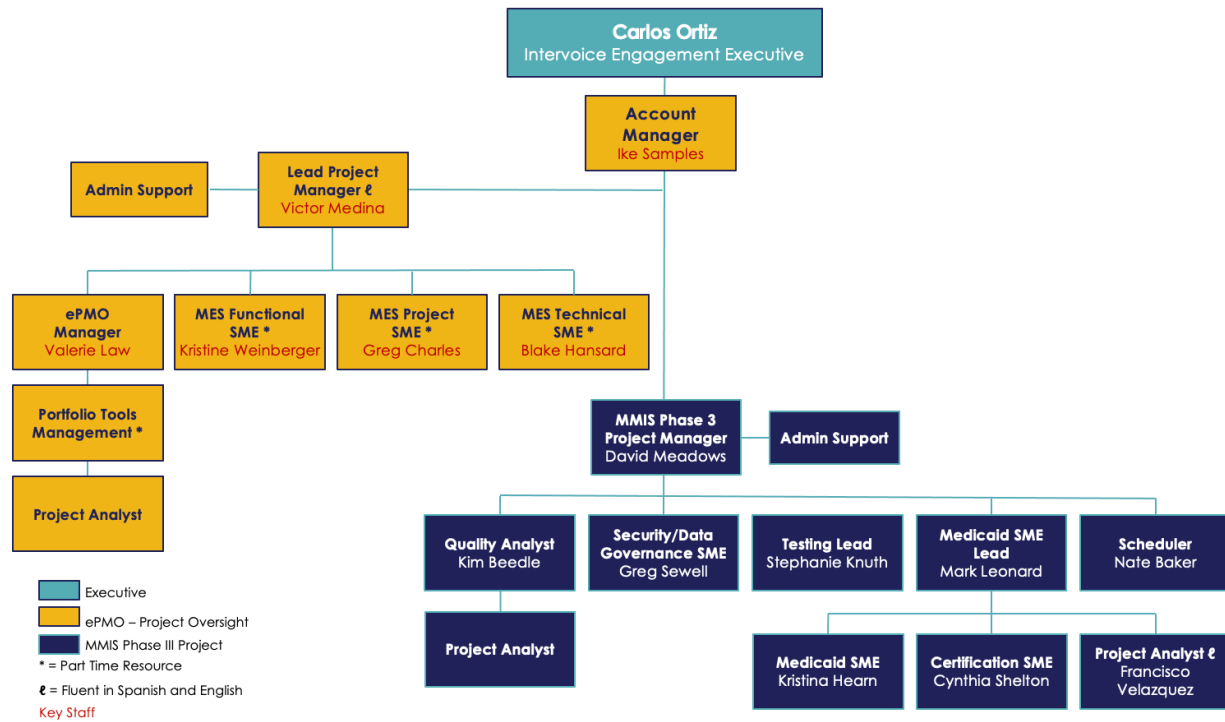


Figure 8: MES ePMO with PRMP Project Organization Chart

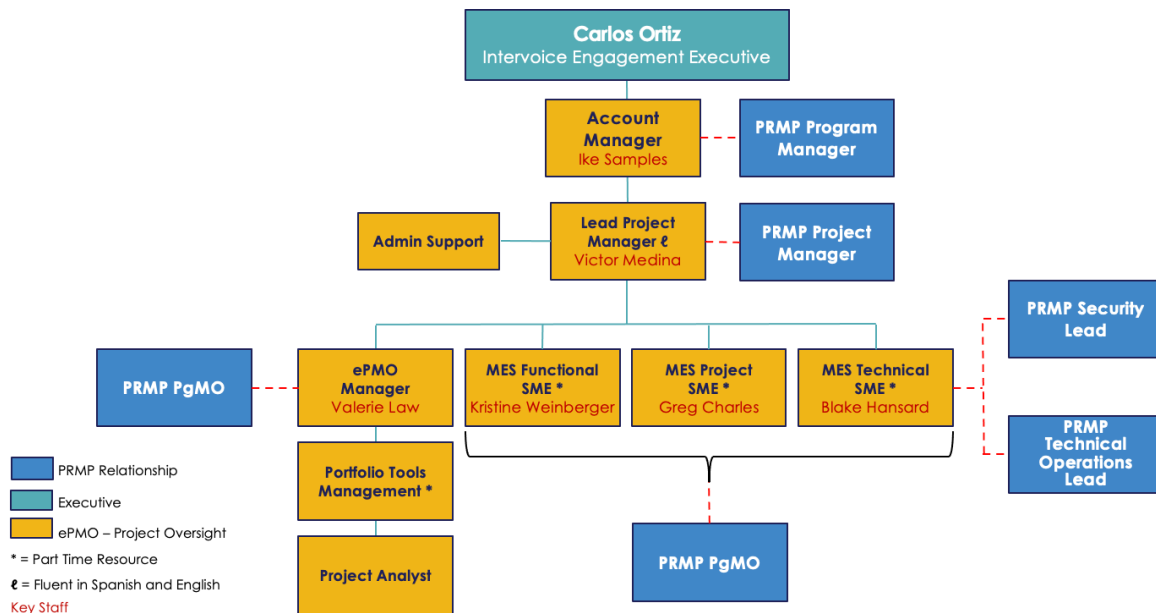
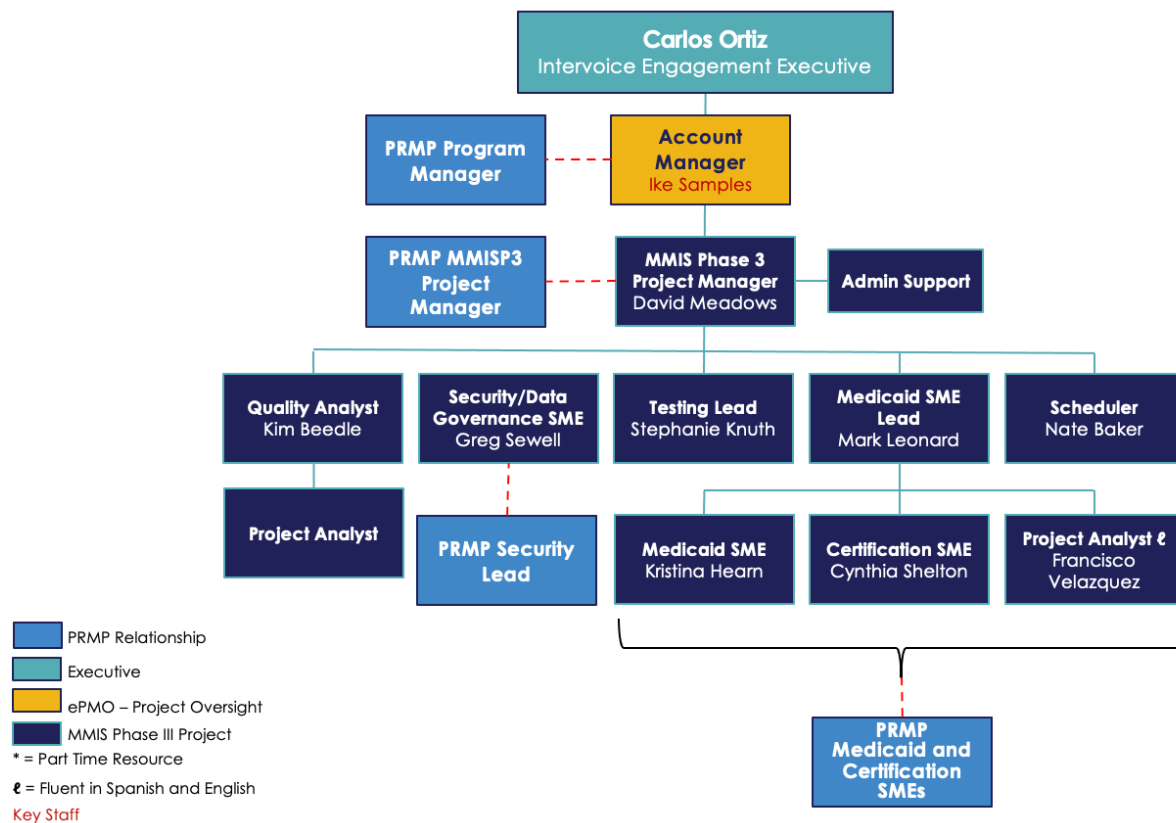


Figure 9: MMIS Phase III with PRMP Project Organization Chart



D.1.12 Location of Staff

Intervoice is a company located, managed, and operated in Puerto Rico. As a local firm, we are motivated to utilize local resources to the benefit of the local Puerto Rico workforce and economy. However, we also understand that successful projects require the right resources at the right time in the right positions. This is especially true when it comes to complex projects like those identified in this RFO. The Medicaid Enterprise is a highly specialized and intertwined complex that requires every piece of the enterprise to function flawlessly to ensure the end goal of serving the island's Medicaid members efficiently and without interruption. With this understanding, Intervoice is proposing both local and remote resources to ensure PRMP receives the experience and knowledge necessary to achieve success.

Intervoice currently has offices at 1250 Ave. Ponce de León in San Juan, Puerto Rico. This office is located in close proximity to the PRMP offices, allowing our resources to be available in person upon request and providing space for our remote resources to be located when they are on the island.

The key staff who are not local resources will travel to Puerto Rico on a regular basis, much like they do today for the projects currently under contract with PRMP. The amount of time on-island for remote resources will be driven by the needs of the project. There are times when resources are needed for extended periods of time and there are times when remote meetings are sufficient to meet the need of the project at a given point in time. Intervoice will work with PRMP to ensure adequate representation of project team members based on the individual needs of each project.

D.1.13 Other Mandatory Requirements

As attested by the signature included with Attachment E: Mandatory Requirements, Intervoice meets and exceeds the mandatory requirements of this RFO. In relation to the staffing plan, the following additional mandatory requirements are further explained below.

D.1.13.1 SLAs

Intervoice is committed to consistently meeting or exceeding the performance specifications and key performance indicators detailed in the RFO's Appendix 2: Service-Level Agreements (SLAs) and Performance Standards. We will work with PRMP upon contract execution and over the life of the contract to ensure the performance standards align with PRMP business objectives, organizational objectives, and technological changes in much the same way we are currently doing under the PRMP Provider Operations Contract. In fact, Intervoice assisted PRMP in developing SLAs and performance standards that were to be included in the Provider Call Center contract in 2020 so this is not a new endeavor for us. While our goal is to always meet or exceed customer expectations regardless of the SLAs or penalties, we understand the need to hold vendors accountable for their performance under the contract.

If an SLA is missed during a given invoice period, Intervoice will deduct the amount due from the following month's invoice. Additionally, if PRMP requests a corrective action, Intervoice will prepare and deliver a CAP that addresses all the items identified in Item 2, Corrective Action Plan (CAP), of the RFO's Appendix 2: Service-Level Agreements (SLAs) and Performance Standards, and we will only implement the proposed corrective action upon approval from PRMP. When necessary, Intervoice will adjust staffing levels at no additional cost to PRMP to ensure performance standards are consistently being met.

Extenuating circumstances may result in an exception to the application of a penalty associated with contract SLAs or Key Performance Indicators (KPIs). Such circumstances will be reported to PRMP immediately and Intervoice will work hard to minimize the effect of the deficiency. Approved exceptions will be documented in the monthly invoice, as well as the bi-weekly SLA report we produce.

D.1.13.2 HIPAA, Privacy, and Security

As part of our existing PRMP contract responsibilities, Intervoice created a Disaster Recovery and Contingency Plan and provided that plan to PRMP. This document is a living document and is updated regularly as required and made available to PRMP for review and approval.

Intervoice maintains a complete privacy and security suite, which aligns with HIPAA privacy and security requirements and the PRMP security approach. We have well-documented and defined incident response and internal audit review processes. Our training and communication processes are continually tracked, updated, and reinforced. All documentation and processes are reviewed at least annually to ensure continued compliance with HIPAA and other industry regulations and best practices. Intervoice has a Chief Information Security Officer (CISO) with experience in establishing and operating Medicaid security programs in multiple states. Intervoice leadership understands the importance of security and compliance with federal and local laws and guidelines. As a result, our leadership has woven security and privacy into the fabric of every offering we provide.

Intervoice's solutions and services fully adhere to all federal and Puerto Rico laws and regulations, as well as Medicaid and HIPAA-related regulations.

D.2 Use of PRMP Staff

Intervoice has served the PRMP in many forms going as far back as 2011. Some of these roles have been support roles and others were more directive. As a Puerto Rican corporation and

through our experience serving PRMP through five different administrations, Intervoice fully understands the constraints under which Puerto Rico government agencies work on a day-to-day basis and the difficulty they can face in finding and retaining qualified resources. As such, Intervoice stands ready to deliver the services we propose with no requirement for business or technical resources from PRMP.

For the ePMO, Intervoice agrees with the resources identified in this RFO who will work directly with the ePMO for PRMP. We have no additional recommendations.

For the MMIS Phase III Project, Intervoice agrees fully with the Proposed PRMP Staff Utilization depicted in Table 15 on pages 55 and 56 of the Gainwell Technologies response to the PR MES Phase III RFP. Some of those recommendations are fulfilled in the anticipated ePMO.

In addition, we recommend the following PRMP resources to promote a successful project work environment and system implementation: *Note: These recommendations are not a requirement for Intervoice's performance of the services requested in this RFO.*

Table 8: Recommended PRMP Resources

PRMP Role	Recommended Percentage of Time for Role	Experience/Qualifications and Assistance Provided
PRMP Financial Operational SME	1 FTE @ 20% per week during requirements analysis and design	PRMP Operations staff with experience in dealing with CMS-64 and related reports as well as MCO Capitation processing.
ASES Financial Operational SME	1 FTE @ 20% per week during requirements analysis and design	ASES Operations staff with experience in managing capitation rates and CMS reporting.
UAT Testers	4 FTE @ 50% per week during UAT	PRMP Operations staff familiar with the business processes covered by the MMIS Phase III Project.
Certification Lead	1 FTE @ 50% week during preparation for and execution of certification	Experience dealing with certification. Primary contact to CMS certification resource, primary PRMP approver for all certification deliverables to CMS.
PRMP Security Lead	1 FTE @ 100% for duration of the project	Experience with CMS Minimal Acceptable Risk Standards and NIST 800-53 security Controls. CMS recommends this individual be CISSP Certified. The Information Security Officer is a named/required position for all certified systems and/or systems which connect to the Federal Data Services Hub. This individual is responsible for the Development and Implementation of PRMP Security Policy, Standards, and Procedures in alignment with CMS MARS-E. This individual is required to submit monthly, quarterly, and annual documentation to CMS.

PRMP Role	Recommended Percentage of Time for Role	Experience/Qualifications and Assistance Provided
PRMP Security Operations Lead	1 FTE @ 25% duration during annual audit	Responsible for the day-to-day execution and compliance of PRMP Security Policy and Standards. This individual must be available for access and monitoring of individuals on the project, ensuring compliance with HIPAA, and supporting annual audit requirements.
Claims SME	1 FTE @ 100% for project duration	Experience with policy development, pricing methodologies, billing practices, claims and encounter processing. PRMP approver for all related deliverables and develop policies around system changes.
Benefit Plan SME	1 FTE @ 50% for project duration	Experience with benefit plan development. PRMP approver for all related deliverables and drive the design of the benefit plans.

D.3 Key Staff, Resumes, and References

Intervoice has an extensive network of staffing agencies and other staffing relationships with access to many qualified resources. We regularly work with these partners to locate and hire highly-skilled resources both for existing and potential contracts. Our ability to locate and hire qualified resources has been proven in our staffing of previous and existing Puerto Rico projects.

D.3.1 Resumes

Table 9: Proposed Staff and Roles

Name	Proposed Role	Experience in Proposed Role
Ike Samples *	Account Manager	13
Victor Medina *	Lead Project Manager	17
Valerie Law *	ePMO Manager	15
Kristine Weinberger *	MES Functional SME	20
Greg Charles *	MES Project SME	17
Blake Hansard *	MES Technical SME	28
David Meadows	MMIS Phase III Project Manager	14
Kim Beedle	Quality Analyst	9
Greg Sewell	Security and Data Governance SME	8
Stephanie Knuth	Testing Lead	12
Mark Leonard	Medicaid SME Lead	12
Nate Baker	Scheduler	24
Kristina Hearn	Medicaid SME	20
Cynthia Shelton	Certification SME	4
Francisco Velazquez	Medicaid Analyst	9

* Key Staff

D.3.1.1 Ike Samples: Account Manager – Key Staff

Professional Summary

A career spanning 41 years dedicated to improving delivery of healthcare to needy recipients.

	1/19 – Present	Projects Director, Intervoice
	06/13 – 12/18	Account Executive, Florida Medicaid
HP/HPE	11/10 – 06/13	Deputy Account Executive, Florida Medicaid
CSC	09/09 – 10/10	Deputy Executive Account Director, NC Medicaid
EDS/HP	08/06 – 09/09	Operations Group Systems Manager, Florida Medicaid
ACS	10/02 – 07/06	Project Director, ACS' Technical Services Group
	09/01 – 09/02	Implementation Manager, Georgia Healthcare Partnership
	07/99 – 08/01	Medicaid Project Manager, NY Medicaid
	03/96 – 06/99	Medicaid Account Manager, Colorado Medicaid
EDS	10/94 – 02/96	Technical Consultant, EDS
	12/92 – 09/94	Medicaid Account Manager, Rhode Island AIM Medicaid
	04/91 – 11/92	Project Manager, EDS
	02/90 – 03/91	Systems Manager, EDS
	09/87 – 01/90	Medicaid Systems Manager, Alabama Medicaid
	03/84 – 08/87	Medicaid Systems Engineer Supervisor, Alabama, Florida Medicaid
	07/81 – 02/84	Systems Engineer, Oregon, Alabama Medicaid

DDI Projects Managed: PRMMIS Phase I; NC MMIS (2009 – 2010); DC MMIS (2003 – 2004), GA MMIS (2001 – 2002); CO MMIS (1996 – 1998); RI MMIS (1992 – 1993)

Operations Projects Managed: FL MMIS (2010 – 2018); CO MMIS (1998 – 1999); RI MMIS (1993 – 1994)

Professional Experience

Details on selected assignments, more information available upon request.

Intervoice, San Juan, PR

Projects Director

January 2019 to Present

- Responsible for overall direction of Intervoice projects
- Interacts with customers to establish priorities, manage expectations, implement effective procedures, and coordinate various projects, including PRMMIS DDI PMO; MEDITI3G PMO, and Operations SME support
- Directs managers, maintains budget, manages vendor relationships and subcontractors
- Coordinates cross-project activities and initiatives to ensure common standards and procedures

Florida Medicaid, HP, Tallahassee, Florida

Deputy & Account Executive

October 2010 to December 2018

- Responsible for overall direction of the fiscal agent account operations for Florida Medicaid (Systems, PMO, Call Center, Provider Services, Claims Administration)

- Interacts with customer to establish priorities, manage expectations, implement effective procedures, and coordinate departments to ensure the Florida fiscal agent supports overall FL Medicaid Program direction
- Directs managers, maintains budget, manages vendor relationships and subcontractors.
- Coordinates activities during the operations phase of the project

NC Medicaid, CSC, Raleigh, NC
Deputy Executive Account Director of Implementation
September 2009 to October 2010

- Responsible for overall direction of the design, development, and implementation, and of the NC MMIS
- Interacted with state implementation team to establish priorities, implement code to meet requirements, and coordinated technical direction to ensure the NC MMIS supports overall state Policy
- Directed systems managers, PMO, vendor relationships and subcontractors
- Managed overall implementation budget
- Coordinated activities during the system implementation period

Florida Medicaid, EDS/HP, Tallahassee, Florida
Operations Group Systems Manager
August 2006 to September 2009

- Responsible for overall direction of the development, implementation, PMO, certification, and ongoing enhancements of EDS' interChange system for Florida Medicaid
- Interacted with customer to establish priorities, manage expectations, implement effective procedures, and coordinate technical direction to ensure the Florida MMIS supports overall Medicaid Program direction
- Directed systems managers, coordinated leveraged staff, maintained systems area budget, managed vendor relationships and subcontractors
- Coordinated activities during the system implementation period
- Coordinated with technical architects, solutions architects, and implementation managers to ensure consistent strategies and tools are used during development activities
- Provided direction for Implementation, Program, and Project Managers

Georgia Healthcare Partnership, ACS, Atlanta, Georgia
Implementation Manager
September 2001 to September 2002

- Planned, directed, and managed the ACS implementation staff needed to implement a new claims processing system to support the GA Medicaid Program, using the New Mexico MMIS as a baseline
- Managed all technical staff responsible for requirements analysis, design, systems development, testing and training activities

Colorado Medicaid, ACS, Denver, Colorado
Medicaid Account Manager
March 1996 to June 1999

- Planned, directed, and managed the successful implementation of a replacement MMIS, which included new database technology, code generation, and multiple platforms
- Performed contract negotiations and served as the primary liaison to the client
- Supervised a two-phased office start-up, systems design and development coordination, and ongoing operations through direct oversight of the management team
- Oversaw the processing of more than 10.7 million claims and \$1.8 billion dollars in payments annually
- Directed more than 95 professional and hourly employees in departments specializing in systems data processing, quality assurance, electronic and paper claims processing, provider relations, business operations, prior authorization, TPL, and human resources
- Managed an offsite technical support staff of 80 programmers/analysts, employees and contractors during the development of this project

Rhode Island Medicaid, EDS, Providence, Rhode Island
Medicaid Account Manager
December 1992 to September 1994

- Performed contract negotiations. Planned, directed, and managed the successful, on-time implementation of the replacement AIM MMIS and associated fiscal agent operations; managed the effort to implement alternative technology for the state of RI
- Oversaw office start-up, systems design and development coordination, and all aspects of ongoing operations through direct oversight of the management team
- Oversaw an offsite development team of 60 and an onsite staff of 75, which were responsible for systems, provider relations, mailroom, data entry, resolutions, file maintenance, post-processing review, and financial activities, customer support, and interface with the offsite systems team
- Trained state staff to takeover maintenance of the system

Education

- David Lipscomb University, Nashville, Tennessee
- Bachelor of Science, Mathematics, Summa Cum Laude, 1981

Certifications

Mr. Samples was a Project Management Professional from 2004 to 2021 and has also completed numerous technical, professional, and leadership classes.

Professional Affiliations

- **MENSA:** International member and local chapter officer

D.3.1.2 Victor Medina: Lead Project Manager – Key Staff

Professional Summary

Víctor has over 20 years of experience working as senior manager and consultant responsible for leading, supervising, and coordinating resources to ensure their effective and efficient use, and to assure all corporate goals and objectives are accomplished. He has worked in diverse industries such as health/life insurance, public adjusting, telecom, banking, government, utilities, sales & distribution, and IT products & services, among others. He also has experience in developing and leading Project Management Offices (PMO); and Portfolio/Program/Project Management at all levels including, Predictive/Adaptive/Hybrid Project Management.

Professional Experience

Intervoice

Deputy EPMO Manager

May 2019 to Present

- Provide support to the EPMO Manager and staff on the development and standardization of project-related governance processes and facilitate the sharing of resources, methodologies, tools, and techniques.
- Monitoring compliance with project management standards, policies, procedures, and templates; and monitoring projects health by means of performance reports and control measures.
- Design, measure, track, and analyze data to assess and improve customer/stakeholder satisfaction so that the EPMO meets customer service objectives.
- Continue to refine the project management repeatable model that can be extended to further engagements and other private and public organizations.
- Coaching, mentoring, training, and recruiting.
- Main projects: oversight on strategic DDI programs/projects of the Medicaid Program on the Puerto Rico Department of Health (PRDoH),
 - ◆ Medicaid Management Information Systems (MMIS) – also Risks, Action Items, Issues and Decisions (RAID) Committee Leader in charge of their identification, documentation (registers), analysis, impact, resolution strategies and monitoring.
 - ◆ Eligibility and Enrollment (E&E)

Independent Contractor

Century Adjusting, August 2018 to May 2019

Medical Card System, MMM Healthcare, February 2010 to February 2014

Innovative Solutions, Inc., September 2003 to June 2005

Overall management and advisory services due to extensive hands-on experience and technical knowledge, dedicated to helping clients achieve their goals, drive strategy through execution, manage projects and portfolios, enhance operational effectiveness and efficiency, information management, maintain adequate controls, navigate regulatory compliance, and leverage technology.

- Portfolio/Program/Project Management (PfM, PgM, PM, Predictive/Adaptive, PMP/PMI)
- Organizational Project Management (OPM, Prosci ADKAR)
- Project Management Office (PMO, PMP/PMI)
- Business Analysis (BA, IIBA, PMI), Process Analysis & Improvement (Lean Six Sigma, ASQ)
- IT Audit (CISA/ISACA)

- Legal Investigation (Attorney at Law, PR Law, Regulations, & Jurisprudence)

Main projects: on private and public sectors, organizational management assessment, claims management process assessment, project management services, HIPAA 5010, ICD-10, PBMs implementation, core system (PowerMHS) upgrades, application development, interfaces, regulations, billing systems, imaging/content management, application development, interfaces, etc.

MCS Healthcare Holdings**IT EPMO Senior Director****February 2014 to August 2018**

- Founder and Senior Director of the Enterprise Project Management Office (EPMO).
- Established teams and led their managers and directors to achieve effective Portfolio/Program/Project Management, Business Analysis, Quality Assurance and Process Analysis that contributed to the accomplishment of departmental and corporate goals and objectives.
- Developed the first Guide to Project Management (GPM) in the organization. This guide was the main standard that provided the project management approach, processes, and guidelines to manage projects in the organization, especially on IT.
- Created the first Project Management Community of Practice (PMCoP) in the organization: a community interested in the discussion of project management problems, trends, and practices to enhance member's level of proficiency and competencies required to complete projects within the scope, cost, time, and quality to achieve client satisfaction.
- Developed budgets, standards, methodologies, frameworks, project repositories, procedures, policies, and performance indicators and reports (dashboards, KPIs and scorecards).
- Created short and long-term career development plans, procurement, recruitment, and performance reviews of resources.

Main projects: Successful implementation of over eighty strategic/tactical (CAPEX) and operational (OPEX) projects/programs.

Senior Project Manager (under Metro), Principal Consultant (under Keane)**Metro IT Resources of PR, Inc. (formerly Keane, Inc. – San Juan Branch), June 2005 to February 2010**

Project/Program Management for the supervision and control of the work required to successfully complete strategic projects/programs on several customers through knowledge, skills, experience, and Keane's and Project Management Institute's (PMI) project management methodologies.

Experience with all activities involved in Project/Program/Portfolio Management and Project Management Office development and leading.

- Development, implementation and enforcement of professional policies, methodologies, frameworks and other best practices and tools necessary for the professional development of our consultants and for the delivery of high-quality products and services to our customers.
- Contributor to the branch's business development and sales support efforts for a particular territory, industry, or account. Alignment of business development activities with the branch's business needs.

- Mentor, coach, or trainer to consultants by sharing business expertise. Contributor to knowledge management by documenting best practices and forwarding to knowledge management repositories.
- Outstanding contribution to the account growth (Puerto Rico Telephone Co.) by identifying resources opportunities and allocating many consultants like, testers, programmer/analysts, business analysts, and project managers in different projects inside the customer.

Main projects: Verizon-Claro brand conversion on web portal, online payment, core system (Amdocs) upgrades, application development, interfaces, regulations, Coqui-Amdocs and Wireline-Amdocs billing systems conversion, etc.

Altos Technologies, Corp.**Vice President (Co-owner) & IT Services Director****February 2001 to September 2003**

- Founder Partner and Vice-President. A company dedicated to offer IT consulting services, systems integration, knowledge management software and data capture & imaging software/hardware elements.
- As Vice President, responsible for the business incorporation, strategic planning, decision making, financial analysis & planning; marketing analysis & planning; sales presentations and negotiations; human resources recruiting, performance evaluation, motivation, training and scheduling; product support management; contract management; procurement, emerging markets (products/services) evaluation; etc.
- As IT Services Director, responsible for the total administration of all the IT Assets and Consulting Services area.
- Document Factory (HIPAA Certified), a production line of capture, verification, indexing and storing of physical documents into digital format. Developed the "startup" model and business plan from its conception to the execution.

Advanced Computer Technology, Inc.**Assistant VP of Consulting Services****January 1998 to February 2001**

Administration and supervision of information systems consultants like programmers, project managers, and office clerks. Among the managerial activities were, oversight of all project management activities; financial analysis & planning; marketing analysis & planning; human resources recruiting, performance evaluation, motivation, training, and scheduling; product support management; pre-sales activities, sales presentations, proposal making, negotiation, sales; contract management; procurement; emerging markets (products/services) evaluation; etc.

Certifications

PMP (Project Management Professional), Project Management Institute (PMI) and PR Chapter Founder Member. **CISA** (Certified Information Systems Auditor), Information Systems Audit & Control Association (ISACA). **Attorney at Law** admitted to the practice of law by the Supreme Court, Government of Puerto Rico (RUA #21785)

Education

Juris Doctor (*Cum Laude*), Interamerican University of Puerto Rico, Law School, San Juan, PR. **Master of Business Administration** (3.60 GPA), Major in Finance, Interamerican University of Puerto Rico, Río Piedras, PR. **Bachelor of Business Administration** (*Cum Laude*), Major in Computerized Information Systems, University of Puerto Rico, Río Piedras, PR

D.3.1.3 Valerie Law: ePMO Manager – Key Staff

Professional Summary

- Valerie is a highly driven, performance-focused healthcare leader and consultant with more than 20 years of managerial experience in building and delivering award winning solutions for government healthcare clients. Accustomed to and effective in high-profile executive roles, making high-stakes decisions and overcoming complex business challenges to take organizations to the next level. Versatile manager for core market drivers, including strategic and product planning, revenue growth, client relationships, and solution implementation. Champions high performance teams and work environments through empowerment, coaching, and personal accountability.
- Proven results in project management and oversight
- Experience with all phases of SDLC
- Project and vendor management
- Effectively implementing and applying corporate processes to select, develop, and manage a high-performing team
- Seeking and applying performance feedback from internal and external customers
- Quality Assurance monitoring and control
- Continuous process improvement champion
- Strategically planning solutions targeted at enhancing relationships with existing clients in addition to identifying relevant solutions to new business opportunities
- Leading revenue generation activities by representing professional services solutions to both existing and prospective clients
- Structuring detailed strategic plans for maintaining existing and building new business relationships at the C-level
- Researching and driving business expansion/collaboration opportunities for the market; developing, in conjunction with senior management, the market strategic plan
- Identifying future industry trends and client contact opportunities through market and competitor analysis
- Developing and maintaining effective relationships
- Possesses strong organizational leadership

Professional Experience

Intervoice

Deputy Project Manager – PR Medicaid Program, Eligibility & Enrollment

April 2020 to Present

- Supports Project Manager in leading the Project Manager Office (PMO) for Puerto Rico's Medicaid Eligibility modernization project

Intervoice

PMO Manager – PR Medicaid Program, MMIS Phase II Implementation

February 2018 to April 2020

- Provided comprehensive leadership, direction, and oversight to implementation of Project Management Office (PMO)

- Provided overall governance and project management guidance to support all project management organizations within the Puerto Rico Medicaid Program (PRMP) to improve the probability of successful delivery
- Interfaced with leadership teams to determine project scope, budget, and timeline for delivery
- Advised executive and senior management on strategic implications of technology to streamline processes, improve productivity, and reduce overhead
- Developed Project Management Plans (PMPs) and standard templates for two large-scale Design, Development, and Implementation (DDI) projects
- Conducted quality reviews and audits on project deliverables to ensure compliance with approved standards
- Developed and implemented standardized status reporting across PRMP's projects

Conduent Government Healthcare Solutions (formerly Xerox)**Solution Strategy Consultant****September 2016 to June 2017**

- Provided thought leadership and industry knowledge and acted as a SME to key stakeholders to support business development and growth within government healthcare markets
- Established and maintained productive relationships with C-level decision-makers
- Led numerous high-performance teams that represented more than \$1B in revenue
- Effectively fostered collaborative multi-disciplined teams comprised of medical directors, clinicians, CEOs, pharmacists, and customer support representatives to support the development and implementation of healthcare technology solutions and strategic initiatives
- Applied market analysis, pricing, and market segmentation, marketing strategy, and inventory management to develop and maintain strategy outputs
- Implemented strategy to comply with Provider Network Adequacy regulations
- Successfully established a Network Adequacy Monitoring solution in partnership with commercial off-the-shelf (COTS) supplier to expand market share and new business development
- Crafted corporate clinical services go-to market vision, strategy, and roadmap in support of \$23B market share
- Developed business vision, market requirements, and solution blueprint for Care Management, which includes the technology and services to support business processes within Care/Case Management, Utilization Management, and Disease Management, as well as Home and Community-Based Services (HCBS)

Conduent Government Healthcare Solutions (formerly Xerox)**Product Market Manager****June 2014 to September 2016**

- Oversaw product strategy, solution support, client management, and business development for five multi-state Medicaid Enterprise System (MES) projects valued at over \$100M
- One of four government healthcare leaders selected to participate in the industry Private Sector Technology Group (PSTG)

- Forged strategic relationships with Independent Verification and Validation (IV&V) vendors and industry competitors directly influencing federal Medicaid legislation and state policies in support of expanding market share and new business development
- Conceptualized and launched inaugural "Customer Advisory Board" directly supporting new government healthcare business efforts across multiple states
- Trusted technology project innovator; implemented groundbreaking self-learning chat capability across the MES platform, on time and on budget

Government Healthcare Division, Xerox, Formerly Affiliated Computer Services (ACS)**Implementation Manager/Operational Readiness****January 2012 to June 2014**

Provided program and project leadership for the MMIS replacement project valued at \$40M.

Core focuses included:

- DDI, client relationships, operational readiness, and stabilization activities
- Partnered with the state of AK to implement project despite budget shortfalls
- Transformed outdated MES solution to state-of-the-art and certified platform
- Led more than 300 cross-functional support staff in delivering 127 business processes, 1,050 user cases, 7M lines of code and 20+ COTS software integrations
- Turned around key business relationships with state of AK regulators and officials; executed change management plan, releasing 51K unpaid claims and boosting paid claims by 42%
- Authored MES implementation plan and state transformation document designed to accelerate system roll-out

Additional Experience

- Quality Assurance Manager, Government Healthcare Division, Xerox, May 2008–Jan 2012
- Business Operations Manager, Government Healthcare Division, Affiliated Computer Services (ACS), Jan 2004–May 2008
- Banking and Recoveries Manager, Government Healthcare Division, Affiliated Computer Services (ACS), Sep 2003–Jan 2004

D.3.1.4 Kristine Weinberger: MES Functional SME – Key Staff

Professional Summary

Kristine is an experienced senior consultant and leader with 34 years of experience in the healthcare arena, of which 32 years focus on Medicaid. She has worked on both the Medicaid fiscal agent side as well as the state government side and has a wide range of experience in project management and oversight, business development, and standards compliance for 19 different Medicaid programs. Kristine is also experienced with industry workgroups such as X12 and the Workgroup for Electronic Data Interchange (WEDI), where she served as co-chair of the WEDI ICD-10 Coding and Translation sub-workgroup. She has strong subject matter expertise in Medicaid Management Information Systems (MMIS) / Medicaid Enterprise Systems (MES), federal healthcare related mandates, and fiscal agent operations and has been involved in many large-scale system implementations. Her deep understanding of System Development Life Cycle (SDLC) on large-scale system implementations makes her a valuable project resource. Kristine excels in bridging the gap between business and technology in support of requirements definition and successful implementations that meet stakeholder needs.

- Knowledge and experience across the Medicaid Enterprise
- Proven results in project management and oversight
- Experience with all phases of SDLC
- Ability to clarify federal requirements and impacts to systems
- Effective team management
- Experience with CMS certification

Professional Experience

Intervoice

Provider Enrollment Manager – PR Medicaid Program

April 2020 to Present

- Manages Team of 40 – Enrollment & Maintenance Specialists, Field Representatives, Trainers and Leads
- Oversees daily provider enrollment operations, provider training, and outreach
- Provides support to PRMP for findings, defects, change requests, and federal regulations

Intervoice

Subject Matter Expert – PR Medicaid Program, Phase II Implementation

January 2018 to April 2020

- Requirement elaboration, system testing review, user acceptance testing, supported CMS certification, wrote policies, and wrote change requests
- Stood up provider enrollment operations unit including hiring and training staff and developing procedures
- Wrote contact center requirements and Request for Quote, wrote evaluation process, scored proposals, and wrote final recommendation for award
- Managed risks and issues, developed and updated project plan, worked with IV&V to address findings and concerns

Conduent Government Healthcare Solutions (formerly Xerox)

Cost Savings, Project Oversight, QA Director and Program Manager

January 2015 to December 2017

- Managed Cost Savings Initiative, achieved \$17M in savings

- Coordinated and facilitated Join Application Design (JAD) sessions
- Oversaw delivery of entire Systems Development Life Cycle (SDLC) for projects
- Managed client and vendor relationships, secured and interrogated sub-contractor estimates, work order, change requests, as well as fast track approvals
- Provided status reports to multiple levels of stakeholders and information to finance
- Ensured deliverables were aligned with planned release schedules and made adjustments
- Controlled scope and budget by managing vendor deliverables and client expectations
- Led project governance meetings
- Reconciled change requests, monitored defect fixes, oversaw warranty support and transition to operations and maintenance

CSG Government Solutions**Principal****November 2012 to December 2014**

- Oversaw projects for ICD-10 PMO and IV&V project, MITA projects, Eligibility Determination and Enrollment System PMO, and Health Information Network strategy project
- Led proposal efforts, presented in competitive oral interviews, negotiated contracts

EDIFECs**Senior Business Consultant – Software Sales****December 2010 to November 2012**

- Analyzed and articulated complex business issues and requirements
- Prepared and delivered product demonstrations and presentations to key decision makers at a variety of commercial and government health plans
- Consulted on industry best practices, recommended product enhancements
- Wrote proposals

Xerox, Formerly Affiliated Computer Services (ACS)**Medicaid and National Standards Consultant****November 2001 to November 2010**

- Developed, sold, and conducted assessments and services around Medicaid Information Technology Architecture (MITA), National Provider Identifier (NPI), ICD-10, and other federal mandates
- Provided corporate direction on federal mandates to Medicaid fiscal agent accounts and commercial healthcare lines of business
- Served as Co-Chair of the WEDI ICD-10 Crosswalk industry sub-workgroup
- Served as project manager for Montana and DC Medicaid NPI implementation projects
- Served as SME for multiple Medicaid project including Alaska, Colorado, Florida, Mississippi, New Mexico, North Dakota, Tennessee, and Wyoming

State of Wisconsin, Division of Health Care Financing**Business Automation Specialist, Professional Area Liaison****June 1996 to November 2001**

- Directed project implementation including fiscal agent staff, systems analysis and design, testing, documentation, and provider notification utilizing systems life cycle

- Analyzed and edited system design documents, business processes, and testing to ensure successful implementation of projects
- Monitored and audited MMIS performance to ensure quality
- Analyzed system problems and direct corrective action
- Evaluated state and federal guidelines and regulations to ensure compliance
- Served as Medicaid system expert providing technical consultation in areas of mental health, case management, school-based services, presumptive eligibility, prenatal care coordination, the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, and provider subsystem
- Analyzed HIPAA regulations, assessed impact, developed related training

HP, formerly Electronic Data Systems (EDS)**Provider Services Supervisor for Wisconsin Medicaid****March 1988 to June 1996**

- Managed 22 employees in provider certification and provider communications units
- Recruited employees, performed quality analysis, employee evaluations, and salary reviews
- Developed and conducted employee training
- Oversaw daily operations of certification and provider communications units
- Maintained automated call routing phone system and performed coding changes
- Developed documentation and user manuals
- Monitored provider subsystem performance
- Initiated, reviewed, tested, and verified provider subsystem revisions
- Prepared responses to RFPs
- Served as lead contact for including inquiries from legislators, attorneys, and provider associations regarding sensitive provider issues
- Served as liaison between technical staff, users, and customers
- Reviewed MMIS revision requests and testing
- Developed provider publications and developed and presented provider training

D.3.1.5 Greg Charles: MES Project SME – Key Staff

Professional Summary

Enterprise System Development & Implementation ▪ Program Management ▪ Medicaid & HHS Domain

Analytical Problem Solving ▪ Quality Assurance/Risk Mitigation ▪ Process Optimization ▪ Integration Management

- **Highly experienced project professional** having delivered 17+ complete SDLC projects across both public sector and commercial clients. Skilled in Agile and traditional methodologies to design, develop, and implement custom, COTS, and cloud-based (platform) solutions.
- **Driving force** behind delivering large, demanding projects with teams of 100+ and multiple stakeholders. Skilled in Agile and traditional methodologies to implement custom, package, and cloud-based solutions for Health and Human Services programs.
- **Delivering results** through coordination and management of multiple vendor teams for Medicaid Eligibility and Information System program modernization projects through Initiation and Planning, Requirements Design and Development, Integration, Testing, Implementation, and Operations and Maintenance, including corresponding CMS regulatory and program requirements.

Professional Experience

Intervoice

Project Manager

December 2019 to Present

Lead Project Management Office for Puerto Rico's Medicaid Eligibility modernization. Oversee and integrate all project management disciplines across multiple vendors to enable project success and serve Puerto Rico Medicaid Program with active management, reporting, and mitigation of project activities and risks. Align project activities and approaches with COTS based implementation methods and CMS regulatory and program requirements. Provide deep and multi-year experience on leading practices for large, complex Medicaid DDI activities.

KPMG

Principal

April 2014 to July 2019

Served as national technology partner and industry subject matter professional on high-visibility system implementations. In addition, led quality risk management oversight for two of the firm's largest projects.

Industry and Delivery Leader

Subject Matter Professional for a portfolio of complex, large-scale, multi-vendor projects. Drove projects to successful completion on time and within budget, with a keen focus on assuring quality delivery and contract compliance, reducing delivery risk, and facilitating communication across multiple vendor teams.

- Served as Program Management and Quality Assurance Principal on ~\$400M Tennessee Medicaid System Modernization Program. Assured overall delivery excellence and that engagement services aligned with CMS requirements, industry standards, technical and information architecture standards, and fiscal year budgets.
 - ◆ Realized 350% increase in number of self-service users within one quarter and decreased claim processing time 48% upon deployment of the system.

- ◆ Established multi-vendor team unified in the goal of achieving CMS compliance and certification.
- Provided project management and regulatory compliance reviews for State of Hawaii Medicaid eligibility system development and maintenance phases. Initiated additional data dashboards to assist case workers with workload management and improve eligibility determination timeliness.
- Oversaw the project management and quality assurance (PMQA) program for the Florida Office of Financial Regulation for the implementation of their regulatory compliance application, facilitating on-time, on-budget delivery.
- Emboldened clients to innovate by embracing technology advancements that drive productivity at reduced cost. Educated clients on utilizing cloud technologies in the public sector enterprise.
 - ◆ Crafted business case, implemented pilots, and gained approval for CA government entities' early adoption of Microsoft Dynamics in the Azure Government Cloud and Oracle ERP in the Oracle Government Cloud.
 - ◆ Utilized Agile Software Development Methods and Microsoft Dynamics to deploy functionality for three complex environmental regulatory processes within three months.

Deloitte Consulting
Principal
1998 to March 2014

Led and managed Deloitte's Labor and Employment (L&E) practice and P&L within the Health and Human Services (HHS) domain, and served as national technology enablement principal, delivering multimillion-dollar information system and process improvement projects.

Practice Leader

- Guided HHS market offerings as a member of the HHS practice leadership which directed the development and evolution of all HHS solutions including Child Support, Child Welfare, Integrated Eligibility Systems (IES), Women, Infant and Children (WIC), Medicaid Management Information System (MMIS), and Unemployment Insurance (UI). Developed business capabilities within application software systems aligning with Federal requirements. Incorporated advancements in information technology including process automation, data analytics, performance dashboards, and other industry standards.
- Led 100+ consulting team members in the transformation of the country's largest unemployment benefits program. The comprehensive system initiative included policy and process changes in conjunction with the implementation of a modern technical platform providing mobile, self-service, business process automation, and data analytics.
 - ◆ Reduced claim processing time by 47% while increasing payment accuracy by 83%.
 - ◆ Delivered initial workflow management release to meet time sensitive federal requirements and secure \$836M in federal funding.
- Transformed Ohio's unemployment insurance benefits system from one of the lowest rated nationwide to top-ranked by U.S. Department of Labor, earning Ohio Best State Award in Payment Accuracy and Timeliness. Orchestrated 100+ internal team members in an industry-leading system implementation project, at that time the largest in the country.
 - ◆ Achieved 97% self-service adoption significantly reducing staff workload and program cost.

- ◆ Converted 1M+ records with 98% accuracy rate and deployed 77 interfaces.
- ◆ Reduced overpayments by 57%.

Project Turnaround Specialist

- Established as one of Deloitte's key turnaround leaders on some of the firm's most complex HHS engagements. Developed business-specific assessment methodology and toolkit to apply to troubled projects.
- Implemented remedial actions across functional, technical, client relationship, and project management areas to turnaround projects and successfully deploy applications.

Project Implementation Partner

- Directed \$22M project management office (PMO) for the execution of strategic and operational initiatives for a major water utility. The initiatives included process redesign, internal controls augmentation, and implementations of ERP system (Financials, Procurement, HR, Payroll), work management system, document management system, and business intelligence system.
 - ◆ Reduced work order backlog from five weeks to less than one.

Education

- University of Central Florida, Masters in Business Administration
- Asbury University, Bachelors in Business Administration & Management
- Project Management Institute, Project Management Professional (PMP)

D.3.1.6 Blake Hansard: MES Technical SME – Key Staff

Professional Summary

With more than 20 years of experience in the technology field, Blake is a detail-oriented and self-motivated professional with a wide range of technical and business experience. Primarily focused on MMIS, government, and Fortune 100 Enterprises, Blake is well-versed in enterprise-class applications, high-availability systems, audit and standards requirements, and multi-application integration. He is comfortable overseeing large development teams, establishing architecture and standards for security and development process, or working independently to develop and deliver high priority deliverables. Blake has a love for technology and continually works to keep his technical and process skills current and relevant.

Professional Experience

Details on selected assignments, more information available upon request.

Intervoice, San Juan, PR

Enterprise Architect / Security SME

March 2018 to Present

- **Puerto Rico MMIS – Enterprise Architect/ Security SME:** Intervoice provides Puerto Rico with Project Management, Subject Matter Expertise, and MMIS Oversight and Training to the Puerto Rico Medicaid Program as they implement their first Medicaid Management System. In his capacity as Enterprise Architect, Blake helps review technical requirements, makes recommendations for enhancement or required improvements, and ensures alignment with CMS MITA. Blake develops background training courses and provides on-the-job training for key resources including Data Governance, Security, Interfaces, and Data Quality.
- **Puerto Rico Eligibility and Enrollment – Security SME:** Intervoice provides Puerto Rico with Project Management and requirements management across multiple vendors. As Enterprise Architect and Security SME, Blake provides guidance on approach and reviews deliverables for alignment with Requirements and Standards.

XEROX/Conduent, Nashville, TN / Greenville, SC

Enterprise Architect / Chief Security Officer, Health Enterprise

April 2012 to February 2018

- **New York MMIS – Lead Enterprise Architect/ Chief Security Officer**
 - ◆ The NY-MMIS implementation of the Health Enterprise System was designated as a Xerox CEO top project. In order to ensure success of this project, a Tiger team was formed to oversee key areas of this project. As part of this Tiger team, Blake was responsible for overseeing all Security aspects of this project. Direct reports include the Security Information Officer, Security Architect Development Manager, Data Center Compliance Manager, and the Development Security Product Owner. As Chief Security Officer he oversaw the documentation, development, testing, and certification of the Health Enterprise application. Highlights include the development of the security policies, procedures, and processes required by the state, overseeing testing and controls of application and data centers, and working with the development team to implement multi-factor authentication controls within the application and environments.
 - ◆ Oversaw the installation and configuration of the Verizon SEIM toolset and network monitoring devices in the Development/Testing Data center as well as the configuration of the IBM QRadar SEIM tool in the Production and Disaster Recover Data centers.

- ◆ Performed security code and system vulnerability scans and made recommendations surrounding system hardening from both application and network standpoint. Worked with both state and development teams to handle any security incidents, including development and oversight of corrective action plans, as needed.
- Health Enterprise – Enterprise Architect (Strategy and Direction)
 - ◆ As a Platform Enterprise Architect, was responsible for the Technical Direction of the Health Enterprise platform. This includes Hardware recommendations, third-party tool evaluation and recommendation, core code standards, Product Roadmap across implementations, and compliance with external standards such as MITA.
 - ◆ Daily responsibilities included overseeing application enhancements focused on code quality and scalability, overseeing DDI teams for New York and Montana, working with Sales and Marketing on future Request For Proposals (RFP), and helping to establish full software development lifecycle best practices, process and procedures, and support for multiple architecture teams.
 - ◆ From an architecture standpoint, he was primarily responsible for the Migration from JSP/Portal UI to a new Mobile complainant UI (AngularJS, Backbone, CSS3, HTML5). This included working with a focus group of system experts, evaluating platforms, establishing scope requirements, evaluating security risk and remediation, and tracking and reporting to senior management.
 - ◆ Additionally, was responsible for the Architectural direction of migrating the Health Enterprise Platform to a Dynamic Module Design. This would allow Health Enterprise to respond to a wide variety of Module definitions between RFP and Industry Mandates. This is primarily in response to the CMS rule change surrounding the definition of Modularity within the CMS Seven Standards and Conditions.
- Integrated Enrollment System – Application Development Manager / Chief Solution Architect
 - ◆ For this position, Blake was tasked with modernizing the Tennessee VIP Core framework including multi-platform support, Internationalization, Module / Component based API / SOA design modifications, SaaS distribution support, and Dynamic Process Flow/ rules management. During this project, he was responsible for developing the prototype site show-casing the technologies and flexibility of the platform recommendations, establishing the short- and long-term roadmap, and negotiating requirements.
- Tennessee VIP System Implementation – Application Development Manager / Chief Solution Architect
 - ◆ For this project, Blake served in two primary capacities. First, as the senior development manager, he was responsible for the planning, tracking, and delivery of day-to-day development activities. This included managing a development team of 30+ developers, five Lead Developers, and four build quality resources. Additionally, as the lead solutions architect, He was responsible for application and development process improvements, quality delivery, and application architectural recommendations. Throughout this project, the team consistently met or exceeded the deadlines and milestones placed to the development team.

TEKSystems, Greenville, SC
Consultant, IT Technical Lead
March 2011 to April 2012

- MetLife eBusiness / Dental TRICARE Project – Compliance SME

- ◆ Technical lead for the Employee Dental Web Application. Responsible for the architecture and design of new elements of the existing application for TRICARE. This application was required to conform to US Government Security Standards. Utilized Sonar and Veracode ensure compliance.
- ◆ Set up automated code review for the entire eBusiness Dental web application portfolio, six applications in total, to ensure compliance with MetLife and government requirements. Installed SONAR as a proof-of-concept platform. Introduced Maven build manager to allow for easy validation of junit Tests and SONAR compliance scans. Was responsible for the compliance and code quality initiative for TRICARE.

INFOR, Greenville, SC**Sr Application Architect / IT Manager, WorkBrain****February 2009 to February 2011**

Managed a development team made up of 19 Development staff, one Systems Analyst, and two Database Administrators. Responsible for the Architecture and approach of new development projects within the WorkBrain application. This application contains Time and Attendance, Schedule Optimization and Management, Labor and Budgeting, and Time Clock modules. As this is packaged software, the application had to be operation on multiple database platforms and application server platforms. As WorkBrain is the industry leading software in the large cap market, we had to support extremely large-scale database and heavy utilization. This application is primarily a Java based application with external optimization software. This application is sold in 32 countries and supported multiple languages.

Education

- High Point University, High Point, NC, Management of Information Systems, Bachelor of Science, 1995
- Davidson County Community College, Lexington, NC, Computer Programming, Associate of Science, 1993

D.3.1.7 David Meadows: MMIS Phase III Project Manager

Professional Summary

Medicaid IT professional who is a strong and caring leader with a broad background and diverse experience portfolio. More than 19 years of proven collaborative Medicaid IT and Operational management experience with a reputation for building efficient project teams focused on excellence and customer satisfaction. More than 13 years of experience in day-to-day management of operations using current Medicaid Management Information System (MMIS) and tools, along with over eight years of experience leading operations of a state Medicaid program across the various MITA business processes including Member, Provider, Claims, and Care Management. Effective and proactive communicator with the ability to break down complex topics so they are easy to understand. Decision-maker with advanced problem-solving skills and a highly-skilled contract negotiator.

- Proven ability to both understand and articulate customer needs
- Strong understanding of end-to-end Medicaid health plan business processes and interactions with both internal and external stakeholders
- Technical and Operational expertise across the Medicaid Information Technology Architecture (MITA) business processes as well as Pharmacy and Decision Support System (DSS)
- SME in Provider Enrollment and Screening as well as National Committee for Quality Assurance (NCQA)-based Provider credentialing
- Experience with both the Agile and Waterfall Systems Development Life Cycle (SDLC) processes
- Effective management of teams of leaders, analysts, developers, business partners, and SI vendors
- Exceptional written and oral skills with proven ability to understand and articulate stakeholder needs
- Efficiently manages vendor relationships including software, hardware, staffing, and consulting service providers
- Ensures projects are delivered in accordance with agreed-upon contract terms
- Profit and loss (P&L) owner; creates, manages, and tracks progress toward revenue and budgetary goals

Professional Experience

Intervoice

Consulting Services Director – PRMMIS

May 2019 to Present

- Serves as SME and interface for new and existing customers
- Develops and collaborates on proposals and solutions for new business
- Manages team of consultants and SMEs
- Collaborates with PR Government Health Program Managed Care Organizations (MCOs) to implement HIPAA transactions and system interfaces
- Served as Project Manager for the PRMMIS Phase II Project

Conduent Government Healthcare Solutions (formerly Xerox)
Provider Services Delivery Director
September 2016 to April 2019

- Served as SME and corporate point of contact for new and existing Provider Services solution strategy
- Stayed current with current healthcare legislation and regulations with a focus on Medicaid provider services
- Designed and developed corporate vision, requirements, and solution for all Provider Services-related business
- Collaborated with corporate sales to locate, win, and close new business
- Consulted with business development to prepare proposals and solutions for new business
- Established working relationships with Provider Services business partners to win new business and improve existing business

Xerox Government Healthcare Solutions
Executive Account Manager – AK MMIS
April 2014 to August 2016

- Oversaw MMIS implementation warranty period
- Assisted with preparation for Centers for Medicare and Medicaid Services (CMS) certification of the new MMIS
- Oversaw MMIS administration and fiscal agent services business operations, including contract negotiation
- Ensured level of service provided to AK Division of Health Care Services met or exceeded expectation for the MMIS, DSS, Pharmacy Benefit Manager (PBM), and contract compliance for Claims and Service Authorizations processing, provider relations, quality control standards, system development and enhancements, and program support
- Managed budget preparation, expenditures, P&L, personnel, and new business procurement
- Served on AK MMIS Change Control Board
- Managed sub-contractors and third-party vendors
- Responsible for 165+ employees

Xerox Government Healthcare Solutions
Executive Account Manager – MT MMIS
December 2007 to March 2014

- Oversaw MMIS administration and fiscal agent services business operations, including contract negotiation
- Ensured level of service provided to MT Department of Public Health and Human Services (DPHHS) met or exceeded expectation for the MMIS, DSS, PBM, and contract compliance for claims processing, provider relations, quality control standards, program support, system development, operations, and system enhancements
- Managed budget preparation, expenditures, P&L, personnel, and new business procurement
- Served on the MT project Privacy and Security Committee
- Managed Xerox sub-contractors and third-party vendors

- Responsible for 65+ employees

Xerox Government Healthcare Solutions**MMIS Systems Manager – MS MMIS****June 2005 to November 2007**

- Managed systems team, including systems and business analysts
- Worked directly with client to ensure integrity, quality, and reliability of systems changes
- Managed project deadlines and resource usage
- Performed project planning, organization, and monitoring, including risk analysis and quality assurance and control
- Oversaw change management processes, ensuring Sarbanes-Oxley and HIPAA compliance
- Managed client SLAs and their timely and accurate completion
- Facilitated Computer Systems Request (CSR) reduction from over 300 to less than 100
- Designed and implemented system improvement to reduce CPU and monthly charge back

Additional Experience

- MS MMIS Maintenance and Modifications Manager, Xerox Government Healthcare Solutions, Feb 2004–May 2005
- MS MMIS Systems Engineer Supervisor, Xerox Government Healthcare Solutions, Feb 2003–Jan 2004
- MS MMIS Systems Operations Supervisor, Xerox Government Healthcare Solutions, Jun 2001–Jan 2003
- Technology Coordinator; Dallas Count R-1 School District; Buffalo, MO, Jul 1995–May 2001
- Mathematics Teacher; Dallas Count R-1 School District; Buffalo, MO, Jun 1993–Jun 1995

Education

- Bachelor of Science, Mathematics, Southwest Baptist University, Bolivar, Missouri, 1993
- Project Management Professional Certification, 2006
- Project Management Professional Training, Cheetah Learning, Denver, Colorado, 2006

D.3.1.8 Kim Beedle: Quality Analyst

Professional Summary

Kim offers 30 years of experience working local, state, and federal government, private insurance, military, and private sector environments.

Business Skills

- Proven Training and Operations Officer with a track record of success and increased responsibility in technical, tactical, and humanitarian roles
- Experienced Healthcare Services Manager and Healthcare Administration Officer for medical units ranging from 25 to 1000 beds
- Solution-oriented professional with proven ability to establish effective working relationships and bridge barriers to understanding at all levels of an organization and with outside stakeholders

Technical Skills

- Microsoft Office: Excel, Publisher, PowerPoint, Outlook, Word, Paint, Access, SharePoint
- Windows 10 (and previous versions)
- Other Platforms: Medicaid Management Information System (MMIS), Lotus Notes, VPN, Remote Access, Vanilla Soft, VoIP, WebEx, Sales Software/Portals

Professional Experience

Medical Logistics

McTransport

2018 to Present

- Inspect appearance of incoming pharmaceutical totes, boxes, equipment for broken bands or damage
- Inventory management of controlled pharmaceutical narcotics
- Accept and process controlled pharmaceutical returns and narcotics orders
- Ensure delivery and physical security of all items at all times
- Maintain accurate documentation records
- Provide rotational on-call after hours operations for transport requests of various priority

PlanIT, Government Healthcare Solutions, Healthcare IT

Healthcare Policy, Business Analyst

2016 to 2017

- Researched and analyzed 50 years of literature, processes, and the Medicaid Management Information System (MMIS) for over 115 state healthcare policies, programs, and services.
- Researched, evaluated, and documented relevant federal, state, and local government regulations as related to each policy, program, or service.
- Published all relevant information gathered into a Policy Compilation Document for each policy, program, or service.
- Liaised with the Medical Policy Team on the project to document medical coverage for specific policies, programs, or services.
- Liaised with stakeholders to understand document needs, concerns, and viewpoints.

- Monitored healthcare policy, program, or service changes through LISTSERV updates and applied any applicable changes to the documentation.

Nebraska Department of Health and Human Services**Program Specialist/SME, Medicaid and Long-Term Care Division, Professional Services Unit, Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DMEPOS), Hearing Services****2012 to 2015**

Managed and evaluated the day-to-day operational and technical functions for each program.

- Researched, reviewed, analyzed, and interpreted federal regulations, federal laws, state laws, and their administrative requirements to formulate appropriate policies, procedures, regulations, and interpretations for each program
- Explained, clarified, and interpreted operational practices, policies, procedures, federal and state regulations, contract requirements, and activities related to assigned program(s) to agency staff, community organizations, and members of the general public and contractors/service providers
- Developed informational releases concerning program activities for distribution to agency staff, service providers/contractors, and representatives of community organizations and/or members of the general public to create awareness of program services and policies
- Developed quality assurance processes, program improvement plans and processes for performance accountability, and collected necessary data to evaluate, analyze, and prepare written reports and recommendations
- Reviewed Prior Authorization Requests for programs to ensure regulation compliance
- Contract management for identified contractors as related to the NE Medicaid program needs
- Served on or lead committees, boards, councils, and/or advisory groups concerned with functions and activities of the assigned program(s)
- Appeal hearing preparation and departmental representation
- Site visits to providers as related to departmental goals and compliance issues/changes
- Collaborated with team on Requests for Proposals (RFPs) for contracted service delivery based on program needs
- Verisk Health Team collaboration to edit the Medicaid Management Information System (MMIS) database to minimize fraud, waste, and abuse

U.S. Army Reserves**Major, Medical Service Corps Officer, Health Services Plans, Operations, Training, Intelligence, Security and Administration (Healthcare Services Manager)****1987 to 2009**

Planned, developed, coordinated, taught/mentored, facilitated, monitored, evaluated, and advised Unit Commanders and Staff in both Medical and Non-Medical Areas of Patient Evacuation and Treatment, Organizational Administration, Medical and Mission Intelligence, Unit and Individual Training, Operations, Security, Medical and Unit Supply, Transportation, Maintenance, Food Service, Risk Assessment, Technical/Tactical Operations, Recruitment, and Force Protection. Responsible for or assisted in the overall Management and Administration of 10 to 900+ soldiers.

- Commander/Acting Commander (Chief Executive Officer)-Planning and executing individual training of the soldiers and collective training of the company towards full mission readiness in support of the battalion combat service support, emergency, and humanitarian medical missions
- Executive Officer-Handled the daily operational affairs of a unit and easing the routine administrative burdens of the Commander
- Personnel (Human Resources)/Assistant Personnel (Human Resources) Officer-Responsible for providing personnel support that affects soldiers' overall welfare and well-being, while assisting commanders by accounting for and keeping soldiers' combat ready
- Intelligence Officer-Responsible for all collected intelligence during Army missions and makes recommendations on courses of action and risk based on intelligence; utilized intelligence systems and data to reduce uncertainty for a commander
- Training and Operations Officer/Assistant Training and Operations Officer-Responsible for a unit's collective, sectional, and individual training during peacetime; grade unit performance and readiness collectively, sectional, as well as individually to be able to meet mission readiness
- Supply Specialist, Supply Officer/Assistant Supply Officer-Responsible for making sure equipment, materials and systems are available and functioning for missions
- Civil Affairs Officer-Liaison between the Army and civilian authorities/populations served
- Medical Service Corps Officer/Healthcare Administration Officer-Commanded and controlled the unit during medical emergency and non-emergency medical situations

Education

- Slippery Rock University, Bachelor of Science, Psychology

Certifications

- Health Services Plans, Operations, Training, Intelligence, Security and Administration (Healthcare Services Manager) Officer Course, Medical Services Corps Officer
- Combined Arms Exercise Course/Military Decision-Making Process
- Various Progressive and Elective Military Classes
- Health Administrator, Officer Advanced Course, Medical Services Corps Officer
- Various Progressive and Elective Social Services Classes
- Health Administrator, Officer Basic Course, Medical Services Corps Officer
- Unit Supply Specialist

Licenses

Insurance Agent/Licensed NE & OH Accident and Health, Life, Variable Annuities

D.3.1.9 Greg Sewell: Security and Data Governance SME

Professional Summary

Gregory offers 24 years of experience in leading enterprise-wide initiatives at Fortune 1000 companies, 12 years of experience partnering with technology thought leaders to deliver key technology initiatives and 10 years of experience as a senior executive or lead consultant for large-scale initiatives. He is also well versed in healthcare, information security, infrastructure, application development and SaaS initiatives, and adept at cloud-based solutions, solution delivery, and integration management.

Professional Experience

Details on selected assignments, more information available upon request.

PlanIT

Senior Project Manager – Security and Infrastructure (IBM)

May 2019 to Present

- Manage Infrastructure and Security / Compliance projects as a part of the IBM - Truven Health PMO for the Georgia MMIS
- Responsible for schedule, risk and change management decisions related to Infrastructure and Security / Compliance
- Validate technical content and quality for Infrastructure and Security / Compliance documents with the Solution Architecture team
- Manage Risks, Issues and Action items assigned to workstream Team Members
- Assess the impact of infrastructure and security changes to the project scope with the Development and Solution Architecture Teams
- Work with the Information Security / Compliance Officer and IV&V to:
 - ◆ Identify technology gaps and deficiencies by conducting risk assessments; develop plans to remediate and enforce compliance
 - ◆ Lead the planning, testing, tracking, remediation, and risk acceptance of existing and proposed technology
 - ◆ Facilitate the completion of effective regulatory examinations and audit reviews of information risks to ensure compliance
 - ◆ Enforce compliance of Security policies with the Application Development and Configuration Management teams
 - ◆ Escalate emerging risks, non-compliance with policies/standards/controls, policy exceptions and risk tolerance breaches in a timely manner; primary focus is on specialized Healthcare IT requirements, such as: HIPAA security requirements, NIST security controls (ex: 800-53) and Medicaid Enterprise Certification requirements

Accent Gold Solutions

Chief Technology Officer

April 2017 to March 2019

- Provide oversight and advisory input on all technical matters, including development, integration, infrastructure and platform architecture (SaaS, PaaS, etc.)
- Maintain the Enterprise Technology Roadmap, provide assessment of future technology needs and create action plans Maintain technical aspects of all mission-critical Operational plans, including Disaster Recovery, Business Continuity and Security Incidence Plans
- Perform technical process optimization exercises to maximize budgets and resources for across the company

- Develop the CRM Product roadmap; define capabilities of all systems to meet new client requirements. Develop best practice approach for Microsoft Dynamics CRM and Microsoft SaaS solutions, including Azure, PaaS and Business Intelligence based initiatives
- Advise the Project Management Team on technology and business best fit for projects
- Manage and mentor technical staff on best practice, including development standards, operational requirements and proper solution definition
- Define and differentiate product and solution offerings, streamlining work for each across vendors
- Establish best practice for project management across all clients and project phases, from initiation to closure
- Review and approve project plans, timelines and staffing plans

KForce Technology, Irvine, CA**Program Director, IT, LA Care Health Plan****May 2015 to April 2017**

- Manage the Salesforce CRM Program, including Salesforce solution definitions and management of the Salesforce Development Team (onshore and offshore)
- Work with senior management to define Salesforce business development plans and align technology initiatives with the LA Care enterprise roadmap
- Serve as a SME for all Salesforce CRM initiatives at LA Care, including review of RFI, RFP and RFQ efforts
- Serve as a SME for IT PMO Activities, including Program and Project Management Best Practices
- Serve as a SME for Call Center projects, including solution definition, integration development and infrastructure acquisition
- Work with Business Stakeholders to identify business needs and verify or devise technical solutions. Stakeholders included: Member Services, Sales and Marketing, Provider Network Management, Claims, Encounters, Health Outcomes & Analysis, Utilization Management, Care Management, Disease Management, Communications, Grant Administration
- Use Agile as well as Waterfall project management methodologies
- Act as Scrum Master for all Agile projects under management (Salesforce, Claims, Provider)
- Facilitate collaboration between QA and UAT Teams, including UAT test preparation and tester support
- Manage high-priority program to remediate critical errors in the current Claims processing system (QNXT)
- Work with Infrastructure and Security Teams to ensure all application integration efforts meet state, federal and HIPAA compliance requirements
- Manage high-priority operational efficiency upgrade to implement automation solutions for batch processing systems
- Manage joint application design workshops to facilitate collaboration between business and technology teams
- Produce business process overviews and technical solution briefs for senior business and technical management

- Create executive level presentations to facilitate approval of technology new initiatives, including budgets, staff roles and responsibilities and overall timelines.
- Manage Operational Development Initiatives for the Provider and Encounters Departments.
- Train PMO staff on different project methodologies (ex: PACE) as well as tools and techniques

Speridian Technologies, Irvine, CA**Senior Infrastructure and Security Manager, All Sectors, San Francisco Health Plan****May 2013 to May 2015**

Speridian is focused on implementing strategic technology projects for enterprise level clients, including state government entities as well as the federal government. Built the Public Sector practice with a focus on Healthcare and New Business Initiatives, such as the ACA Health Exchanges, Medicaid Management and Healthcare CRM. Clients included Hawaii Health Connector and University of Arizona Health Plan.

Hyundai Capital America, Irvine, CA**Senior Project Manager****February 2013 to May 2013**

Ryte Pros provides senior management personnel to medium and large organizations with a focus on the Automotive and Finance sectors. As HCA Project Manager, initiated large new business initiatives involving cross-functional teams comprised of HCA business stakeholder's various external technology providers, such as Infosys, Oracle and Microsoft.

Education

- Princeton University, Princeton, NJ, Bachelor of Arts, Ethnomusicology, June 1993
- Micropower Institute, New York, NY, Certificate Program, Networking, April 1999

Training

- IBM, GA Medicaid HIPAA Certification, 2019
- PMI, PMP Boot Camp, 2013
- PMI, PMP Training Class, 2013
- Salesforce, Salesforce Partner Training Program, 2013
- Imperva, Database Security and Compliance, 2012
- American Airlines, Using Agile to Effect IT Transformation, 2012
- Xerox-ACS, CA-MMIS CMM Basic Training, 2011
- Xerox-ACS, CA Medicaid HIPAA Certification, 2010
- S2Tech, Stephen Covey's 7 Habits of Highly Effective People, 2010
- British Telecom, Agile Methodology Basic Training, 2007
- Oracle, Inc. Oracle-Siebel CRM 7 Essentials, 2005

D.3.1.10 Stephanie Knuth: Testing Lead

Professional Summary

Passionate about Quality, employee development, compliance, and continuous improvement. A genuine leader who achieves success with teamwork success, building communication and collaboration across teams. An avid listener of client needs. Analyze requirements to produce valuable test cases. Experienced Test Manager with strong history in health care information systems, CMS policies & procedures, and various State guidelines. Hands-on Business Operations experience in Member Eligibility & Enrollment, Employer Group eligibility, Claims systems, and unique customer service experience in tense settings. Strongly value Integrity, loyal to projects, and results-driven to see to work meets deadlines. Experienced with implementing and managing MMIS Product Lifecycle processes across Scrum teams, supporting Clients, development & delivery of training programs, and a compassionate testing manager.

Skills

- Exceptional Attention to Detail
- Test Management and Reporting
- Written & Verbal Communications
- Interpersonal Relationship Building with Internal and External Partners
- Fluent in Waterfall, Agile and hybrid methodologies
- Experienced across ALM, JIRA, Aha!, Rally, Wiki, Tableau, PowerBI
- Strong with MS Office Suite (including Project, Excel, Access, PowerPoint, SharePoint, OneNote, Word & Outlook)

Professional Experience

Optum

Senior Technical Program Project Manager

June 2021 to Present

Manage the Product Roadmap across entire Optum Medicaid Management Systems program; successfully migrated 6 Product module teams from Excel tracking logs to Aha! tool for in 2021 and for 2022 Capital roadmap feature priorities. Aha! and Rally systems admin across Scrums. Develop and manage product development & quality testing reports. Coordinate Scrum development & testing activities to Release Calendar and manage timely delivery of requirement and client commitments.

Imagine360

Senior IT Business Analyst

October 2020 to June 2021

Project managed Claims Pricing platform requirements and EDI testing activities for 20 TPA clients. Created JIRA Kanban boards for process improvements in TPA implementation development and testing activities. Hosted client meetings, coordinated implementation activities, requirement grooming, captured system gaps, test case writing, & defined client needs

Optum

Senior Quality Manager

December 2016 to October 2020

Managed Optum Medicaid Management Services quality program; created core Product Test Plan and Test Strategy DEDs and streamlined to Implementation teams. Organized and led Unit, SIT, PAT, E2E and UAT test phases for Product and managed Test Team for 1 former client

Implementation kickoff (SC). Supported Test Delivery teams for 1 live client (MT) and 2 prospect clients (TN & PA). Developed automated dashboard reports for testing summary in ALM and Tableau. Analyzed requirements and assisted in test case writing and building Regression test suite. Reduced leaked defects by 35% by shifting Regression test cases and automation pipeline upstream.

UnitedHealth Care**Senior Operations Trainer****August 2015 to December 2016**

Trained Benefit Configuration Analysts on complex roles for MMIS, including FACETS System Benefit Configurations, Business Operations classes for M&R Recon, AEP, Employer, SCC, CW1, TRR and other UHC client accounts. Developed a 12-week virtual training program for Community and State (C&S) new hires into Benefit Configuration Analyst roles for the Facets Claims system.

UnitedHealth Care**Associate Testing Analyst****May 2013 to August 2015**

Lead testing activities for SIT, PAT and UAT testing activities. Involved across various live client products for membership enrollment (UI and 834), Provider (UI and 274), Claims (UI and 837), Financial (835) and Fulfillment. Managed defect triage activities, data mining and manual creation of test data, SQL queries for backend database validations, and conducted analysis of requirements for gap detection. Significant testing conducted for enhancements around Recon Navigator for Out of Area tracking, Late Enrollment Penalty, ESRD special handling, COSMOS system migration to GPS, ANOC Member Movement Agile, Rider and PCP projects. Designed SharePoint for test data repository and developed/maintained database for Project Management testing activity. Developed a Project Management tool within Access Database for Business Domain programs to track/report test case status and GPS system release project; implemented tool to provide effectiveness of resource and test management.

UnitedHealth Care**Senior Enrollment Eligibility Tester****June 2008 to May 2013**

PAT and UAT of various Medicare release enhancements including LEP, Riders, application processes, Employer Eligibility, Employer Invoicing, adding/deleting Employer relationships, payment changes, and Billing/Finance playbook. Identified and mitigated error in Xerox LEP attestation files not loading correctly in the GPS production system with Creditable Coverage months not calculating correctly, which prevented 300+ Medicare Complaints cases. Additional experience on projects including Oxford legacy system migration, Annual Enrollment Period, compiling Retroactive Processing Requests for insurance timeline correction requests to CMS, State and County Code analysis and correction project, and various transaction reply report (TRR) mass file processing analysis for trend issues.

UnitedHealth Care**Enrollment Eligibility Associate****August 2006 to June 2008**

Responsible for working file transfer reports, Transaction Reply Reports from CMS, 3080s, and pre-processor error reports containing Member Eligibility and enrollment applications. Worked on special project in creating a database for Disposition reports for process previously captured in Excel spreadsheets received from IntegriGuard, which improved data integrity, accessibility, and ease of generating output reports in various formats to feed across departments. Compiled several centralized Process Instruction guides, including for the Complaints Tracking Module, Low

Income Subsidy (LIS) and CMS PDP Guidance instructions for the Tech Communications team. Highest production metrics in resolving Complaint Tracking Module (CTM) cases and completing member and CMS outreach. Wrote and maintained Macros to reduce manual keystrokes to increase productivity. Reconciled over 1,200 Employer Group PFFS records from the 2006 Recon File report, contributing to more than 12% completion of the file in a team size of 15.

Global Finishing Solutions**Drafting Support****September 2002 to June 2005**

Reliable and efficient assistant to maintaining written and verbal communications across departments. Assisted with software updates, and structural record-keeping tasks. Strategically prepared complex owner operating manual instructions in Adobe for various product lines. Intermediate knowledge in creating accurate supplies inventory and purchase order forms. Organized layout of technical blueprints and construction requirement specs from CAD to compile materials for clients.

Empty Pockets**Food Service Specialist****April 1997 to November 2007**

Worked directly with customers in building relationships, resolving complaints, identifying behavioral cues to proactively sense client needs. Encouraged positive service experience and developed people skills and soft skills. Provided extensive leadership, furnishing direction and elaborate training to others of food service etiquette. Advanced in multitasking, exhibiting elite customer service and proactive with problem-solving strategies. Successfully contributed to cost-savings and ideas for growth in a fast-paced customer service environment.

Achievements

- Agile Coaching Assistant for MMIS Product teams, 2022
- UnitedHealth Group Corporate Culture Ambassador, 2016 to Present
- Certified Aha! Administrator, 2021
- Developed and implemented JIRA Kanban process for client requirements and test tracking, 2020
- Certified Rally Junior Admin, 2020
- Built Product QA Test Summary Dashboard report for MMIS program to communicate Release package code deployments to higher environments; was adopted by Implementation Delivery teams, 2019
- Created various SharePoint sites with intake forms for escalation requests, data support needs, and issue log tracking
- Certified Operations Trainer - Facets Benefit Configurations, 2016
- Numerous Leadership recognition & awards from Optum Management

Education

- Bachelor of Science, Business Management with emphasis in Human Resource Management, Minnesota School of Business, 2014

D.3.1.11 Mark Leonard: Medicaid SME Lead

Professional Summary

Mark is a Project Manager with over 13 years of experience in project management and product ownership. He has directed all phases of Agile/waterfall projects, from beginning to end, resulting in successful implementations. In addition, he led communication of product vision to teams of analysts and developers, as well as prioritizing and aligning product backlogs with Medicaid Information Technology Architecture (MITA) business architecture areas and business processes, while grooming the program backlog. In addition, Mark has worked on requirements elicitation, which consists of decomposing, elaborating, and grooming the requirements to capture the client's business need, and acted as a liaison to understand and convey the customer's and business stakeholder's needs to the Development team.

- Deputy Director of Operations for the State of South Dakota Medicaid Program. This included managing the claims process from data entry to adjudication. Claims edits, claims pricing, claims payment and all other claims processing tasks were under my supervision. In addition, 80% of my time was dedicated to the SD MMIS project, starting with proposal review, through implementation.
- Business Area Owner for all claims processing and payment areas for requirement validation, use cases, documentation review and user acceptance testing for the SD MMIS project.
- Business Area Owner for Pre-Authorization activities and Co-Lead on the Pharmacy operations, including all requirement validations, test case development, user testing, documentation review and creating test case scenarios.
- Worked with IT programmers on the implementation of changes to the EDI processes and to troubleshoot issues for providers.
- Responsible for implementing all changes to the existing MMIS to ensure compliance to CMS rules and guidance.
- Mentored both direct reports and colleagues to improve their performance and to help them achieve the goals of the department/business by serving as a role model and coach.
- Responsible for a comprehensive claims edit review to improve efficiency and claims payment accuracy.
- Responsible for managing fiscal responsibilities of the Claims Process and ensuring the timely payment of claims.
- Responsible for implementation of the Aging and Disability Resource Connections in 8 offices throughout the State.
- Responsible for the quality review of Medicare and Commercial claims prior to claims being billed out to ensure compliance with all rules and regulations, to reduce the number of return to provider (RTP) claims and to ensure the highest level of business acumen was displayed to vendors

Professional Experience

Zenith American Solutions

Subject Matter Expert

2018 to Present

- SME for the Member functional area

- Participate in requirement review/validation sessions with the client and vendor to ensure the client's needs are being met
- Design session participation to ensure the needs of Puerto Rico are being met via the requirement and design process
- Provide appropriate reports and information for the Executive reporting process, including identifying risks and issues.
- Work with SME/BA cross functional team to take requirements and make necessary changes in the system and documentation to meet the needs of the client and manage project timelines
- Participate in on-site, client centered User Acceptance Testing process when needed.
- Review change requests for accuracy and completeness

Conduent**Subject Matter Expert****2015 to 2018**

- Direct work of SMEs and BAs for Member Management Module.
- Manage onshore and offshore groups to support development and implementation of requirements, change requests and defects in a timely and efficient manner.
- Implement policies and procedures to document client needs/wants in accordance with RFP.
- Provide appropriate reports and information for the Executive reporting process, including identifying risks and issues.
- Direct requirements elicitation sessions with client.
- Work with SME/BA team to take requirements and make necessary changes in the system and documentation to meet the needs of the client yet manage project timelines and budget for project implementation.
- Participate in on-site, client centered User Acceptance Testing process when needed.
- Complete Impact Analysis upon approval for Change Requests.

Xerox**Sr. Business Analyst/POD Lead, S2Tech****2012 to 2015**

Xerox completed DDI and implemented the North Dakota Medicaid system. My role was to oversee the functional areas of Member Management, Data Management (Reference) and Service Authorization and insure RFP requirements, Change Requests and Defects were completed within the Scope of Work.

- Direct work of SME's/BA's for Member Management, Reference and Service Authorization.
- Manage onshore and offshore groups to support development and implementation of requirements, change requests and defects in a timely and efficient manner.
- Provide appropriate reports and information for the Executive reporting process, including identifying risks and issues.
- Participate in on-site, client centered User Acceptance Testing process.
- Complete Impact Analysis upon approval for Change Requests.

Education

- The University of Phoenix, Phoenix, AZ, Master of Business Administration, 2015
- South Dakota State University, Brookings, SD, Bachelor of Science Nursing, 2013
- The University of South Dakota, Vermillion, SD, Nursing Degree (RN), 2002

D.3.1.12 Nate Baker: Scheduler

Professional Experience

Intervoice, San Juan, Puerto Rico

PRMMIS and MEDITI3G Projects

October 2016 to Present

- Created MS Project schedules to support DDI for the PRMMIS and MEDITI3G projects.
- Integrated the various MS Project schedules from project partners into an Integrated Master Schedule and managed those schedules on a weekly basis for adherence to schedule and critical path and monitoring Schedule Performance Index (SPI).
- Managed Risk, Issues, Action Items, and Decision (RAID) items from creation to closure.
- Managed the change management process for all change requests impacting scope.
- Created management plans to support RAID, schedule, and change management processes.

Xerox State Healthcare, Washington, DC

Government Healthcare Solutions Project

June 2010 to August 2016

- Created MS Project Plans to support written proposals for Xerox state and federal clients.
- Analyzed RFPs for functional and technical requirements and key milestones and deliverables that impacted the scope of the work plan.
- Wrote proposal response sections related to project management methodology.
- Reviewed and analyzed existing project teams' work plans for projects deemed "at risk". This activity included running detailed metrics on the work plans to determine issues with constraint dates, tasks with no resources, tasks without predecessors or successors, tasks with too many hours that need further task breakdown, and over-allocated resources.

Xerox State Healthcare, Washington, DC

ACS/Xerox Revenue Synergy Team

January 2010 to June 2010

- Met daily with project executives from ACS and Xerox to discuss strategic goals for the combined company and oversaw the progress of work teams set up to implement the strategic goals.
- Created a tracking tool to manage the business work streams identified to support

Xerox State Healthcare, Washington, DC

DC Medicaid DDI Project

November 2007 to December 2009

- Created and maintained project plans for the entire software development lifecycle of the project.
- Developed management plans detailing our project's approach for Change Management, Schedule Management, Communication, Issues, Risks, and Quality Assurance activities.

Critical Path Consulting, Fairfax, Virginia

Perot Systems Enterprise Data Warehouse Initiative

October 2005 to April 2006

- Gathered and documented project requirements.
- Maintained the MS Project plan for testing activity components.

ACS Education Services, Rockville, Maryland
Common Services for Borrowers Project
March 2004 to October 2005

- Managed the requirements phase of the SDLC including the creation of the MS Project plan to support the activities, updates to the plan, and daily maintenance of the plan including PWA time approvals for resources assigned to tasks.

Critical Path Consulting, Rockville, Maryland
ACS Project
February 2004 to March 04

- Helped develop ACS's proposal for the Front End Business Integration (FEBI) project for the U.S. Department of Education.

Accenture, Reston, Virginia
Department of Education Project
May 1998 to January 2004

- Created the work plan and staffing plan for the project.
- Served as Accenture's project manager for a team of 12-25 test resources.

Education

- MBA, University of Maryland, College Park, Maryland

D.3.1.13 Kristine Hearn: Medicaid SME

Professional Summary

Kristina is a Product Director of state government solutions and has worked in system development and project management roles since 2002. The majority of Kristina's career has been with MMIS DDI. Most recently she took on the role of Digital Adoption Director to revitalize State Government programs within Optum with real-time navigation, training, and online help. Prior to transitioning to the Digital Adoption role, Kristina held the Functional Product Director role of Optum Medicaid Management Systems (OMMS), managing a \$15 million budget with responsibility over 50+ functional product owners, business systems analysts, and Medicaid SMEs. The Product Director role required coordination and communication with senior leaders across engineering, testing, and multiple in-flight implementations.

She has served as the systems development manager for Cognizant Technologies where she participated in the implementation and production of a MITA aligned MMIS. For Xerox, before they transitioned IT staff to Cognizant, Kristina worked as an MMIS analyst and SME and had supervised product management teams for the Alaska MMIS DDI and the North Dakota MMIS DDI projects.

Kristina has participated in all levels of DDI in her career, so she has the perspective of multiple angles to ensure solutions meet the best interest of all parties. Long lasting business connections and relationships have guided Kristina's career and provided insight into the changing Medicaid landscape.

Expertise

- Medicaid Management Information Systems (MMIS)
- Project Management
- Healthcare SME
- Veterans Administration Provider Management and Claims Processing
- Third Party Liability, Claims Entry, Claims Adjudication, Claims Pricing, Payment, Financial, Edits & Audits, Provider Enrollment and Management, Member Data Management
- Digital Adoption Platform Strategy and Implementation
- Agile, Waterfall, and blended SDLC Models

Professional Experience

Optum State Government Solutions

Product Director

April 2018 to Present

- Digital Adoption Director
 - ◆ Researched and developed Digital Adoption Strategy for SGS programs (OMMS, HIX, OPA, IE)
 - ◆ Defined implementation strategy with project plan and budget
 - ◆ Facilitated vendor agreements to execute digital adoption strategy
- Optum Medicaid Management Services (OMMS) Functional Product Director
 - ◆ Led 50+ member product team (Claims, Financial, Member, TPL, Provider, CRM, UM, AG, Portals)
 - ◆ Managed \$15 million budget and resource allocation
 - ◆ Coordinated/communicated with senior leaders across SGS and multiple in-flight implementations
 - ◆ Implemented 508 Accessibility across OMMS modules

- ◆ Implemented and championed the usage of Aha! for product road-mapping
- Member Product Owner
 - ◆ Rebuilt strained team relationships to enable effective communication and execution
 - ◆ Led scrum team through design and development of 834 intake and data utilization
- Third Party Liability (TPL) Product Owner
 - ◆ Collected and documented requirements for storing TPL coverage
 - ◆ Coordinated with vendor to align requirements and strategy with the overall solution architecture

Infinite Computer Solutions**Senior Consultant****June 2015 to March 2018**

- Served as project manager and SME for Health Net, a vendor providing provider network and claims processing services to the Veterans Administration.
- Served as Agile Product Owner and SME for Conduent, a vendor providing MMIS DDI for the State of New York.
 - ◆ Coordinated with State of NY client as Product Owner for functional groups covering Claims Financial Reporting, Data Warehouse, Document Management, and Optum Management.
 - ◆ Prepared, reviewed, and approved deliverable documentation.
- Served as Third Party Liability and Claims SME for Xerox, a vendor providing MMIS DDI for the State of California.
 - ◆ Provided SME reviews of requirements documentation.
 - ◆ Provided leadership and guidance to the business analysts and development team.

CSG Government Solutions**Senior Consultant****June 2014 to June 2015**

- Served as Technical Analyst on the MITA 3.0 Assessment and MMIS Strategy and Procurement Approach
 - ◆ Facilitated MITA Assessment workshops with State business & technical teams
 - ◆ Assessed and authored MITA 3.0 Seven Conditions and Standard, Information, and Technical Architecture State Self-Assessment (SS-A) Reports for the Wisconsin Department of Health Services
 - ◆ Assessed and authored MITA 3.0 Seven Conditions and Standard, Information, and Technical Architecture State Self-Assessment (SS-A) Reports for the Florida Medicaid Research/Planning MMIS/DSS Project

Cognizant Technologies**Systems development Manager II****August 2013 to June 2014**

- Participated in the implementation and production stabilization of Xerox Healthcare's MMIS
- Managed claims processing, claims pricing, claims payment, and claims financial functional teams
- Conducted performance reviews for all direct reporting staff

- Facilitated formal meetings with the client for claims functional areas and provided the escalation pathway
- Maintained Microsoft Project workplans and managed action items, change request, risks and issues

Xerox State Healthcare, LLC**May 2002 to August 2013****Alaska MMIS DDI Operations Management Project Lead (09/2011 – 08/2013)**

- Managed claims processing, claims pricing, claims payment, and claims financial functional teams.
- Planned, organized, and facilitated formal meetings with the client for claims functional areas.
- Conducted performance reviews for all direct reporting staff.
- Maintained Microsoft Project workplans and managed action items, change request, risks and issues
- Owned the successful execution of the detailed system design, data validation, and manual data configuration activities.

Alaska MMIS DDI Third Party Liability Lead Analyst (01/2009 – 09/2011)

- Planned, organized, and facilitated formal meetings with the client for TPL.
- Led business discussions with the client during review meetings, including suggestions of business process improvements and changes.
- Worked with testing specialists to resolve defects identified while testing the enterprise product.
- Recommended a third-party liability SME group across teams to coordinate and share knowledge. Led the group and facilitated monthly meetings with resources from all enterprise projects.

North Dakota MMIS DDI Third Party Liability Lead Analyst (04/2007 – 12/2008)

- Led third party liability functional effort for solution analysis report, software development plan, and detailed system design delivery.
- Led sessions with the North Dakota customer for joint application design and detailed system design review.
- Assisted in development of staffing allocation matrix, project management methodology plans, cost model, and detailed work plan for enterprise point of sale integration stand-up.
- Led team for conversion of enterprise documentation to North Dakota detailed system design format.

Education

- Bachelor of Science, Management Information Systems, Minnesota State University, 2002
- Bachelor of Arts, Psychology, Child and Family studies, Concordia College, 1998
- Project Management Professional (PMP) Certification (June 2015)

D.3.1.14 Cynthia Shelton: Certification SME

Professional Summary

Cynthia has over 8 years of direct Medicaid experience, including Medicaid claims, provider, and eligibility experience, along with 10 years of staff supervision experience. She is actively involved in defining modularity for Medicaid Enterprise System implementations and is part of the planning and Design, Development, and Implementation (DDI) of Medicaid Management Information System (MMIS) in West Virginia.

- Planning, design, development, and implementation of MMIS systems in West Virginia
- Understanding of MITA 3.0 Business Processes, CMS MECT v2.3 Certification Requirements (MMIS and 5 Common CMS Checklists)
- Assisted in the development of MMIS Requirements Traceability Matrix (RTM) and loaded into ALM; mapped RFP Requirements to MECT
- Management of MMIS project schedules, project requirements, and deliverables
- Over 8 years of direct Medicaid experience
- Experience conducting training client, vendor, and provider
- Over 8 years of Medicaid Claims, Provider, and Eligibility experience
- Over 10 years of staff supervision experience

Professional Experience

Bureau for Medical Services, DHHR Operation Director of the Medicaid System March 2015 to Present

Responsible for the day-to-day management, planning, direction, design, and implementation of new state and federal regulations. This position includes the oversight, responsibility, supervision, and management of the professional and/or technical Operations Management Information Services (OMIS) staff who are employed in the support of the Policy, Database Administration, Information Security, Data Warehouse, and Reporting sections as well as the OMIS Project Management Office.

- Works to ensure the DHHR's compliance with relevant statutory regulations as well as enforce the established objectives, policies, and procedures
- Contract Management of the MMIS, including review and approval of invoices and ensuring all Service Level Agreements are monitored for compliance

Bureau for Medical Services, DHHR, Project Manager of Adult Quality Unit August 2013 to March 2015

Responsible for the general administration of assigned programs within the Bureau for Medical Services Quality Unit. General administration included acting as a liaison to facilitate problem resolution and assure compliance with federal, state, and local regulations, laws, policies, and procedures governing the program or technical area.

- Primary responsibility for developing standards for major systems and for monitoring and/or evaluation of major complex systems or multi-program operations and issuance of comprehensive training programs to insure basic competency and continued development of skills, knowledge, and abilities relevant to the systems
- Consulted on highly complex individual situations that potentially had significant impact on systems or involve sensitive legal issues

Bureau for Medical Services, DHHR
Executive Assistant to Deputy Commissioner
January 2013 to August 2013

Responsible for the general administration of the Office of the Deputy Commissioner of the Division of Operations Management.

- Responsible for the collection, aggregation, and reporting of designated quality and/or performance metrics and measurements to support the Bureau's Division of Operations Management
- Prepared documentation (e.g., correspondence, notes, briefs, agendas, reports, etc.) from written and/or oral information
- Monitored vendor contracts and regulations

WV Regional Jail Authority
Correctional Counselor II, Corrections
July 2010 to January 2013

Managed the Behavioral Health Case Management services for inmates under the purview of the WV Regional Jail Authority located at the Western Regional Complex.

- Responsible for the administration of the Behavioral Health Inmate programs, which included managing the implementation of the program activities, accomplished through supervising lower-level counselors
- Established policies and procedures related to monitoring and reporting for quality and performance management of the associated Behavioral Health programs, which included the GED, Alcohol Awareness, Domestic Violence, Life Skills, Crime Victim Awareness, and Coping with Anger inmate programs
- Managed review, selection, and evaluation of associated performance metrics to ensure the consistent adherence to the WVRJ overall Quality Management Plan
- Acted as liaison to facilitate problem resolution and assure compliance with federal, state, and local regulations, laws, policies, and procedures related to inmate care and corrections

Education

- Bachelor's Degree, Psychology, Marshall University

D.3.1.15 Francisco Velazquez: Project Analyst

Professional Summary

Experienced healthcare professional with over 9 years in the healthcare industry, including 4 years of management experience. Knowledgeable in UAT testing, provider enrollment, developing and reviewing policies, procedures, and business process flows, and using business analysis to strategize process improvements opportunities. Francisco also has experience in maintaining relationships with stakeholders and managing staff. Willing to travel 50% of the time.

Skill Sets

- Training/Development
- Staff Management
- Stakeholder Relationship
- Healthcare Terminology
- Software Development Life Cycle
- UAT/SIT Testing
- Reporting
- Documentation
- Research
- Claims
- MMIS Provider Enrollment
- Agile/Scrum/Waterfall

Professional Experience

CSG Government Solutions

Staff Consultant

December 2021 to Present

- Provides business analysis and other services for initiatives in CSG's Healthcare and Human Services practice

Intervoice

Provider Enrollment Training and Quality Assurance Lead

August 2020 to December 2021

- Function as a hands-on trainer lead for 3 staff members, and support with guidance the Enrollment Maintenance Specialist (EMS) and Provider Enrollment Unit Field Representatives (FR's) staff members in a daily basis
- Design and coordinate WebEx/Microsoft Teams training sessions for the provider community and internal staff, related the Medicaid Management Information System (MMIS), Provider Enrollment Portal (PEP), and the Provider Secure Communication (PSC) portal and other processes, as needed
- Develop and maintain standard operating procedures (SOPs), quality assurance procedures and monthly reports
- Process provider maintenance requests submitted through PSC or referred by the Puerto Rico Provider Integrity Unit (PIU) and log information in the Contact Center Management System (CCMS)
- Provide oversight support on the monitoring of the calls received in the provider Contact Center
- Research and report system findings and defects

Intervoice

Provider Enrollment Business Analyst

December 2019 to August 2020

- Supported User Acceptance Testing (UAT) and System Integration Testing (SIT) efforts, as well as developed test cases as part of this process

- Assisted in the development, review and translation of procedures, policies, process flow diagrams, provider notifications and provider forms
- Maintained business rules and system configurations spreadsheets, FAQs, provider checklists according to updates from change requests
- Researched and identified MMIS issues and submitted findings for additional technical research
- Promoted to Provider Enrollment Training and Quality Assurance Lead within 8 months due to strong performance

Molina Healthcare**Healthcare Services Operations Support Supervisor****December 2017 to December 2019**

- Led a team consisting of 10 staff members, and provided guidance and mentoring to ensure the daily operation progressed towards desired outcomes and the staff developed into complete professionals
- Conducted team productivity/ quality assurance checks and documented results for accuracy and time compliance. Results were shared with staff on monthly one on one meetings and to Healthcare Services (HCS) leadership
- Strategized cost-effective initiatives for our unit using data collection, business analysis and KPI monitoring
- Acted as the primary liaison between corporate Project Management staff, and the HCS Department to create, develop and request through JIRA, and resolve any complex business reporting or system issues related to SQL Server Reporting Services (SSRS) Reports used in the daily operation
- Monitored inpatient hospital census reports to identify trends and present these findings to HCS leadership

Molina Healthcare**Healthcare Services Auditor****August 2016 to December 2017**

- Performed monthly quality audits of non-clinical Utilization Management (UM) staff for compliance with NCQA, CMS, State and Federal requirements, and process audits, as needed
- Participated as a SME, and assisted the HCS team with developing training materials as needed to address findings in audit results
- Developed SQL query logic for daily operational SSRS reports used for reconciliation and monitoring of admissions, discharges, high lengths of service, high-cost high need, among other data
- Performed delegation oversight duties for vendor that performed Molina inpatient reviews. Duties included: meeting with stakeholders, data analysis, risk analysis, claims review and analysis, and communication of findings and results to leadership and primary medical groups
- Promoted to Healthcare Services Operations Support Supervisor within 16 months due to proven leadership and organizational impact

Molina Healthcare
Care Review Processor II
March 2015 to August 2016

- Provided computer entries in QNXT of hospital inpatient census information regarding admissions and discharges received via email or the Utilization Management K2 system
- Contacted via phone or email hospital facilities (both mental and physical) to request missing admission/discharges information
- Validated inpatient claims and reviewed ICD-10 coding and services billed for accurate processing
- Accomplished a promotion to Healthcare Services Auditor within 17 months due to strong performance as team leader and organizational impact

Triple S Medicare Advantage
Enrollment Representative
July 2013 to February 2015

- Screened Medicare enrollment electronic or in paper applications, and processed them in an accurate and timely manner, according to internal procedures and State regulations
- Addressed enrollment issues and communicated findings to the Sales team for additional outreach to the health plan member
- Performed daily quality audits of the processed applications, and validated enrollment files before CMS submission through a File Transfer Protocol (FTP) process
- Developed and submitted production, findings and issue logging reports

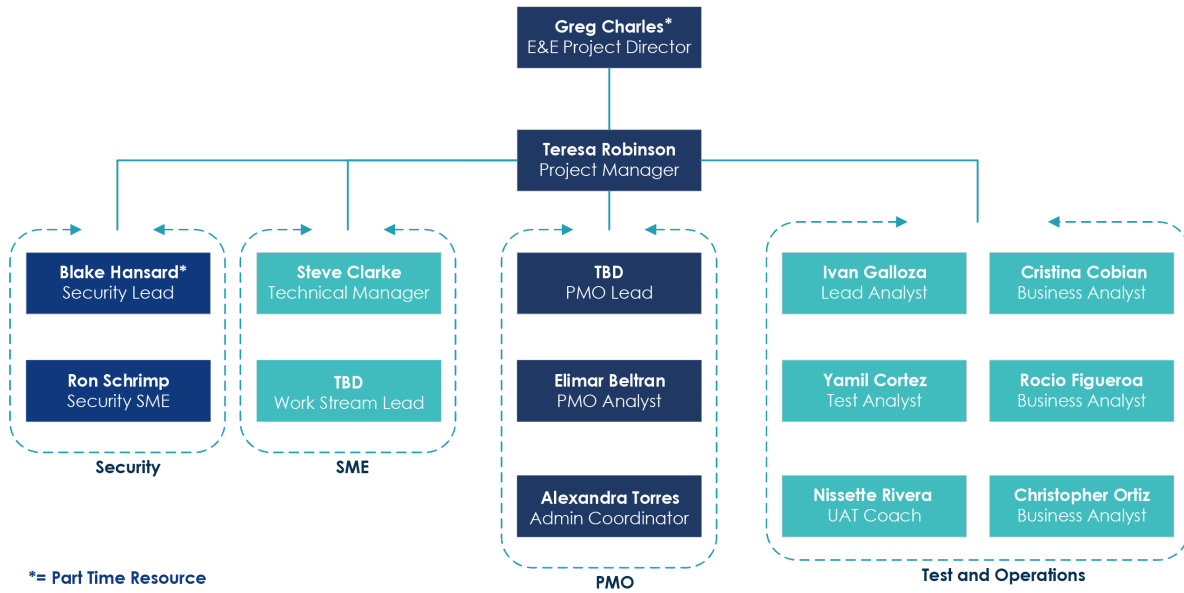
Prescription Health Resources
Patient Care Coordinator
March 2013 to June 2013

- Promoted the features and benefits of the company's products, answered questions, and provided consultation on the use of our services to healthcare providers and potential members of the patient care program
- Monitored prescription logs and prepared inventory reports
- Prepared, mailed, or delivered on site to a patient's home, packages prescribed by the patient's doctors
- Utilized Inmediata databases for research and eligibility of potential candidates for the patient care program

Education

- Master of Arts in Education, specialty in Technological Education, Caribbean University (2014)
- Bachelor of Science in Office Systems Management Technology, University of Puerto Rico (2010)

Figure 10: Proposed Eligibility and Enrollment Organization



D.3.1.16 Greg Charles: E&E Project Director

Professional Summary

Enterprise System Development & Implementation ▪ Program Management ▪ Medicaid & HHS Domain

Analytical Problem Solving ▪ Quality Assurance/Risk Mitigation ▪ Process Optimization ▪ Integration Management

- **Highly experienced project professional** having delivered 17+ complete SDLC projects across both public sector and commercial clients. Skilled in Agile and traditional methodologies to design, develop, and implement custom, COTS, and cloud-based (platform) solutions.
- **Driving force** behind delivering large, demanding projects with teams of 100+ and multiple stakeholders. Skilled in Agile and traditional methodologies to implement custom, package, and cloud-based solutions for Health and Human Services programs.
- **Delivering results** through coordination and management of multiple vendor teams for Medicaid Eligibility and Information System program modernization projects through Initiation and Planning, Requirements Design and Development, Integration, Testing, Implementation, and Operations and Maintenance, including corresponding CMS regulatory and program requirements.

Professional Experience

Intervoice

Project Manager

December 2019 to Present

Lead Project Management Office for Puerto Rico's Medicaid Eligibility modernization. Oversee and integrate all project management disciplines across multiple vendors to enable project success and serve Puerto Rico Medicaid Program with active management, reporting, and mitigation of project activities and risks. Align project activities and approaches with COTS based implementation methods and CMS regulatory and program requirements. Provide deep and multi-year experience on leading practices for large, complex Medicaid DDI activities.

KPMG

Principal

April 2014 to July 2019

Served as national technology partner and industry subject matter professional on high-visibility system implementations. In addition, led quality risk management oversight for two of the firm's largest projects.

Industry and Delivery Leader

Subject Matter Professional for a portfolio of complex, large-scale, multi-vendor projects. Drove projects to successful completion on time and within budget, with a keen focus on assuring quality delivery and contract compliance, reducing delivery risk, and facilitating communication across multiple vendor teams.

- Served as Program Management and Quality Assurance Principal on ~\$400M Tennessee Medicaid System Modernization Program. Assured overall delivery excellence and that engagement services aligned with CMS requirements, industry standards, technical and information architecture standards, and fiscal year budgets.
 - ◆ Realized 350% increase in number of self-service users within one quarter and decreased claim processing time 48% upon deployment of the system.

- ◆ Established multi-vendor team unified in the goal of achieving CMS compliance and certification.
- Provided project management and regulatory compliance reviews for State of Hawaii Medicaid eligibility system development and maintenance phases. Initiated additional data dashboards to assist case workers with workload management and improve eligibility determination timeliness.
- Oversaw the project management and quality assurance (PMQA) program for the Florida Office of Financial Regulation for the implementation of their regulatory compliance application, facilitating on-time, on-budget delivery.
- Emboldened clients to innovate by embracing technology advancements that drive productivity at reduced cost. Educated clients on utilizing cloud technologies in the public sector enterprise.
 - ◆ Crafted business case, implemented pilots, and gained approval for CA government entities' early adoption of Microsoft Dynamics in the Azure Government Cloud and Oracle ERP in the Oracle Government Cloud.
 - ◆ Utilized Agile Software Development Methods and Microsoft Dynamics to deploy functionality for three complex environmental regulatory processes within three months.

Deloitte Consulting
Principal
1998 to March 2014

Led and managed Deloitte's Labor and Employment (L&E) practice and P&L within the Health and Human Services (HHS) domain, and served as national technology enablement principal, delivering multimillion-dollar information system and process improvement projects.

Practice Leader

- Guided HHS market offerings as a member of the HHS practice leadership which directed the development and evolution of all HHS solutions including Child Support, Child Welfare, Integrated Eligibility Systems (IES), Women, Infant and Children (WIC), Medicaid Management Information System (MMIS), and Unemployment Insurance (UI). Developed business capabilities within application software systems aligning with Federal requirements. Incorporated advancements in information technology including process automation, data analytics, performance dashboards, and other industry standards.
- Led 100+ consulting team members in the transformation of the country's largest unemployment benefits program. The comprehensive system initiative included policy and process changes in conjunction with the implementation of a modern technical platform providing mobile, self-service, business process automation, and data analytics.
 - ◆ Reduced claim processing time by 47% while increasing payment accuracy by 83%.
 - ◆ Delivered initial workflow management release to meet time sensitive federal requirements and secure \$836M in federal funding.
- Transformed Ohio's unemployment insurance benefits system from one of the lowest rated nationwide to top-ranked by U.S. Department of Labor, earning Ohio Best State Award in Payment Accuracy and Timeliness. Orchestrated 100+ internal team members in an industry-leading system implementation project, at that time the largest in the country.
 - ◆ Achieved 97% self-service adoption significantly reducing staff workload and program cost.

- ◆ Converted 1M+ records with 98% accuracy rate and deployed 77 interfaces.
- ◆ Reduced overpayments by 57%.

Project Turnaround Specialist

- Established as one of Deloitte's key turnaround leaders on some of the firm's most complex HHS engagements. Developed business-specific assessment methodology and toolkit to apply to troubled projects.
- Implemented remedial actions across functional, technical, client relationship, and project management areas to turnaround projects and successfully deploy applications.

Project Implementation Partner

- Directed \$22M project management office (PMO) for the execution of strategic and operational initiatives for a major water utility. The initiatives included process redesign, internal controls augmentation, and implementations of ERP system (Financials, Procurement, HR, Payroll), work management system, document management system, and business intelligence system.
 - ◆ Reduced work order backlog from five weeks to less than one.

Education

- University of Central Florida, Masters in Business Administration
- Asbury University, Bachelors in Business Administration & Management
- Project Management Institute, Project Management Professional (PMP)

D.3.1.17 Teresa Robinson: Project Manager

Professional Summary

Seasoned and savvy executive with diverse industry experience in Business Transformation and Delivery, Operations, Technology Deliveries and Relationship Building. Flexes and functions at the macro level of strategy and vision and the micro level of detailed implementations and improvements, delivering savings, optimizing results, improving processes and the client experience. Quick uptake of new concepts, creating innovative and pragmatic analysis and solutions. High collaborator, readily translating technical speak into easily understood business language for action and agreement. Escalates mission critical initiatives in the tech driven market. Operates in independent decisioning mode or as a cohesive team member. Drives team performance through mentoring and coaching, empowering and enhancing skill sets. Demonstrated successes in building and managing large-scale organizations while developing and managing multi-million dollar budgets.

- Global Business Operations
- P&L Accountability
- Strategic Planning & Partnerships
- Business Transformation
- International BPO Delivery
- Account Management
- Technology Transformation
- Product Management/SaaS
- Client Relationship Management
- Contract Negotiations & Management
- Application Management

Professional Experience

Domeo Solutions

Chief Executive Officer

1998 to March 2014

Founder of a start-up Executive Consulting and RPA/AI Medical Technology company.

- Designing an RPA/AI solution for clinical trial recruitment
 - ◆ Created business model, plan and strategy
 - ◆ Designed overall marketing strategy including branding, logo, website, social media presence
 - ◆ Created sales model, sales pipeline, revenue projections and cap table
- Performed as Fractional Chief Operating Officer for a start-up medical technology company for UM in hospitals
 - ◆ Advised on implementing a start-up organization with CEO and 7-person team
 - ◆ Created business plan and pitch deck for capital raise process
 - ◆ Negotiated a \$1.2 million contract for RPA/AI technology
- Delivered Enterprise Payments Transformation of \$20 million budget with multiple teams and projects nationally
 - ◆ Decoupled payment processing from order fulfillment system to a stand-alone system (Enterprise Payment System)
 - ◆ Provided infrastructure for new third-party outsourcing initiative to CITI
 - ◆ Implemented new payment types (EMV, PayPal, PLENTI Points)
 - ◆ Organized new payment flow for omnichannel processing (Ecommerce and POS) and web-based fraud prevention

- Created a Logistics strategy, roadmap, budget alignment and status report template.
- Planned a system consolidation strategy and roadmap of customer data for client marketing systems.

WIPRO Limited**August 2016 to July 2018****Vice President Operations – Healthcare Digital Operations & Platforms, 2017-2018**

Global Operations leader for a Fortune 10 health insurance contract providing services for Provider Change Data Management, Verification, Attestation, Credentialing, and Recredentialing.

- Led International BPO Delivery and global business operations with a staff of ~1,500 with full P&L accountability for an operational budget of ~\$36M in 2 US and 2 international locations – Atlanta, Georgia (2), Mumbai, India and Cebu, Philippines
- Transformed business strategy accounting from a 40% operating margin loss/mo. to earning 15% profit (EBIT before O/H allocation) in 3 months; managed annual SOW renewals
- Streamlined operations by automation; reduced headcount by 2%, saving \$500k per year
- Provided operations leadership, optimization, and implementation of best practices in multi-transaction environment
- Captured new client credentialing business with 12 resources; grew to 60 resources in 10 months
- Managed clients including meeting delivery and operational KPIs such as profitability, SLA attainment, client (NPS) and employee satisfaction
- Ensured alignment with overall client strategy, driving down costs
- New business development support through proposal writing, bid responses, and strategy

Vice President, Account Executive, HPS, 2016-2017

Led the operations and technology integration and delivery of ~1 million members onto the On-Exchange (Affordable Care Act) and Off-Exchange HealthPlan Services products; \$16 million contract.

Xerox Corporation**Vice President Operations****May 2009 to February 2012**

Led the Statewide transformation of operations, optimization, and implementation of best practices in multi-transaction service center, call center, and local office environments to privatize the administration of government eligibility services for Medicaid, Food Stamps, and Temporary Assistance for Needy Families (TANF) for the Indiana Eligibility Modernization Contract (FSSA).

- Directed staff of ~1,200 with an operational budget of ~\$54M in 23 local offices and 4 call centers statewide.
- Redesigned and negotiated BPO contract and business strategy taking account from \$3.3M/month loss to profit within 6 months; contract value \$630M over 7 years.
- Streamlined operations enhancing processing efficiency by 8%, saving \$500k per quarter.
- SaaS Product Owner (new application development and management) of a proprietary application (SMART).

- Negotiated with the state to add ~3,000 additional users, increasing contract revenue by \$500k per year.
- Responsible for product updates, schedule releases and scalability to provide status of client eligibility case activities.

Anthem, Inc**June 2002 to July 2008****Director, Strategy and Planning, Enterprise Business Solutions**

Created portfolio and sequencing of strategic plans driving process transformation consolidating local/regional technology processes, forecasting 6-year savings of \$39M. Managed \$60M divisional budget, ending 2007, 2.5% under budget.

Program Director, Enterprise Technology Services – BCBSA & Government Mandates and Human Resource IS

Acting Director of Program and Project Management. Managed ~45 project managers with 3 managers. Built a Project Management Center of Excellence, consolidating a diverse group of technology project managers. Delivered multiple Government Mandates, PeopleSoft (ERP) programs and M&A integrations with budgets ranging from \$15M to \$42M.

Education

- Indiana State University, Terre Haute, Indiana, Bachelor of Science in Marketing
- Kettering Executive Network (KEN) Member, Alpha Kappa Psi – Mu Omicron Life Member
- Project Management Institute (PMI), Certified Project Management Professional (PMP)

D.3.1.18 Blake Hansard: Security Lead

Professional Summary

With more than 20 years of experience in the technology field, Blake is a detail-oriented and self-motivated professional with a wide range of technical and business experience. Primarily focused on MMIS, government, and Fortune 100 Enterprises, Blake is well-versed in enterprise-class applications, high-availability systems, audit and standards requirements, and multi-application integration. He is comfortable overseeing large development teams, establishing architecture and standards for security and development process, or working independently to develop and deliver high priority deliverables. Blake has a love for technology and continually works to keep his technical and process skills current and relevant.

Professional Experience

Details on selected assignments, more information available upon request.

Intervoice, San Juan, PR

Enterprise Architect / Security SME

March 2018 to Present

- **Puerto Rico MMIS – Enterprise Architect/ Security SME:** Intervoice provides Puerto Rico with Project Management, Subject Matter Expertise, and MMIS Oversight and Training to the Puerto Rico Medicaid Program as they implement their first Medicaid Management System. In his capacity as Enterprise Architect, Blake helps review technical requirements, makes recommendations for enhancement or required improvements, and ensures alignment with CMS MITA. Blake develops background training courses and provides on-the-job training for key resources including Data Governance, Security, Interfaces, and Data Quality.
- **Puerto Rico Eligibility and Enrollment – Security SME:** Intervoice provides Puerto Rico with Project Management and requirements management across multiple vendors. As Enterprise Architect and Security SME, Blake provides guidance on approach and reviews deliverables for alignment with Requirements and Standards.

XEROX/Conduent, Nashville, TN / Greenville, SC

Enterprise Architect / Chief Security Officer, Health Enterprise

April 2012 to February 2018

- **New York MMIS – Lead Enterprise Architect/ Chief Security Officer**
 - ◆ The NY-MMIS implementation of the Health Enterprise System was designated as a Xerox CEO top project. In order to ensure success of this project, a Tiger team was formed to oversee key areas of this project. As part of this Tiger team, Blake was responsible for overseeing all Security aspects of this project. Direct reports include the Security Information Officer, Security Architect Development Manager, Data Center Compliance Manager, and the Development Security Product Owner. As Chief Security Officer he oversaw the documentation, development, testing, and certification of the Health Enterprise application. Highlights include the development of the security policies, procedures, and processes required by the state, overseeing testing and controls of application and data centers, and working with the development team to implement multi-factor authentication controls within the application and environments.
 - ◆ Oversaw the installation and configuration of the Verizon SEIM toolset and network monitoring devices in the Development/Testing Data center as well as the configuration of the IBM QRadar SEIM tool in the Production and Disaster Recover Data centers.

- ◆ Performed security code and system vulnerability scans and made recommendations surrounding system hardening from both application and network standpoint. Worked with both state and development teams to handle any security incidents, including development and oversight of corrective action plans, as needed.
- Health Enterprise – Enterprise Architect (Strategy and Direction)
 - ◆ As a Platform Enterprise Architect, was responsible for the Technical Direction of the Health Enterprise platform. This includes Hardware recommendations, third-party tool evaluation and recommendation, core code standards, Product Roadmap across implementations, and compliance with external standards such as MITA.
 - ◆ Daily responsibilities included overseeing application enhancements focused on code quality and scalability, overseeing DDI teams for New York and Montana, working with Sales and Marketing on future Request For Proposals (RFP), and helping to establish full software development lifecycle best practices, process and procedures, and support for multiple architecture teams.
 - ◆ From an architecture standpoint, he was primarily responsible for the Migration from JSP/Portal UI to a new Mobile complainant UI (AngularJS, Backbone, CSS3, HTML5). This included working with a focus group of system experts, evaluating platforms, establishing scope requirements, evaluating security risk and remediation, and tracking and reporting to senior management.
 - ◆ Additionally, was responsible for the Architectural direction of migrating the Health Enterprise Platform to a Dynamic Module Design. This would allow Health Enterprise to respond to a wide variety of Module definitions between RFP and Industry Mandates. This is primarily in response to the CMS rule change surrounding the definition of Modularity within the CMS Seven Standards and Conditions.
- Integrated Enrollment System – Application Development Manager / Chief Solution Architect
 - ◆ For this position, Blake was tasked with modernizing the Tennessee VIP Core framework including multi-platform support, Internationalization, Module / Component based API / SOA design modifications, SaaS distribution support, and Dynamic Process Flow/ rules management. During this project, he was responsible for developing the prototype site show-casing the technologies and flexibility of the platform recommendations, establishing the short- and long-term roadmap, and negotiating requirements.
- Tennessee VIP System Implementation – Application Development Manager / Chief Solution Architect
 - ◆ For this project, Blake served in two primary capacities. First, as the senior development manager, he was responsible for the planning, tracking, and delivery of day-to-day development activities. This included managing a development team of 30+ developers, five Lead Developers, and four build quality resources. Additionally, as the lead solutions architect, He was responsible for application and development process improvements, quality delivery, and application architectural recommendations. Throughout this project, the team consistently met or exceeded the deadlines and milestones placed to the development team.

TEKSystems, Greenville, SC
Consultant, IT Technical Lead
March 2011 to April 2012

- MetLife eBusiness / Dental TRICARE Project – Compliance SME

- ◆ Technical lead for the Employee Dental Web Application. Responsible for the architecture and design of new elements of the existing application for TRICARE. This application was required to conform to US Government Security Standards. Utilized Sonar and Veracode ensure compliance.
- ◆ Set up automated code review for the entire eBusiness Dental web application portfolio, six applications in total, to ensure compliance with MetLife and government requirements. Installed SONAR as a proof-of-concept platform. Introduced Maven build manager to allow for easy validation of junit Tests and SONAR compliance scans. Was responsible for the compliance and code quality initiative for TRICARE.

INFOR, Greenville, SC**Sr Application Architect / IT Manager, WorkBrain****February 2009 to February 2011**

Managed a development team made up of 19 Development staff, one Systems Analyst, and two Database Administrators. Responsible for the Architecture and approach of new development projects within the WorkBrain application. This application contains Time and Attendance, Schedule Optimization and Management, Labor and Budgeting, and Time Clock modules. As this is packaged software, the application had to be operation on multiple database platforms and application server platforms. As WorkBrain is the industry leading software in the large cap market, we had to support extremely large-scale database and heavy utilization. This application is primarily a Java based application with external optimization software. This application is sold in 32 countries and supported multiple languages.

Education

- High Point University, High Point, NC, Management of Information Systems, Bachelor of Science, 1995
- Davidson County Community College, Lexington, NC, Computer Programming, Associate of Science, 1993

D.3.1.19 Steve Clarke: Technical Manager

Professional Summary

Steve Clark has over 30 years of IT project experience in both the public and private sector. His extensive experience enables clients to implement innovative business practices through the adoption of industry best practices in software solution and information management. Steve's primary focus has been on enabling data standardization for clinical and claims data and promoting interoperability across Health Information Infrastructures (IHII). These initiatives include ACA (Affordable Care Act) State eligibility systems and exchanges.

Steve is a seasoned technology executive who has:

- Secured \$100 million in Federal Grants
- Identified \$7.8 million in annually recurring system development and maintenance savings
- Established savings of \$70 million per year
- Generated \$20 million revenue through new product opportunities
- Established new \$9 million revenue stream

Steve's responsibilities have included:

- Establishment and institutionalization of software development best practices
- State and Federal Request for Proposal Development
- Development of Advance Planning Documents
- Enterprise Architecture
- Information and Database Management
- Quality Assurance
- Test Management

Professional Experience

Details on selected assignments, more information available upon request.

Intervoice

PRDoH PMO Services

June 2017 to Present

PRDoH is implementing two major systems to improve the delivery of Medicaid services on the Island Eligibility and Enrollment System and a Medicaid Management Information System. Working in a supporting role to the Project Management Office Steve has successfully guided PRDoH through the planning advanced planning process, resulting in the approval by CMS of Puerto Rico's IAPD funding request and the selection of the prospective system integrator. Having worked with CMS over a number of engagements, Steve's experience with the Medicaid Eligibility and Enrollment Lifecycle and understanding of what CMS is expecting provides the experience to be able to communicate the state's vision in a form acceptable to CMS.

SLI Global Solutions

Senior Manager

April 2012 to June 2017

Iowa Department of Human Services, Eligibility (ELIAS) State Eligibility System. IV&V QA

- The primary focus of Steve's role on this project was technical in nature and resulted in a successful project outcome. Responsibilities included oversight of architecture, technical details, all software processes related to design, development and implementation

including code and architecture review; requirements test, execution and deployment traceability; ensuring that the agile development process was followed and sprint metrics appropriately reported.

- Responsibilities also included assessing technical risk and mitigation strategies, identifying software components needing code improvement, recommending corrective actions

Alabama Medicaid Eligibility and Enrollment project IV&V Quality Assurance

- Review SDLC processes, procedures, and deliverables to ensure they followed agreed upon standards. To support the Alabama Department of Public Health agile-based development practices this work also included modifications to the SQM3 a ISO 9001 certified methodology and processes to include industry best practices for in-stream work monitoring and review. These reviews included system design, development standards, naming conventions, source code, technology decisions, database mapping, data models, data conversion plans, implementation plans, test planning/outcomes, and all documents related to supporting gate reviews.

While on the project Steve took on the role of Director of Test Management during the development of the eligibility system leveraging my previous in the development of their MITA-SSA to manage the execution of the testing for the system. In this role I oversaw the design of the test plan and ensured requirements coverage during the testing

Beacon Analytics

VP Software Development

February 2009 to February 2012

Provided clients with technology and thought leadership, enabling Beacon's customers to successfully implement innovative business practices through the adoption of both complex and simple software solutions in the workspace.

Responsibilities included:

- Developed, articulated and drove the achievement of Beacons technology vision
- Management and development of the corporations strategic product road map
- Establishment and institutionalization of software development best practices.
- Hiring key employees
- Devised technology plans for Beacon's corporate clients
- Decided technology platforms of operation
- Identified new technologies
- Developed high-level product and solution architecture
- Managed internal and external teams of architects
- Managed internal and external software development teams
- Managed system, infrastructure, network, enterprise and database architects to ensure successful delivery of enterprise architecture
- Technical oversight of critical systems and services.

Alabama Medicaid Eligibility and Enrollment project – Enterprise Architect

- In 2009 and 2010, assisted the state of Alabama to develop their MITA-SSA for the Alabama Medicaid Enterprise.
- Client engagements while with Beacon also included: Lead Technologist, Alabama Medicaid Agency Technology Assessment Enterprise Architecture Initiative and Senior Architect, Forsyth County DSS Food and Nutrition Services Program

Georgia Department of Public Health
Chief Architect, Bio-terrorism and emergency preparedness program
January 2007 to January 2009

Managed a team of solution, system integration, network, data and security architects responsible for designing the technical solutions architecture for the bio-terrorism and emergency preparedness program. The team designed, developed and implemented a modular cost recovery models for virtualized environments and the department of public health's virtual infrastructure environment.

Georgia Technology Authority
Enterprise Architect
February 2002 to April 2004

Responsible for developing the strategic roadmap for the State of Georgia's enterprise software reuse program. One outcome of this work was setting the strategic direction for the adoption and implementation of reusable development practices, and promoting the use of the federal enterprise architecture framework and enterprise architecture evaluation scorecards. Represented the State at NASCIO and interstate conferences working with Gartner analysts to provide detailed assessment of current and projected trends.

IBM
Project Manager and Principal Consultant
August 1990 to January 2000

- Working for Lotus Consulting Services, a division of IBM, in the role of Principal Engineer for the South East Region was responsible for the design and implementation of multiple n-tier solutions leveraging the IBM product sets. Client services included the design, architecture and integration of correspondence management systems; design and development of a back-office intranet customer service request tracking applications; expansion of online customer banking operations and the classification, and provisioning of workgroup applications. Responsibilities also included development of development standards, infrastructure planning, and contributed to core portal, site navigation, and authentication and security decisions.
- As a Senior Engineer and subsequently Project Manager for the Europe, Middle East and Asia region Steve provided project management and oversight for multiple international deployments of the Lotus Mail system and Lotus Notes collaboration software; selected and established deployment and support teams, and oversaw the successful integration and migration of multiple mail system platforms.
- Hired to develop client server solutions for a venture capital backed application development and consultancy firm, located in London, as a provider of technology solutions to financial institutions

Education

- BA Financial Management/Accounting and Computer Science (Dual Honors), Sheffield University, Sheffield, England, 1990
- Member of the SSADM (Structured Systems Analysis Design Methodology) users group
- IBM Program Partner

D.3.1.20 Ivan Galloza: Lead Analyst

Professional Experience

Intervoice

Deputy Test Manager

October 2019 to Present

- Test design lead for the User Acceptance Test efforts for a new Medicaid Eligibility and Enrollment System
- Oversight of design, technical accuracy, and on-time delivery of over 700 test scripts to government customer

Raytheon Company

Senior Systems Engineer: Systems Architecture Design and Integration Directorate / Clearance Level: Secret

2018 to September 2019

- Technical lead for signal processing simulations, which greatly enhanced the speed of capability development and reduced product defect
- Scoped and planned all engineering design work throughout an entire year from government proposals, some valued at \$40M
- Cybersecurity experience executing Formalized Decision Matrices for selecting a Security Incident and Event (SIEM) for on-field equipment
- Cybersecurity oversight of Security Technical Implementation Guides (STIGs)
- Worked collaboratively with all the engineering departments to reduce risk and ensure on-time product delivery
- Extensive experience testing, verifying and validating systems and compliance requirements, which efforts enable faster fielding times and a much lower defect count

Raytheon Company

Systems Engineer II

2016 to 2018

- Design lead for digital signal processing algorithms for target identification and reporting in fielded radar systems; received an innovation award for rapid execution and prototyping
- Applied Agile software development methodologies to deliver products in a fast paced and collaborative environment
- Performed extensive data analysis, correlation, and physical model simulation development in MATLAB helping to reduce product defect and risk

Raytheon Company

Systems Engineer II

2013 to 2016

- Automated system test procedures on MATLAB that increased the rate of requirements verification by 25%
- Designed and field tested radar algorithms to detect and suppress clutter returns
- Raytheon Six Sigma certified, which identifies value stream and eliminates waste

Education

- University of Puerto Rico, Mayaguez Campus, Mayaguez, Puerto Rico, B.S. Electrical Engineering, Applied Electromagnetics, May 2013

Community Involvement

- Nominated by Raytheon for the 2018 Hispanic Engineer National Achievement Award Conference (HENAAC) Most Promising Engineer – Undergraduate

Competencies

- C
- MATLAB
- Digital Signal Processing
- Electronic Warfare

D.4 Key Staff References

Table 10: Key Personnel Reference Form – Ike Samples

Key Personnel Reference Form							
Key Personnel Name:	Ike Samples			Proposed Role:	Account Manager		
Reference 1							
Client Name:	Puerto Rico Department of Health, Puerto Rico Medicaid Program		Client Address:	PO Box 70184 San Juan, PR 00936-8184			
Contact Name:	Rosalba Scotto		Contact Title:	Account General Manager			
Contact Phone:	915-440-6416 / 915-726-3255		Contact Email:	rosalba.scotto@gainwelltechnologies.com			
Project Name: PRMMIS Phase II				Start Date:	02/2019	End Date:	05/2020
Project Description: DDI effort to implement the Provider Enrollment Portal and the PRMMIS Provider Management functionality							
Project Role and Responsibilities: Projects Director, oversee all aspects of delivery for PMO services for PRMMIS Phase II Project							
Reference 2							
Client Name:	Agency for Health Care Administration		Client Address:	2727 Mahan Drive Tallahassee, FL 32308			
Contact Name:	David Powers		Contact Title:	Systems Project Manager			
Contact Phone:	850-412-3604		Contact Email:	David.Powers@ahca.myflorida.com			
Project Name: FL MMIS DDI and Fiscal Agent Operations				Start Date:	08/2006	End Date:	12/2019
Project Description: Major DDI to develop the FL MMIS and establish an operations facility in Tallahassee, FL, in support of AHCA (single state agency for FL Medicaid). Once implemented, run and maintain the MMIS as well as provide fiscal agent services including call centers, PMO, claims administration, and provider services.							
Project Role and Responsibilities: Started on the project as the test manger; progress to system manager, deputy account executive, and the account executive; responsible for all aspects our contract delivery of MMIS systems maintenance & enhancements; PMO, claims administration, call centers, and provider services.							

Table 11: Key Personnel Reference Form – Victor Medina

Key Personnel Reference Form							
Key Personnel Name:	Victor Medina			Proposed Role:	Lead Project Manager		
Reference 1							
Client Name:	MCS Healthcare Holdings	Client Address:	MCS Plaza 255 Ave. Ponce de León San Juan, PR 00917				
Contact Name:	Raymond Ortiz	Contact Title:	IT ePMO Senior Director				
Contact Phone:	787-398-2966	Contact Email:	rortiz@effectuspr.com				
Project Name: PowerMHS Upgrade, ICD-10				Start Date:	02/2010	End Date:	02/2014
Project Description: Implementation of many software updates to the core or main claim system, many other integrated systems and services, data conversions, and data structures to meet the requirements of the new ICD-10.							
Project Role and Responsibilities: Senior Project Manager & Lead: Project/Program Management (predictive/adaptive) for the supervision and control of the work required to successfully complete the PowerMHS/ICD-10 project and dozens more of strategic/tactic projects/programs through knowledge, skills, experience, and Project Management Institute's (PMI) + CompTIA's project management principles and methodologies.							
Reference 2							
Client Name:	MCS Healthcare Holdings	Client Address:	MCS Plaza 255 Ave. Ponce de León San Juan, PR 00917				
Contact Name:	Enid T. Vargas	Contact Title:	Assistant VP of Consulting Services				
Contact Phone:	787-645-4150	Contact Email:	enid.vargas@projectmanagementpr.com				
Project Name: Project Management and Advisory Services				Start Date:	02/2014	End Date:	08/2018
Project Description: EPMO development and project management professional services.							
Project Role and Responsibilities: IT EPMO Senior Director: Procurement and supervision of project management and advisory services for the EPMO development and projects execution. Established teams and led their managers and directors to achieve effective Portfolio/Program/Project Management, Business Analysis, QA, and Process Analysis that contributed to the accomplishment of departmental and corporate goals and objectives. Developed budgets, standards, methodologies, frameworks, project repositories, procedures, policies, performance indicators, and reports (dashboards, KPIs, and scorecards).							

Table 12: Key Personnel Reference Form – Valerie Law

Key Personnel Reference Form							
Key Personnel Name:	Valerie Law			Proposed Role:	ePMO Manager		
Reference 1							
Client Name:	Puerto Rico Department of Health, Puerto Rico Medicaid Program		Client Address :	PO Box 70184 San Juan, PR 00936-8184			
Contact Name:	Caleb Colón		Contact Title:	PRMP DDI Project Manager			
Contact Phone:	787-423-9491		Contact Email:	caleb.colon@upr.edu			
Project Name: PRMMIS Phase II DDI				Start Date:	02/2019	End Date:	05/2020
Project Description: Phase II DDI of the PRMMIS that included daily and monthly interfaces to/from Member (MEDITI2), Implementation of NCPDP Post Adjudication Response File, a Provider Enrollment Portal, and Provider Management functionality.							
Project Role and Responsibilities: PMO Manager - Provided comprehensive leadership, direction, and oversight for the implementation of PRMP's PMO - Provided overall governance and project management guidance to support all project management organizations within PRMP to improve the probability of successful delivery - Interfaced with leadership teams to determine project scope, budget, and timeline for delivery - Advised executive and senior management on strategic implications of technology to streamline processes, improve productivity, and reduce overhead - Developed project management methodology and standard templates for two large-scale DDI projects - Conducted quality reviews and audits on project deliverables to ensure compliance with approved standards - Developed and implemented standardized status reporting across PRMP's projects							
Reference 2							
Client Name:	Alaska Department of Health and Social Services		Client Address:	University Center 3901 Old Seward Highway, Suite 131 Anchorage, AK 99503			
Contact Name:	Nick Faulkner		Contact Title:	Project Director			
Contact Phone:	907-854-1373		Contact Email:	nfaulkner@comagine.org			

Project Name: DHSS MMIS Replacement Project	Start Date:	01/2012	End Date:	06/2014
Project Description: MMIS replacement project				
Project Role and Responsibilities: Overall responsibilities for implementation and operational readiness; managed quality program management office based in Eagan, MN, coordinated with IV&V vendor to support requirements management, project monitoring and control; post implementation stabilization activities				

Table 13: Key Personnel Reference Form – Kristine Weinberger

Key Personnel Reference Form				
Key Personnel Name:	Kristine Weinberger	Proposed Role:	MES Functional SME	
Reference 1				
Client Name:	Puerto Rico Department of Health, Puerto Rico Medicaid Program	Client Address:	PO Box 70184 San Juan, PR 00936-8184	
Contact Name:	Caleb Colón	Contact Title:	PRMP DDI Project Manager	
Contact Phone:	787-423-9491	Contact Email:	caleb.colon@upr.edu	
Project Name:	PRMMIS Phase II DDI, Release 3 Provider Enrollment Portal	Start Date:	02/2019	End Date: 05/2020
Project Description: DDI effort to implement the Provider Enrollment Portal and the PRMMIS Provider Management functionality				
Project Role and Responsibilities: SME responsible for the following: ■ Provide Medicaid and provider subject matter expertise for all phases of the system development lifecycle ■ Requirements elaboration which entailed reviewing requirements and ensuring their clarity and adherence to federal regulations ■ Ensure proper tracking of requirements ■ Review design documents ■ Draft and review change requests ■ Review test results ■ Monitor and update the project schedule ■ Document risks and issues along with mitigation and resolution plans ■ Support outcomes-based certification of the solution				

Reference 2				
Client Name:	Wisconsin Department of Health Care Financing	Client Address:	1 W. Wilson St. Madison, WI 53703	
Contact Name:	Ken Dybevik	Contact Title:	MMIS Director	
Contact Phone:	(608) 445-0648	Contact Email:	kdybmail@yahoo.com	
Project Name: Wisconsin Medicaid – Various Projects			Start Date:	06/1996
			End Date:	11/2001
Project Description: Various Medicaid projects including HIPAA transaction implementations, National Provider Identifier implementation, Medicaid data warehouse implementation				
Project Role and Responsibilities: SME responsible for the following: ■ Provide Medicaid and provider subject matter expertise for all phases of the system development lifecycle ■ Requirements elaboration which entailed reviewing requirements and ensuring their clarity and adherence to federal regulations ■ Ensure proper tracking of requirements ■ Review design documents ■ Draft and review CRs ■ Review test results ■ Monitor and update the project schedule ■ Document risks and issues along with mitigation and resolution plans				

Table 14: Key Personnel Reference Form – Greg Charles

Key Personnel Reference Form			
Key Personnel Name:	Greg Charles	Proposed Role:	MES Project SME
Reference 1			
Client Name:	Puerto Rico Department of Health, Puerto Rico Medicaid Program	Client Address:	PO Box 70184 San Juan, PR 00936-8184
Contact Name:	Carlos Carrasquillo	Contact Title:	Program Manager
Contact Phone:	787-528-1573	Contact Email:	cmcarrasquillo@gmail.com

Project Name: Puerto Rico Eligibility and Enrollment DDI		Start Date:	12/2019	End Date:	05/2021
Project Description: The DDI of a new Medicaid Enrollment system for PRMP. The implementation included: ■ A Caseworker Portal where the caseworkers can register the clients and submit applications for medical assistance and/or retroactive coverage; the system evaluates the client using Modified Adjusted Gross Income (MAGI) and Non-MAGI rules, and a hierarchy process ■ Case Management functionality to the caseworkers, providing key features that allow for the distribution of cases, reminders of pending cases, and interview date management ■ A Citizen Portal where the applicants can visit an online website to submit an initial application ■ Interfaces connected to federal hubs for electronic verification of key evidence ■ Notices and form generation capabilities facilitating communication with applicants and promptly notifying them of pending documents, eligibility decisions, and renewal notices ■ Renewal functionality that facilitates the beneficiary's application for renewal of benefits ■ Appeals and Quality Control (QC) functionality that assists the program's handling of appeals and required updates in the system ■ Management reports of key eligibility statistics for reporting ■ Member Eligibility Verification Portal (MEVP)					
Project Role and Responsibilities: PMO Project Director – Actively manage overall project and serve as SME in large, complex Medicaid Eligibility DDI projects. Oversee all project management activities including schedule management, risk and issue management, CR management, status reporting, testing, business and technical workstream activities, deliverables management, and vendor integration across the complete SDLC. Develop and execute solutions to address project problems and work alongside PRMP to achieve project objectives and timelines.					
Reference 2					
Client Name:	Puerto Rico Department of Health, Puerto Rico Medicaid Program	Client Address:	PO Box 70184 San Juan, PR 00936-8184		
Contact Name:	Alexander Quevedo	Contact Title:	Puerto Rico HIT Coordinator		
Contact Phone:	787-594-4543	Contact Email:	alexander.quevedo@salud.pr.gov		
Project Name: Puerto Rico Eligibility and Enrollment Stabilization		Start Date:	06/2021	End Date:	Ongoing

Project Description: The DDI of additional functionality for the new Medicaid Enrollment system for Puerto Rico. In addition, the Project Management Office assists in supporting case workers with system functionality and troubleshooting system issues. The new functionality includes:

- PARIS Interface
- EE-CR00153 – Temp Poverty Level Change for Public Health Emergency (PHE)
- Audit & QC
- Citizen Portal Online Change of Circumstance (CoC)
- EE-CR00165 – Fraud and Abuse System Tool (FAST) Interface
- Citizen Portal CoC and Online Renewals
- Enhanced Workflow
- Enhanced Appeals
- State Plan Amendment related to Citizen Portal
- Local Interfaces for electronic data verification

Project Role and Responsibilities: PMO Director - Actively manage overall project and serve as SME in large, complex Medicaid Eligibility DDI and Operations projects. Oversee all project management disciplines and activities across the complete SDLC. Develop and execute solutions to address project problems and work alongside PRMP to achieve project objectives and timelines.

Table 15: Key Personnel Reference Form – Blake Hansard

Key Personnel Reference Form					
Key Personnel Name:	Blake Hansard		Proposed Role:	MES Technical SME	
Reference 1					
Client Name:	Puerto Rico Department of Health, Puerto Rico Medicaid Program	Client Address:	PO Box 70184 San Juan, PR 00936-8184		
Contact Name:	Juan C. Manazano	Contact Title:	Information Security Officer		
Contact Phone:	787-619-7286	Contact Email:	johnx.manzanorivera@gmail.com		
Project Name: MEDITI3G			Start Date:	05/2019	End Date: 01/2022
Project Description: The MEDITI3G Project is Puerto Rico Medicaid Program's Eligibility and Enrollment Project					
Project Role and Responsibilities: Performed Security Program SME support, Developed Security Policy and Procedure in compliance with CMS expectations, Performed Technical reviews of Design and approach documentation					

Reference 2					
Client Name:	Conduent	Client Address:	606 S. Olive St Los Angeles, CA 90014		
Contact Name:	George Haines	Contact Title:	Vice President, Enterprise Architecture		
Contact Phone:	909-615-4185	Contact Email:	George.W.Haines@gmail.com		
Project Name: Health Enterprise / NYMMIS / MTMMIS / CAMMIS / AKMMIS			Start Date:	06/2013	End Date: 02/2018
Project Description: Health Enterprise is Conduent's MMIS. This product is a full-service MMIS solutions that supports Government Healthcare Reporting, Financial Management, Provider Services, Member Services, PBM Services, Community Outreach, Eligibility and Enrollment, and Data Warehousing.					
Project Role and Responsibilities: Sr Enterprise Architect responsible for the technology, architecture, security, design, and future roadmap of the core Health Enterprise Platform. Supported DDI Implementations in NY, MT, CA, and AK. As part of the NYMMIS DDI, I was responsible for developing and implementing the NYMMIS Security Program. This program was adopted by the state and mandated for all other vendors to conform to the Program Policy and Procedures.					

Attachment E

This section will provide instructions to vendors to respond to mandatory requirements as an attachment titled **Attachment E: Mandatory Requirements**.

Instructions: The mandatory requirements must be met by the vendor as a part of the submitted proposal. Failure on the part of the vendor to meet any of the mandatory requirements may result in their disqualification of the proposal at the sole discretion of PRMP. The term “must” stipulates and identifies a mandatory requirement. The vendor is to demonstrate compliance with mandatory requirements in their proposal. If the vendor's proposal meets the mandatory requirements, the vendor's proposal may be included in the cost evaluation of this RFO. For mandatory requirements that involve documentation, vendors should include that documentation with their technical proposal. Any documentation for mandatory requirements not supplied with their technical proposal must be submitted before contract execution. When appropriate, the vendor's proposal must provide narrative responses addressing the area listed below:

1. The vendor must provide the right of access to systems, facilities, data, and documentation to PRMP or its designee to conduct audits and inspections as is necessary.
2. The vendor must support PRMP's requests for information in response to activities including, but not limited to:
 - a. Compliance audits
 - b. Investigations
 - c. Legislative requests
3. The vendor must provide authorization from a parent, affiliate, or subsidiary organization for the PRMP to have access to its records if such a relationship exists that impacts the vendor's performance under the proposed contract.
4. The vendor must agree to comply with current and future PRMP and federal regulations as is necessary to support this RFO.
5. The vendor must help ensure that all applications inclusive of internet, intranet, and extranet applications associated with this contract are compliant with Section 508 of the Rehabilitation Act of 1973, as amended by 29 United States Code (U.S.C.) §794d, and 36 Code of Federal Regulation (CFR) 1194.21 and 36 CFR 1194.22.
6. The vendor must perform according to approved SLAs and identified KPIs with associated metrics in the areas listed in Appendix 2: Service-Level Agreements and Performance Standards.
7. The vendor must initially submit and then update deliverables as is detailed within the RFO, as is necessary for project success, and at the request of PRMP.
8. The vendor must submit updated deliverables for PRMP's approval based on the Project Schedule and Work Plan.
9. The vendor must provide a drug-free workplace, and individuals must not engage in the unlawful manufacture, distribution, dispensation, possession, abuse, or use of a controlled substance in the performance of the contract. (Drug-Free Workplace Act of 1988)
10. The vendor must comply with federal Executive Order 11246 related to Equal Employment Opportunity Act, the Clean Air Act, and the Clean Water Act.
11. The vendor must perform all work associated with this contract within the continental United States (U.S.) or U.S. Territories.

12. The vendor must serve as a trusted partner to PRMP and represent PRMP's interests in all activities performed under the resulting contract.
13. The vendor must serve as a trusted partner to MES Vendors in alignment with the requirements set forth in this RFO.
14. The vendor must, at a minimum, include the standard invoice package contents for PRMP, including, but not limited to:
 - d. An authorized representative of the contracted party must sign an itemized description of services rendered for the invoice period. Additionally, the vendor must include a written certification stating that no officer or employee of PRMP, its subsidiaries, or affiliates, will derive or obtain any benefit or profit of any kind from this vendor's contract. Invoices that do not include this certification will not be paid
 - e. Provide PRMP with a summary, for time and materials related costs, of hours for services rendered inside and outside Puerto Rico as well as outside Puerto Rico for each vendor resource
 - f. Provide PRMP with a list of all deliverables and project services completed within an invoice period, as well as evidence that the PRMP has accepted and approved the work
 - g. Provide PRMP with three (3) physical and one (1) electronic invoice packages in support of the PRMP's review and approval of each invoice
 - i. Invoice Package #1 – Original Signature
 - ii. Invoice Packages #2 - #3 – Hard Copy
 - iii. Invoice Package #4 – Electronic
15. The vendor must use industry-standard project management standards, methodologies, and processes to help ensure the project is delivered on time, within scope, within budget, and in accordance with PRMP's quality expectations. PRMP utilizes the Project Management Institute® (PMI®) Project Management Body of Knowledge (PMBOK®) methodology.
16. The vendor must provide increased staffing levels if requirements, timelines, quality, or other standards are not being met, based solely on the discretion of and without additional cost to PRMP. In making this determination, PRMP will evaluate whether the vendor is meeting deliverable dates, producing quality materials, consistently maintaining high quality and production rates, and meeting RFO standards without significant rework or revision.
17. The vendor must agree that PRMP retains ownership of all data, procedures, applications, licenses, and materials procured or developed during the contract period.
18. The vendor must provide evidence that staff have completed all necessary forms prior to executing work for the contract.
19. The vendor staff must not have the capability to access, edit, and share personal information data, with unauthorized solution users, including but not limited to:
 - a. Protected Health Information (PHI)
 - b. Personally Identifiable Information (PII)
 - c. Financial Transaction Information

- d. Social Security Administration (SSA) data including, but not limited to: family, friends, and acquaintance information

By signing below, I certify that I have reviewed these Mandatory Requirements in their entirety and agree that the vendor meets, and will continue to meet, each of these Mandatory Requirements in full.



Intervoice Communication of Puerto Rico
(Company)

Carlos Ortiz, President
(Representative Name, Title)

787-302-1030
(Contact Phone/Fax Number)

March 18, 2022
(Date)

Attachment F

F.1 Approach to Scope and Requirements Management and Expertise

Intervoice will manage each project's baseline scope statement, requirements, and any changes. As the ePMO, Intervoice will also oversee compliance with approved requirements, provide analysis on new Puerto Rico or federal regulations, and guidance on potential system impacts. The Project Staff will work with the PgMO to finalize the Scope Management Plan, as well as collaborate with the PgMO on each project to review and manage updates to the scope status. Our approach to managing project scope ensures the customer controls what is and is not included in the project. The scope and requirements management processes are maintained in our corporate knowledge management library. Following project kick-off, Intervoice will work with the PgMO to maximize the reuse of these assets across projects. The Scope Management Plan (definition, development, monitoring, control, and validation of scope) and the Requirements Management Plan (validation of project requirements) document the process. The Project Staff baselines requirements; this ensures they are unambiguous (measurable and testable), traceable, complete, and comply with federal and Puerto Rico laws and regulations. We also assess and determine if the DDI vendor's RTM is fit for purpose.

Depending on the availability of existing project artifacts, the Project Staff will review or recommend the creation of a project scope statement that describes the scope, deliverables, measures, assumptions, and constraints. This guides the Project Staff during execution and provides the baseline for evaluating whether change requests (CRs) or additional work are within the project's boundary and assists with issue and conflict resolution related to scope decisions.

The next step in the process is the creation of the Master Project Schedule, which baselines the scope and subdivides the project work into smaller, more manageable components. WBS activities for all vendors, PRMP, the PgMO, and vendors/stakeholders are incorporated. Intervoice can support several WBS methods: top-down, bottom-up, organization-specific, lifecycle or major deliverable with phased decomposition, etc. We will work with PRMP and the PgMO to determine the ideal method for each project. Components represent verifiable services or results; when packaged into software builds and releases, these provide a deliverables framework. Intervoice is experienced in SAFe® and creation of schedules with epics that can be decomposed into user stories when a project requires an agile approach. Once the WBS is in place, the Project Staff will validate the scope through verification and deliverables acceptance. Intervoice advocates PRMP's formal acceptance of completed project deliverables, adding objectivity and validation to the acceptance process. Verified deliverables obtained from the QC process (as described in Service Area 9) are reviewed with PRMP to ensure rejected deliverables, explanations, and CRs to resolve the deficiency, are documented.

The final process step is continuous scope control. The project team meets on a regular scheduled cadence to review data analysis, variance analysis, and trend analysis. Data and trend monitoring are used to control project work through work performance metrics. Change is managed through ICC (as described in Service Area 11), updating the management plan, scope, schedule, cost, and performance measurement baselines. This ensures project documentation updates are maintained, lessons learned registered, and the requirements and RTM are accurate. The RTM is the essential element providing the means to track requirements throughout the project lifecycle. Business value is ensured by linking each requirement to the business and project objectives. The Project Staff monitors the RTM, undertaking gap analysis to ensure linkages and dependencies are established, and that requirements are verified and delivered. This well-established approach provides a structure for managing changes to the product scope.

F.2 Approach to Deliverables Management and Expertise

Intervoice will be responsible for managing and monitoring the Implementation Vendor's compliance with deliverable timeframes and requirements, as outlined in the approved Deliverable Management Plan. The ePMO and Project Staff will work closely with the PgMO on updates to the Deliverable and Document Management Plans and in bringing deficient deliverables to a final state, ready for PRMP signature. The Project Staff will also review all deliverables and manage any required meetings with the project teams and PRMP leadership to ensure deliverables are on time and in compliance with project requirements and approved DEDs.

Our approach to deliverables management includes working with the PRMP and PgMO to tailor our baseline Deliverable Management Plan and all ePMO sub-plans. Our baseline plan is based on an Intervoice-defined deliverables management process that has been used successfully for the PRMMIS Phase II and MEDITI3G Projects. The approved plan, including reporting, was a major continuous process improvement initiative built off lessons learned from the PRMMIS Phase I Project. It was designed specifically to improve efficiencies with the overall deliverables management process, increase transparency in reporting, and ensure Project Staff are aware of any deliverable deficiencies, non-conformities, and questions. Any issues encountered that may impact delivery or pose a risk are raised immediately for resolution, escalation, or modification. Since implementing this enhanced process for the PRMP, Intervoice has successfully managed and reported on 144 deliverables for the PRMMIS Phase II Project and is currently managing and reporting on more than 800 deliverables for the MEDITI3G Project.

The Deliverable Management Plan establishes deliverable standards; pre-submission expectations as defined in a DED; and deliverables submission, review, and approval processes. This established process ensures deliverables are managed and monitored for compliance with deliverable timeframes, version control, and content requirements throughout the project lifecycle, as well as ensure that any changes are controlled through the ICC process (as described in Service Area 11). All non-compliant deliverables (e.g., when a deliverable fails to meet established standards and/or requirements) are returned to submitters with corrective action recommendations.

The deliverables management process utilizes SharePoint workflows to manage all project deliverables and their associated work products. These work products include the deliverable, Comment Information Matrices (CIMs), Deliverable Acceptance Forms (DAFs), and any supporting documentation. Features within SharePoint allow for automation leveraging Microsoft (MS) Power BI to create blank CIM and DAF work products (using approved templates), capture and record data that flows to the enhanced deliverable reporting and send email notifications for approval when a deliverable has completed the review cycle. The ePMO will work with PRMP to define standard review cycle timeframes. On the following page is an illustration of the established review cycle for PRMP today once a deliverable is submitted.

Our approach to document management includes the use of document sets in SharePoint, which are leveraged to store the deliverable, CIM(s), DAF, and supporting documentation as a single package. A document set can be compared to a folder that holds artifacts and keeps them together as they move through the defined process. The CIM is used to capture reviewer and document author comments and response during review cycles. To properly manage documents, all vendors must be required to utilize a true document management process and associated tools. Intervoice recommends against the use of proprietary tools like rTrace, and in favor of an industry-standard document management process that includes automated document tracking. The ePMO will work with PRMP and the PgMO to define a baseline Document Management Plan to be used by all project teams across all MES projects.

Figure 11: Deliverable Management Review Cycles

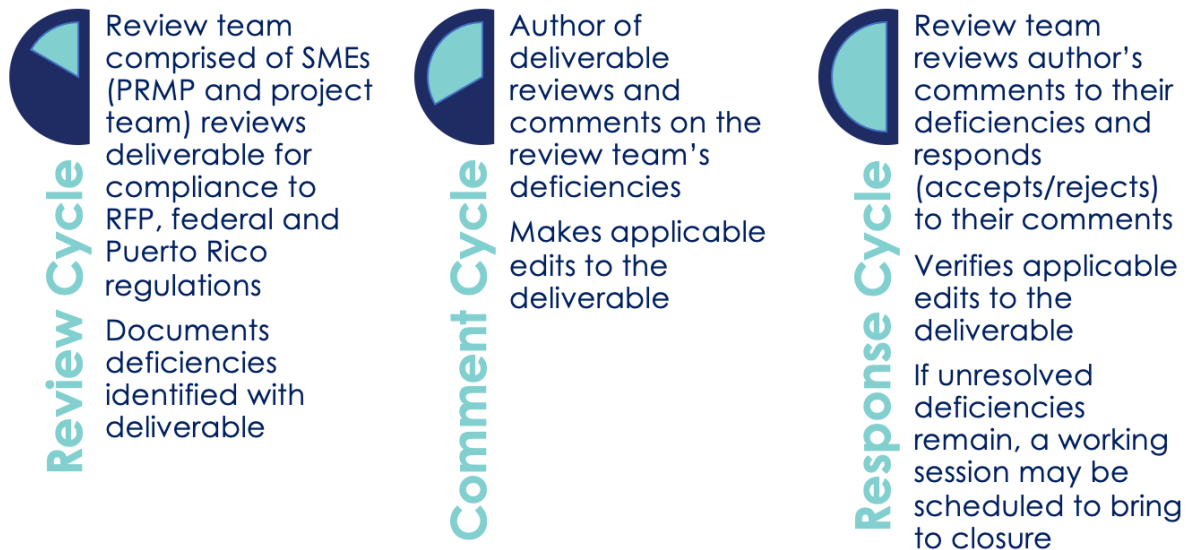
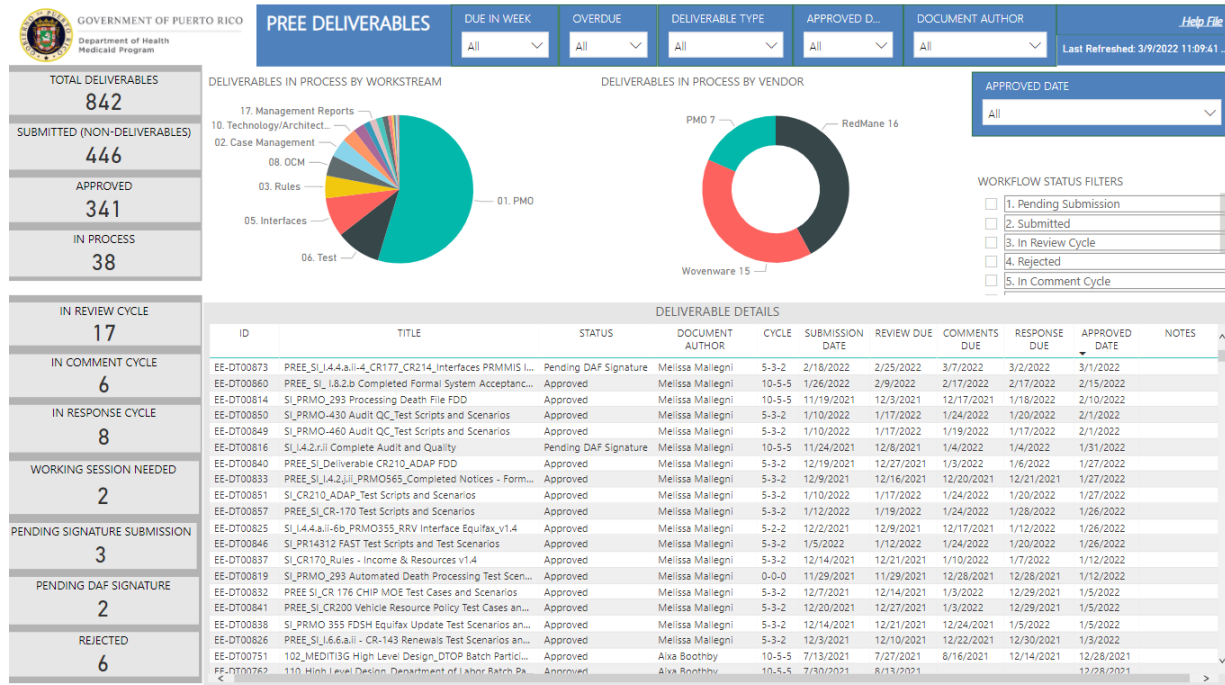


Figure 12: Deliverables Management Dashboard Reporting



F.3 Approach to Time Schedule Management and Expertise

As the ePMO, Intervoice oversees compliance with the Integrated Master Schedule (IMS) and quality standards during implementation. Both the ePMO and Project Staff will support the PgMO with management, oversight, and coordination of MES project schedules, including identification of project milestones, interim gate reviews, deliverable timelines, and resource management.

Collectively, our team has developed IMSs for MES DDI in Alaska, California, Georgia, North Dakota, New Hampshire, New York, Montana, Puerto Rico, and Tennessee. Our proposed approach includes tailoring the approved IMS and Schedule Management Plan (SchMP) that have been refined and used in conjunction with PRMP and contracted system integration vendors (SI) for the PRMMIS Phases I and II and MEDITI3G projects and other Medicaid projects.

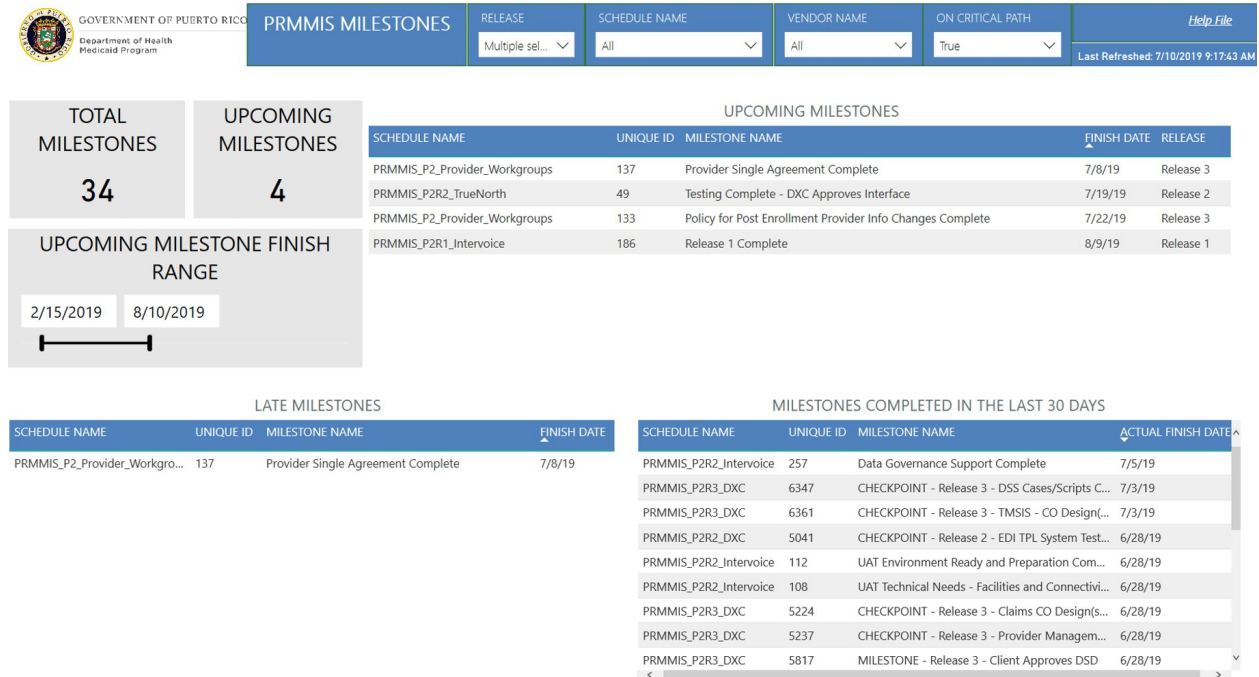
The IMS is the foundation of the performance measurement baseline used to track progress, forecasts for change orders, slippage, and risks/issues, and changes throughout program execution. The IMS enables critical path management, used to identify the program critical path, as well as driving paths to major interim events or deliverables. Any exceptions to the standards provided by the PgMO must be identified by the corresponding project scheduler responsible for the plan and reviewed with and approved according to the defined governance structure.

The SchMP, a sub-project management plan, provides guidance on developing, monitoring, and controlling the schedule throughout a project. A baseline SchMP will be used on all assigned projects to capture the work, milestones, resources, and deliverables required to complete the project. The principles and guidelines described in the baseline SchMP must be followed by all stakeholders and vendors, as their individual schedules comprise the IMS; this also enables efficient datamining and reporting across stakeholder and vendor teams.

All project tasks, including their internal and external dependencies, milestones, and resources, will be managed using each vendor/stakeholder's project schedules, yielding a predictive IMS. The IMS will integrate the individual project schedules to provide an end-to-end view of all work required to be completed for PRMP's MES projects.

The IMS will be developed using MS Project Pro and hosted and maintained on the MS Office 365 Project Web App (PWA) site established for the PRMP project. A critical path methodology will be used to identify those tasks that must be started and completed on time for the project to remain on schedule. Because each MES release represents a discreet grouping of scope, all release-specific tasks must be contained in a unique plan (i.e., there will be one schedule per vendor per release) in order to support an industry best-practices critical path management. MS Project Online Out-of-the-Box (OOTB) Master and Subplan functionality will be leveraged to group multiple schedules into an IMS.

The Project Staff will also develop and maintain a high-level project dashboard, rendered via Power BI, for communicating the project's schedule to stakeholders. The dashboard will be accessible via SharePoint and mobile devices. The dashboard will include schedule detail related to milestones, slipping tasks, as well as quality metrics, using the guidelines outlined in this plan as the quality criteria. The dashboard will enable dynamic filtering and sorting of data and will be refreshed with the latest data from the PRMP project MS Project Online instance on a daily basis.

Figure 13: Schedule Management Dashboard Reporting

Figure 14: Sample SPI Status

Schedule	Project Name	Start Date	Finish Date	SPI	% Complete
Release 1	PRMMIS_P2R1_IMS	04/05/19	09/06/19	.99	94%
Release 2	PRMMIS_P2R2_IMS	04/09/19	12/24/19	.98	77%
Release 3	PRMMIS_P2R3_IMS	04/01/19	06/05/20	.99	35%
Release 4	PRMMIS_P2R4_IMS	04/01/19	06/30/20	.99	19%
Admin	PRMMIS_Admin_IMS	12/27/18	06/30/20	1.0	60%

F.4 Approach to Human Resources Management and Expertise

As ePMO, Intervoice is responsible for monitoring staff adequacy and competency for Project Staff and Implementation vendor's staffing. Intervoice will work with the PgMO to establish a Staffing Plan that identifies resource needs, as well as anticipate and mitigate staffing shortages, overutilization, and other issues that may arise.

An initial ePMO Staffing Plan, which identifies Key ePMO and Project Staff, has been included in Attachment D. Intervoice will work with PRMP to finalize the Staffing Management Plan, including an organizational chart for the ePMO, as well as a project RACI matrix.

Our approach to Human Resource Management includes developing and maintaining organizational staffing charts for each assigned project. These charts cover Project Staff and project vendor staffing, and will be broken out by project phase where applicable. They will denote staff members who are local/onsite versus remote and indicate the percentage of project allocation of each identified resource when this information is available. Any material changes in project staffing will prompt an update of the organization charts and associated documents to reflect the changes; these updated artifacts are loaded to a SharePoint project library within five business days of the change.

As ePMO, Intervoice is responsible for monitoring all engaged project teams across the MES portfolio. We will not only focus on staffing adequacy but also on the appropriate levels of project expertise required to meet the needs of each individual project. Intervoice leverages various tools and techniques to monitor project teams. The tools include WBS, RACI matrix, and organizational breakdown structure for monitoring appropriate levels of project expertise. Some of the techniques employed are expert judgement, bottom-up estimating, parametric estimating, and data analysis for staffing adequacy. During the weekly project status meetings, details obtained from monitoring activities for resource staffing adequacy, staff onboarding and offboarding, and any staffing risks or issues, will be provided as part of the weekly project status report.

As projects are kicked off, the ePMO will provide training for project teams on approved project management processes and procedures. We will use a combination of in-person instructor-led training, online training, and online self-service training resources to ensure project teams are fully aware of the standards and best practices that are to be followed throughout the project lifecycle. As additional training needs arise, the ePMO will work with PRMP leadership to develop and deliver the appropriate training at the appropriate time so that it is most effective and efficient for the project and so that the training can immediately be put to use on the project so as to not go stale.

As new resources come on the project, each vendor maintains responsibility for training their own resources on the approved project processes and procedures. The ePMO will maintain responsibility for training any new PRMP resources.

Intervoice will also be responsible for ensuring appropriate, timely system access for all new project resources and immediate termination of system access upon project departure for departing project resources. All required forms and associated documentation will be maintained by the ePMO.

F.5 Approach to Risk and Issues Management and Expertise

As the ePMO, Intervoice will work with the PgMO to develop a Risk and Issues Management Plan that aligns project and enterprise risk management strategies and incorporates the Implementation Vendor's Incident Management Plan. Intervoice will be responsible for monitoring risks, issues, and incidents; developing mitigation strategies; and assessing potential impact to project quality and timeline in conformance with the Risk and Issues Management Plan, escalating to the appropriate stakeholders when needed. Intervoice's work on several Medicaid projects, including the PRMMIS and MEDITI3G projects, has allowed us to develop and refine a Risk and Issues Management Plan that will serve as a baseline for the ePMO Risk and Issues Management Plan deliverable. The Risk and Issues Management Plan will be approved and/or configured in conjunction with the PgMO and approved based on outputs of the stakeholder and the deliverable management process.

Our approach includes proactively identifying potential risks, the probability and impact of their occurrence, potential responses based on risk exposure, and costs (time, quality, financial) of acceptance, avoidance, or mitigation. Risks are documented and scored based on their probability, impact, and overall exposure. As risks are identified, they are logged in the risk register, evaluated for probability and impact, prioritized, and assigned an owner to develop mitigation strategies and monitor the risk through resolution.

Throughout the execution of a project, the project team will meet weekly to review new/existing risks and issues. We also discuss project issues and then develop and adjust mitigation strategies to make certain that risks do not turn into issues and that any issues do not have a significant impact on project deliverables or milestones. Proactive risk and issue management includes the following activities:

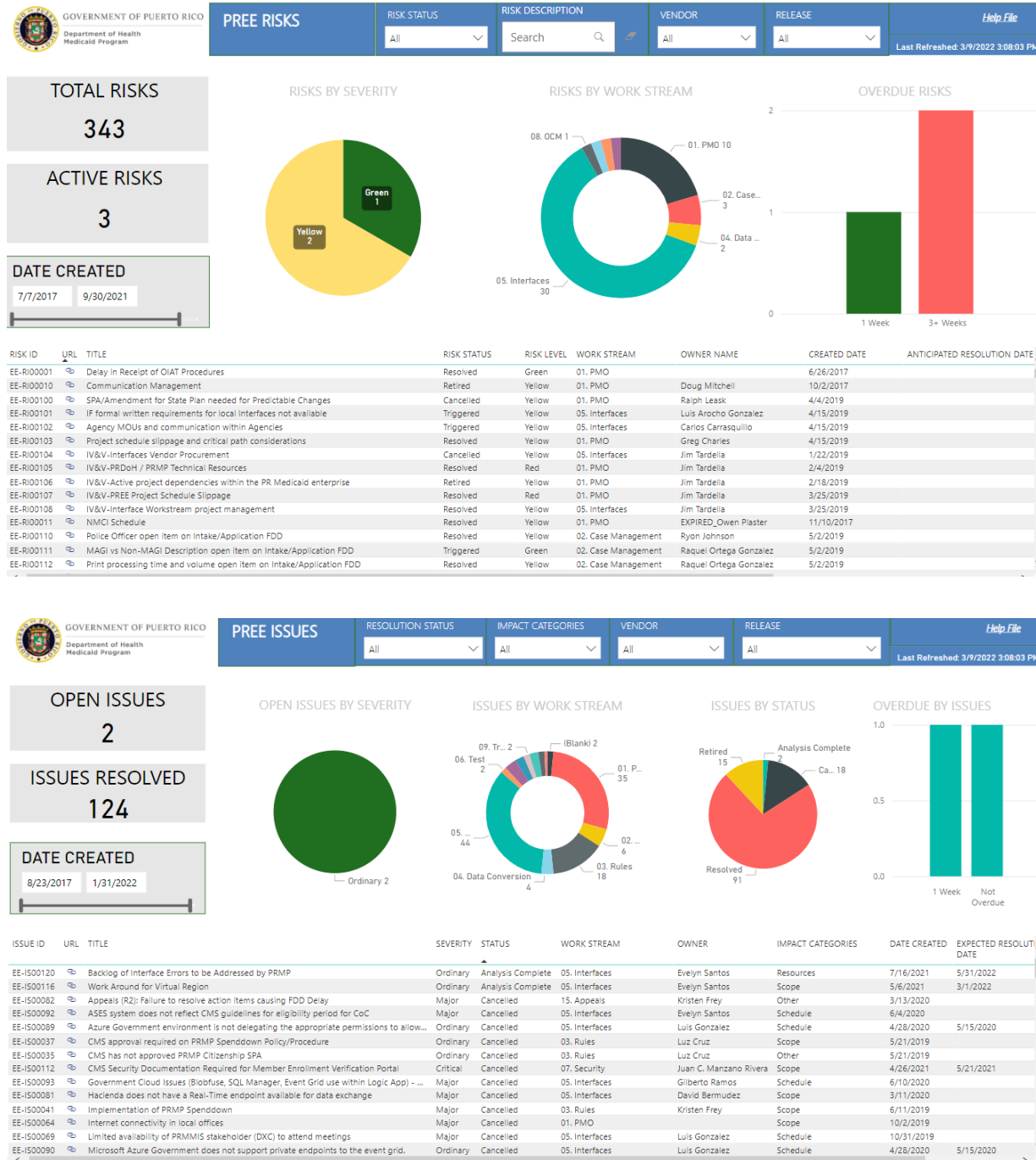
- Identify the risk
- Assess and quantify the risk based on probability of occurrence, impact of occurrence, and overall risk exposure
- Determine the risk management strategy based on avoidance (eliminate), mitigate (reduce), transference (outsource or insurance), or ignore (accept and budget/plan accordingly); this may require coordination and collaboration with both Medicaid enterprise and non-Medicaid enterprise stakeholders
- Track risks/issues based on periodic reassessment and status of management strategy/action plan

Intervoice uses the CMS Risk Registry techniques as a tool to determine the probability and impact ratings. We maintain project-specific Risk and Issues Logs that reside in a SharePoint project library. The fields in the Logs provide information that facilitates effective management and resolution of risks and issues. Communications around identified risks and issues are driven through self-service email notifications around key dates and an established governance cadence.

The standards and guidelines in the Risk and Issues Management Plan are intended to ensure detailed project risk and issue management reporting that provides accurate and usable information to monitor, analyze, and validate project risk levels; ensure high-quality mitigation and contingency plan development and ownership; and ensure the communication and timely and effective resolution of project issues impeding project progress.

Our baseline process also ensures transparent dashboard reporting on risks and issues with drilldown capabilities to the risks and issues detailed on SharePoint.

Figure 15: Sample Risk and Issue Dashboard Reporting



F.6 Approach to Budget and Cost Management and Expertise

Intervoice will be responsible for the management and monitoring of actual project costs and projected budget according to the Cost Management Plan. Both the ePMO and Project Staff will provide budget and costs reports to PRMP and the PgMO, as well as identify and mitigate budget and cost discrepancies and resource under/over utilization.

Intervoice follows a structured budget and cost management approach, allowing us to effectively estimate, budget, manage, and monitor project costs. This process, documented in the Cost Management Plan, guides how costs will be monitored and managed for each project. The Cost Management Plan uses criteria from the Performance Management plan and reporting includes Cost Performance Index (CPI), To Complete Performance Indicator (TCPI), weighted milestones, fixed formula, and percent complete. The plan establishes the units of measure (e.g., staff hours, staff days, weeks etc.); acceptable levels of precision and accuracy; control/variance thresholds for monitoring cost performance, and the degree of variation allowed before each level of escalation and action is required.

Upon project commencement, our Project Staff undertakes an initial review of the project cost, their assumptions, and basis for the estimate. This is repeated throughout the project with estimates being refined as additional details become available and assumptions are tested. The accuracy of the project estimate is expected to increase as the project progresses through the project lifecycle. The estimate includes all resource costs charged to the project, state employee labor, staff augmentation, vendor, materials, equipment services, and facilities as well as allowances for inflation and contingency costs. Intervoice prefers the three-point beta distribution method, which takes uncertainty and risk into consideration with more weight assigned to the most likely cost. The Project Staff will work with PRMP to identify included costs and the method for analysis for each project. Intervoice will also assess the level of reserve that has been budgeted (contingency and management) for the project. Contingency reserves are a line item included in the cost baseline allocated for identified risks. Management reserves are a specific percent of the project budget withheld for unforeseen work within the project scope. Historic information will be used to determine management reserves; in the absence of this information, a percentage of the estimated cost is utilized.

The Project Staff will then develop an authorized cost baseline for the project and submit it to PRMP for approval. The approved cost baseline is a time-phased project budget. The cost baseline is only changed through the ICC process (as described in Service Area 11); it is used as the basis for comparison of estimates to actuals. All work activity costs, including PRMP staff utilization, are aggregated to establish a baseline that includes a contingency reserve. Cost estimates are aggregated by work package and component according to the WBS in the project's IMS. This enables funds to be monitored in conjunction with the work as it is executed. In the IMS, each payment deliverable required from the vendor(s) will have an associated set of review and approval performed by Project Staff and PRMP (as described in Service Area 2).

The final process step is continuous cost control monitoring. Budget meetings occur throughout the project. Intervoice applies seven principles to manage cost: (i) disposition of all CRs in a timely manner; (ii) management of actual changes when and as they occur; (iii) safeguard that cost expenditures do not exceed authorization (by period, by WBS component, and by activity; this includes reporting on trend and budget projection); (iv) monitor costs to isolate and understand variance; (v) monitor work performance against funds expended; (vi) prevent unapproved changes from being included; and (vii) provide status and metric reports to inform stakeholders of all approved changes and associated cost.

F.7 Approach to Integration Management and Expertise

Intervoice understands the significance of the ePMO role within the Medicaid enterprise and the value of using a cohesive approach to project management across all stakeholders, projects, deliverables, and tasks. This integrated, enterprise project management approach will be used to support the MMIS Phase III implementation and with other MES projects as assigned. Intervoice will also work with PRMP and the PgMO to identify opportunities to increase integration across service areas in alignment with PRMP's objectives.

Intervoice has demonstrated strong, seamless integration management across all stakeholders on the MMIS Phase II, MEDITI3G DDI, and MEDITI3G Stabilization projects and will do the same as the ePMO. Our focus on Integration Management facilitates an enterprise view of all projects being executed in a coordinated manner to achieve the PRMP's MES goals and objectives. Our Integration Management approach is aligned with PMBOK and uses a comprehensive view of the immediate project(s) (MMIS Phase III) as well as consideration for planned future projects. Integration Management establishes processes to introduce efficiencies across projects and to identify and avoid resource constraints. Intervoice uses the discipline of Integration Management to identify, plan, and develop alternative approaches to balance competing requirements and priorities and establish program efficiency. This integrated, enterprise approach results in a unified approach across projects and comprehensive, integrated communications and project status reporting.

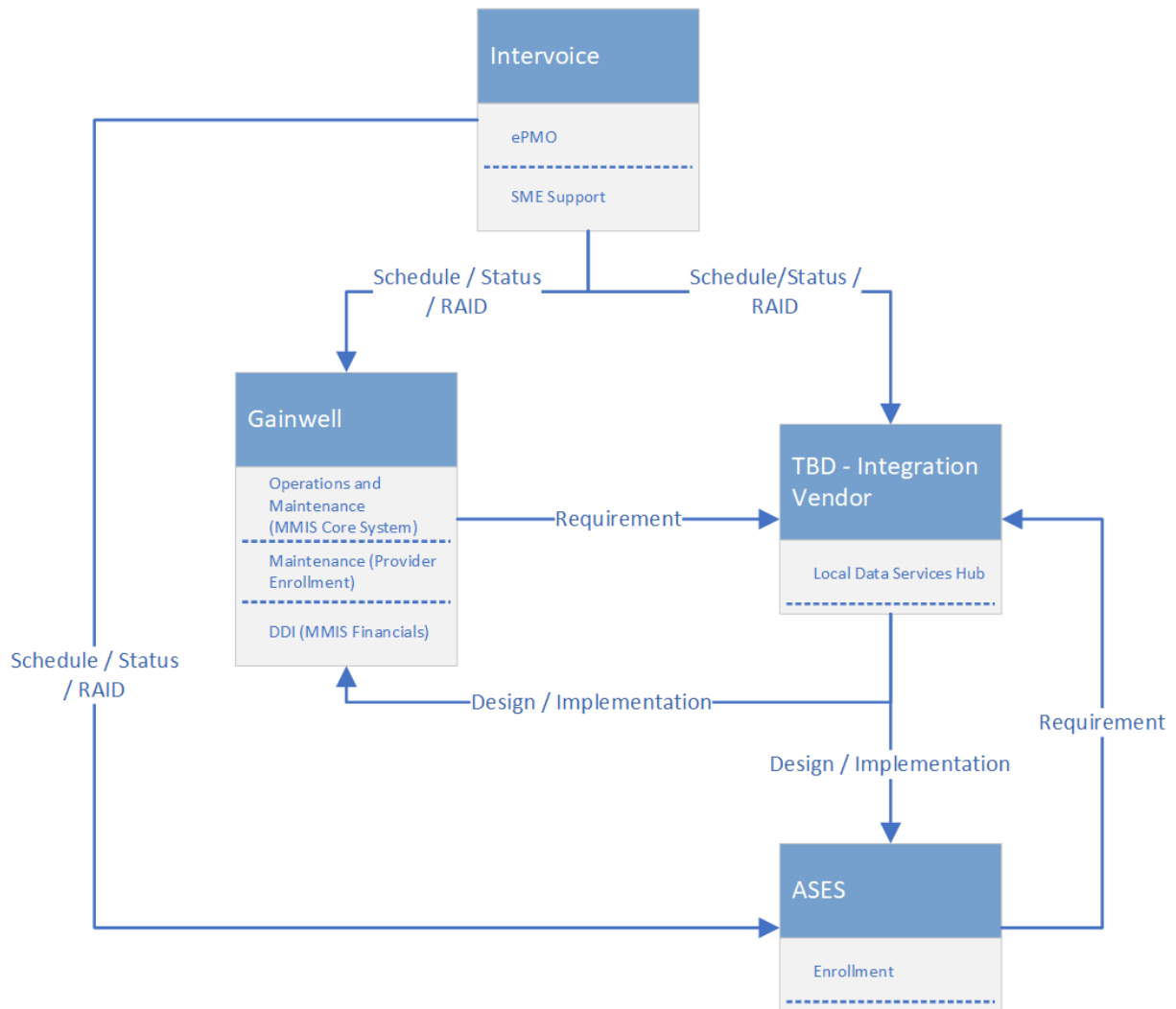
Intervoice's project management objectives— Quality Work, On-Time Delivery, Effective Communication, and Proactive Management—form the foundation of our project methodology for any project we undertake, including the PRMMIS and MEDITI3G projects. With these objectives in place, control methods, procedures, and other project management best practices are realized throughout the project lifecycle.

Through our partnerships with the PRMP and other Medicaid agencies, we have executed an adaptable PMO by working with multiple project teams and vendors to obtain, assess, and coordinate information and actions necessary to work across teams in executing project tasks, resolving issues, and taking corrective actions before risks become issues. Insight into well-performing projects and projects requiring corrective action is fundamental for effective project management. The ePMO and Project Staff will establish and execute a reporting process that provides the current state of any given project at a high level. From the summary reporting, we provide the ability to drill down to specific areas of interest to provide stakeholders with actionable knowledge and a complete understanding of actions already underway. Ongoing and regular communications between the Project Manager and the PRMP Project Manager will serve to effectively manage any project-related issues or risks prior to any formal reporting on the status report.

Since 2011, Intervoice has partnered with PRMP as their PMO, consultants, SMEs, and strategy advisors. Our team of project management practitioners, technical consultants, and SMEs have learned and appreciate the unique island culture and Medicaid ecosystem and know how to successfully work with all stakeholders. We understand the Medicaid stakeholders and will effectively integrate all efforts and teams without a learning curve.

Communicating and collaborating with PRMP and executives within the PRDoH is standard operating procedure for our team. Our project kick-off meetings have included the Secretary of Health and the Governor of Puerto Rico. The PRMP program leadership empowered us to prepare the materials, plan the logistics, and facilitate this event on their behalf. We are comfortable and very honored to support PRMP with integration and communications with their internal and external stakeholders.

Figure 16: PRMP Integration Management



F.8 Approach to Testing Management and Expertise

As the ePMO Vendor, Intervoice is responsible for monitoring and tracking all phases and aspects of system testing. Intervoice will communicate any defects and other issues that potentially have a global effect on the system and work with the PgMO to identify resources that can assist in the testing effort.

Intervoice has developed and matured, across several Medicaid projects, a Master Test Strategy (MTS). The MTS provides the foundation to Intervoice's test management approach; this process provides bilingual support for requirements verification, tracing to tests, and project test phases with entry/exit criteria. Using experience from Iowa, North Carolina, North Dakota, and Puerto Rico projects, the MTS offers a best-practices model to structure test tasks and enhancements across multi-vendor MES. The goal of the MTS is to enable PRMP to rapidly identify MES software quality topics, supporting effective decisions and high-quality outcomes. These, in turn, support effective User Acceptance Test (UAT) efforts and CMS Certifications. This was demonstrated with both PRMMIS Phase I and MEDITI3G Release 1.

The MTS clarifies how requirements are checked and includes capsule table-based descriptions for each test phase (Unit/Integration/Interface/System Test & SIT/Regression/Load, Performance/UAT), along with entry/exit criteria. MES project test plans can be defined by selecting MTS test phases required for a project, then linking test phase entry/exit criteria together accordingly.

The MTS also provides project-level management support for requirements checks and test phases with test roles by project stakeholder type, and specific processes. This includes weekly test meeting management, test case/script design, test tools and repositories, test environment management, and defect clearing. The MTS also defines status reports and trending for test case/script development (all types), test execution results (all types), and defect clearing.

In-Depth UAT Support

The MTS specifically provides enhanced support for the UAT phase. Support starts with defining the UAT's scope, as well as logistics preparations for test cases (bilingual), physical facilities, network and workstations, and required staffing. Oversight and coordination support includes UAT Execution scheduling and Spanish translation on an as-needed basis. Guidelines include test day operations, in-room facilitation strategies, and defect logging. Status reporting guidance covers daily, weekly, and overall progress. Post-UAT Execution support covers comprehensive UAT Results Reports and aid for CMS Certification tasks.

Tools and Methods

The MTS is designed to align with and support both custom-developed and COTS-reuse software projects, as well as the various repositories and software test tools in common use. The MTS currently supports the Jira repository and is directly compatible with Microsoft Team Foundation Server. The MTS is also directly compatible with all requirements management repositories currently available.

Focused Test Issue Reporting & Support for MES Projects

As test/quality concerns can arise on MES projects, the MTS includes specific guidance for identifying and reporting to PRMP. This includes early notice of failure to maintain timely progress, such as delays in test development, negative test results (Pass/Fail), accumulating defects, or inadequate load performance. Focused guidance includes reporting methods and templates, resolution strategies, response options, and potential logistics support (e.g., staff from vendors, business owner), etc. The ePMO can also assist with conflict resolution and decision-making, as requested.

Figure 17: Sample Test Case Execution Schedule

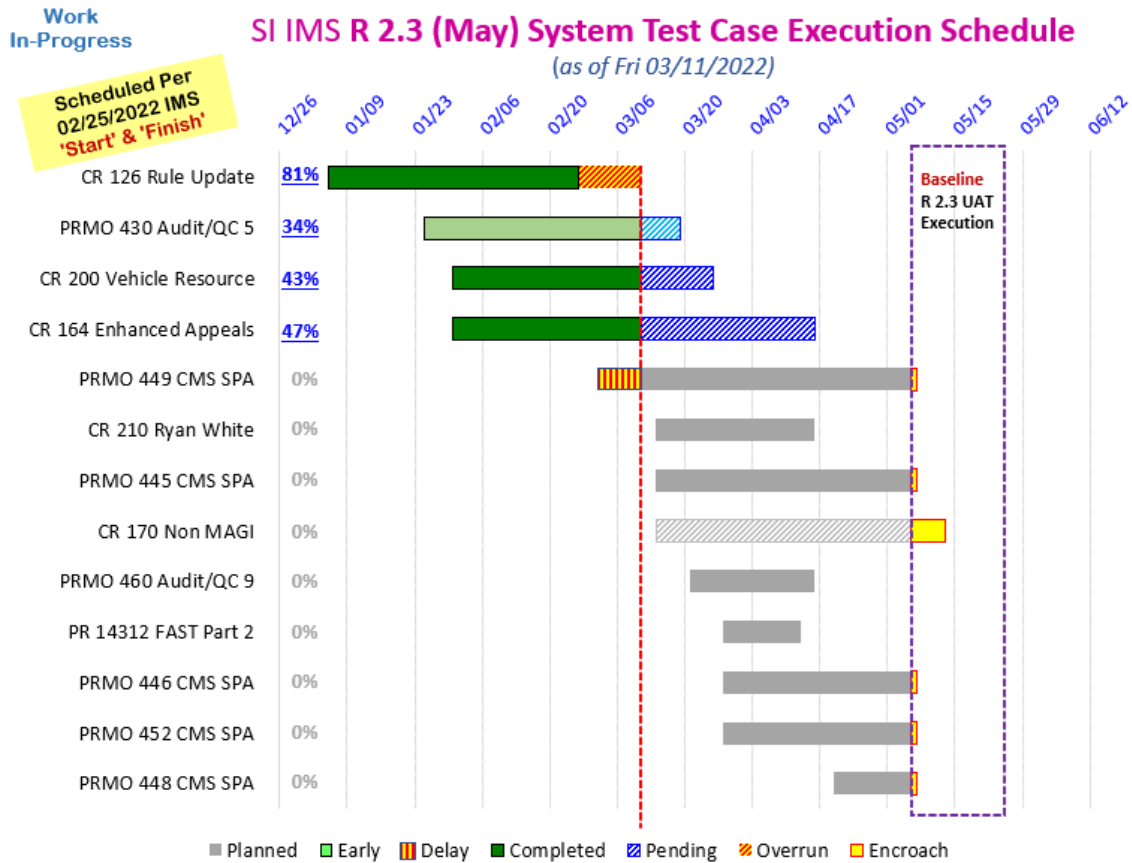


Figure 18: Sample SIT Tracking Status

all % Complete ionality /Future ionality R 2.3 System SIT 3/11/2022	Total	Not Ready to Execute	Ready-to-Execute		Executed		Passed		Failed	
			#	%	#	%	#	%	#	%
ess Totals	154	130	24	15.6%	21	13.6%	10	6.5%	11	7.1%
ST Part 2	3	3	0	0.0%	0	0.0%	0	0.0%	0	0.0%
hanced Appeals	18	6	12	66.7%	12	66.7%	5	27.8%	7	38.9%
126 Rules Update	4	0	4	100.0%	3	75.0%	3	75.0%	0	0.0%
170 Non-Magi Income	19	19	0	0.0%	0	0.0%	0	0.0%	0	0.0%
200 Vehicle Resource	7	2	5	71.4%	3	42.9%	2	28.6%	1	14.3%
210 Ryan White	6	6	0	0.0%	0	0.0%	0	0.0%	0	0.0%
IMO 430 Audit QC 5	1	0	1	100.0%	1	100.0%	0	0.0%	1	100.0%
IMO 460 Audit QC 9	3	1	2	66.7%	2	66.7%	0	0.0%	2	66.7%
MS SPA 2, 3, 4, 6, 9	93	93	0	0.0%	0	0.0%	0	0.0%	0	0.0%

13.6% Execution

6% Passed 48%

7% Fail

F.9 Approach to Quality Management and Expertise

As the ePMO, Intervoice will be responsible for monitoring and tracking the quality of the implementation process and the implemented solution through evaluation of SLAs, Deliverable Expectation Documents (DEDs), draft and final deliverables, and other related processes. The ePMO and Project Staff will work with PRMP and the PgMO to facilitate DED and SLA sign-off, as well as to identify and escalate any issues of sub-quality performance as determined by unmet DED items or SLAs.

The Intervoice team has significant experience in supporting PRMP with Quality Control (QC) and Quality Assurance (QA) services on the PRMMIS Phase I and II and MEDITI3G projects. Our approach to Quality Management includes processes and standards for planning, managing, and controlling project quality requirements in order to achieve implementation, operations, and program objectives. Cultivating a culture of quality is vitally important and is the responsibility of the entire project team. We achieve this by defining and measuring quality standards, leveraging approved templates for project execution and deliverables, aligning documentation to approved style guides, and implementing continuous process improvement initiatives. In doing so, our focus is on prevention (keeping errors/defects out of our processes/deliverables) rather than inspection (keeping errors/defects out of the hands of our customer). The ePMO will share best practices around quality management with PRMP, PgMO, vendors, and other stakeholders.

Intervoice will leverage the Quality Management Plan developed for the PRMMIS, MEDITI3G, and HIE projects and the Performance Management Plan developed for the PRMP MMIS Project as baselines. The QA team assigned to a project will use these plans as a QC framework when reviewing project documents, approved CRs, deliverables, and work performance data. The implementation of approved CRs is verified to confirm completeness and certified as correct; work processes are inspected and compared to the acceptance criteria defined in the process scope statement. Checklists are used to organize and collect frequency data to quantify potential problems. The Project Staff uses the processes defined in the Performance Management Plan (e.g., cost analysis, variance analysis, and trend analysis) in conjunction with root cause analysis to identify the source of process and system defects.

In support of cost analysis, the Project Staff uses two measures: planned cost (PC; the authorized budget assigned to scheduled work excluding management reserve) and actual cost (AC; all costs including indirect costs that PRMP is eligible to receive Federal Matching Funds). The AC corresponds in definition to what was budgeted for under planned cost.

The QA team monitors four variance metrics: cost and schedule variance, SPI, and CPI (as described in Service Areas F.1 and F.6, respectively). Cost and schedule variance analysis are calculated by comparing PC against AC and actual schedule against planned schedule. The SPI is an efficiency ratio and is used in conjunction with the CPI to forecast a final project completion estimate.

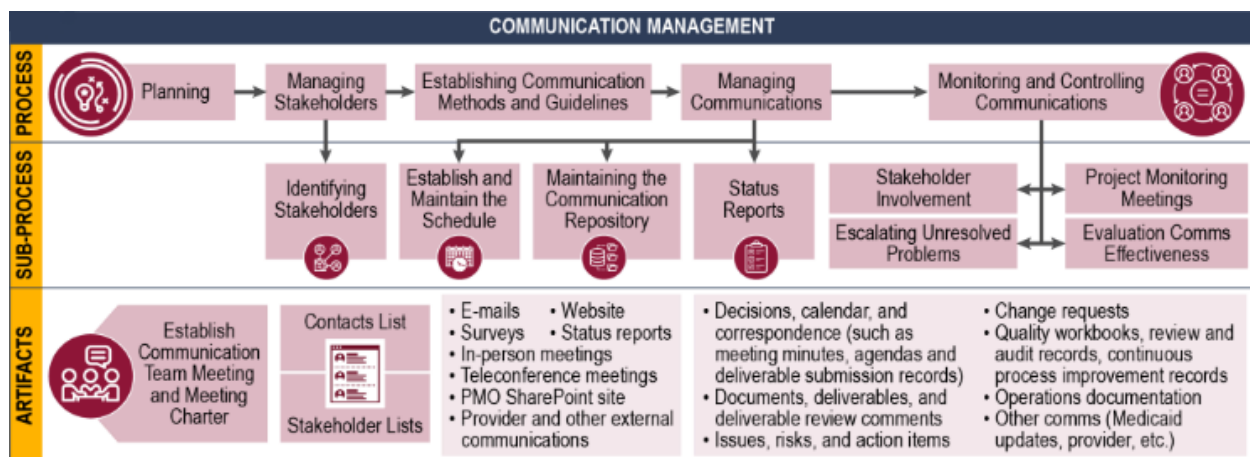
Finally, the QA team undertakes trend analysis over the life of the project; this analysis can take the form of charts, completion forecasting, reserve analysis, and QA dashboards and reports. Each project's performance is examined over time to determine whether performance is improving or deteriorating. Graphical analysis techniques are used to help project stakeholders understand performance to date and for comparison to future performance goals in the form of estimates at completion and completion dates.

F.10 Approach to Communications Management and Expertise

As the ePMO, Intervoice will be responsible for managing formal status reports, informal communications, and stakeholder participation and communications. Intervoice will work with the PgMO to coordinate and align enterprise communications and outreach activities, including the development of material for the monthly CMS report.

Our approach will utilize the Communication Management Plan developed for the PRMP projects as the baseline and the development of a Stakeholder Management Plan as defined in the RFO's Deliverables Dictionary. The baseline Communication Management Plan is PMBOK-aligned and incorporates lessons learned from the PRMMIS and MEDIT3G projects. We will work with PRMP and the PgMO to tailor the baseline communication management process steps depicted in the figure below.

Figure 19: Communication Management Process Flow

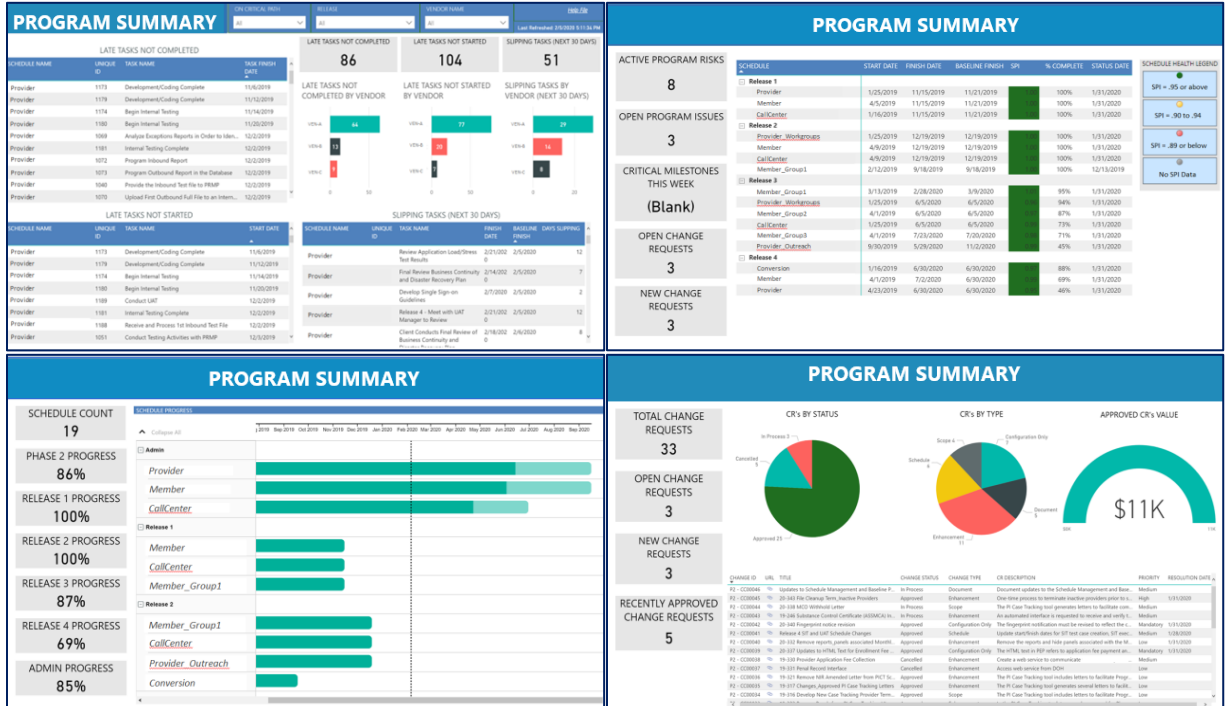


The Intervoice team has supported PRMP in various roles preparing for, coordinating, developing meeting materials/artifacts, and facilitating presentations with various project stakeholders including project teams, executive sponsors, and CMS. We have worked with PRMP to develop a governance structure that provided relevant details regarding project progress, key risks, and issues, CR status, and recommendations for corrective action and risk mitigation strategies. We will leverage industry best practices and our knowledge and understanding of the PRMP vision for their program's success to advise on the best governance structure that ensures proper and timely escalation of issues and transparent reporting.

A project team's success is dependent on being able to know the status of all projects quickly and clearly within the portfolio managed by the ePMO. Knowing which projects are performing well, at risk, slipping, or requiring corrective action is at the heart of every task. We place a high importance on providing the PRMP with an "at a glance" reporting process that allows you to see the current state of every project at a high level. From the summary reporting, we provide the ability to drill down to specific areas of interest in order to provide you with actionable knowledge and a complete understanding of actions already underway.

Our portfolio reporting process is based on both operational processes and tools used to support and automate these processes. Our solution provides clear and customizable reporting through any web browser allowing you access to the current state of all projects managed in a single easy-to-read format. Key outputs of our reporting solution include weekly and monthly project status reports and Risk, Action Item, Issues, and Decisions (RAID) metrics reporting.

Figure 20: Sample RAID Metric Reporting



F.11 Approach to Change Management and Expertise

As the ePMO, Intervoice will be responsible for developing and leveraging a Change Management Plan (ChMP) to identify and manage changes in scope, resources, schedule, and/or budget; this plan complements the Implementation Vendor's ChMP. Intervoice will work with the PgMO to identify service areas that may require support in executing the Change Request (CR) process, as well as coordinate all necessary activity to facilitate PRMP sign-off on CRs.

Intervoice is an experienced practitioner of PMBOK Integrated Change Control (ICC). The ChMP documents our approach to change management; following PRMP approval, it will be maintained in Intervoice's knowledge management library of best practices. Upon commencement of each new project, the ChMP will be reviewed with the PgMO and project team and customized as required to suit the project.

The guidelines in the ChMP apply to any modification of the work that is to be done in support of a project. The ChMP guides the ICC process in identifying the project artifacts requiring change control and assessing a change's impact on project scope, schedule, and cost. This ICC process is performed throughout the project lifecycle and is ultimately the responsibility of the project manager. The ChMP includes the following management activities:

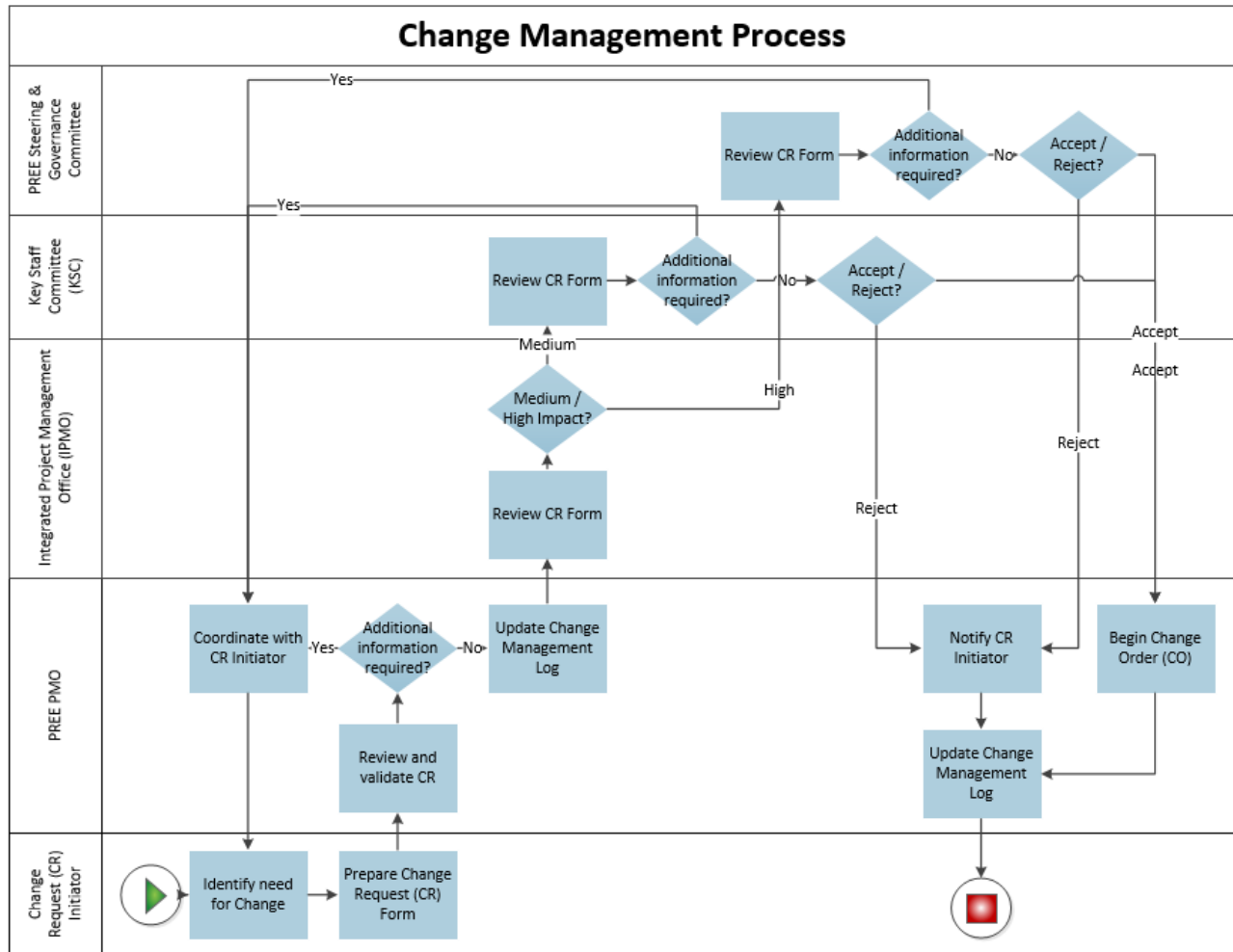
- Assessment of and response to requests for change
- Establishing objective decision-making authority and escalation criteria (definition and criteria for establishment of the change control board)
- Ensuring standard documentation of changes and implementing changes with an agreed-upon schedule and budget
- Establishing a communications framework

Changes may be requested by any stakeholder and may occur at any time during the project. Any request to change an artifact identified as being under change control formally initiates a CR. A CR to the project schedule or cost may also be required due to analysis of project performance or the non-acceptance of deliverables. Any CRs with an actual or potential increase to the authorized budget can only be approved through the ICC process, as described in the following paragraph.

All changes are recorded and entered into the project's change management system and must be approved, deferred, or rejected; the figure on the following page illustrates an ICC process used in a previous PRMP project. CRs impacting a project baseline (e.g., scope, schedule, cost) initiate the ICC process. Cost estimates are gathered and the impact to activity sequences, scheduled dates, resource requirements, and risk response alternatives are assessed by Project Staff. Intervoice then reviews all CRs for integration dependencies and evaluates against the change using predefined impact criteria. (Impact criteria are set at the commencement of each project and are dependent on the complexity of the project and contract requirements. For example, a 0.5% cost variance may be a minor impact on a \$30 million DDI project, whereas the same \$150,000 variance on a \$300,000 project would be significant.)

Each CR follows a specific escalation path based upon the decision-making authority thresholds defined in the ChMP and the CR's impact category. A change control board is assembled to review, evaluate, approve, defer, or reject high-impact changes to the project. The Project Staff then documents and communicates the decisions and ensures that any impacted project baselines are updated.

Figure 21: ICC Process



F.12 Approach to Certification Management and Expertise

As the ePMO, Intervoice will be responsible for supporting the PRMP, the PgMO, and Implementation vendors with project management services in support of achieving CMS certification across the MES. Intervoice will collaborate with all stakeholders to plan for, monitor progress on, and execute tasks related to certification. We provide expert resources who are fully capable of supporting efforts to ensure that the solution ultimately coming out of each assigned DDI project will achieve CMS certification and meet all requirements for enhanced federal funding.

Intervoice understands the criticality of CMS certification and the implications of failing to achieve a certified solution. Although certification efforts will be led by PRMP and the Implementation Vendors, the ePMO will be fully engaged throughout the process. Intervoice brings a unique perspective in that many of our SMEs and project professionals have been heavily involved in CMS certification at many levels throughout their careers. Our team has executed on and supported CMS certification activities across six state Medicaid agencies, including PRMP. In fact, we collaborated with PRMP and their Implementation Vendor on their first MMIS modular OBC pilot with the PRMMIS Phase I and II Project certifications; we are also actively involved with the MEDITI3G certification process. Intervoice has channeled this real-world experience, from both vendor and state agency perspectives, into the identification of best practices, measures, and resources to ensure successful execution of certification tasks. This means Intervoice can anticipate and plan for potential issues and proactively work with project teams to mitigate any potential pitfalls and delays. Additionally, having a complete understanding of both the project solution and the certification process enables us to ensure a complete knowledge transfer at project closeout.

Intervoice will support all project stakeholders throughout the certification process by ensuring that project management procedures and controls are in place and followed. At the direction of the PRMP, we will either attend or run the certification meetings and provide related agendas and minutes as necessary. The ePMO will establish clear and ongoing communications across all project teams and help ensure that all stakeholders understand the project and have access to the documentation required to build certification criteria and KPIs.

Certification SMEs will also work closely with PRMP resources on the creation and completion of timely and accurate checklists. During the criteria definition period, the ePMO and other project stakeholders will participate in the review and definition of all KPIs and evidence requirements. PRMP or the Implementation Vendor can then verify those artifacts directly with CMS to ensure alignment from the start. Our experience has shown us that any unclear requirements must be clarified with CMS immediately to minimize process missteps, inadequate or incorrect documentation, or unnecessary course correction later in the certification process. Intervoice can assist with the implementation of checklists for KPIs and evidence files as needed, as well as with the facilitation of sign-off from all stakeholders to ensure consensus and agreement on certification deliverables to CMS and that all KPIs and checklists are achievable.

CMS is continually updating the OBC process through a combination of developing outcomes statements and evaluation criteria, identifying test cases for system demonstrations, and collecting and assessing operational data. In its ePMO role, Intervoice will continually track and review CMS pilots and release guidance to ensure that the solution will achieve certification and meet CMS requirements for enhanced funding using the latest and best practices.

F.13 Approach to Transition to Maintenance and Operations Management

As the ePMO, Intervoice will be responsible for monitoring and supporting planning and transition activities. In this role, Intervoice will work with the PgMO to identify and outline the required milestones necessary for operational readiness and system go-live as well as create and maintain the Turnover and Closeout Management Plan.

The Intervoice team's extensive background in Medicaid technical and business operations activities brings a unique perspective to DDI transition. Our team members are former Medicaid operations end users, as well as DDI project team members, therefore they understand project transition from both sides. Over the course of our 25+ years delivering project management and SME services for MES, we have witnessed and experienced firsthand successful and unsuccessful project transitions and their downstream effect on user adoption. This experience has been channeled into an understanding and identification of best practices, measures, and resources to ensure successful transition.

The transition from the DDI phase of the project to the operation and maintenance phase is a critical component of any successful project. Helping end users to understand, utilize, and embrace the new solution can be one of the most difficult tasks assigned to a project team. Intervoice's best-practices approach to project transition from implementation to maintenance and operations is rooted in proper planning and early end-user involvement. Transition activities under the purview of the ePMO will be thoroughly planned. Tasks and milestones related to transition, including dates and assigned resources, are captured in the project schedule. These tasks are then monitored and reported on, with risks, issues, and action items logged and tracked. PRMP will review and approve all transition-related plans, artifacts, and relevant documents.

A key step during project transition is the preparation of a detailed Operational Readiness Review (ORR) Checklist, which captures transition tasks and milestones. The Project Staff will prepare the ORR Checklist in collaboration with the PgMO and Implementation vendor. Once the ORR Checklist is approved, the Project Staff will schedule weekly meetings six to eight weeks prior to the planned implementation date to review the checklist items and allow the opportunity for project stakeholders to provide proof that each milestone has been completed. Successful completion of the ORR Checklist should be a requirement for making a Go/No-Go decision for system implementation. End user training and knowledge transfer activities are included in both the ORR Checklist and our proprietary Implementation Readiness Review document (this tool was initially developed by Intervoice for the PRMMIS Phase II Project and has been incorporated as part of our transition oversight and approach).

Ideally, appropriate PRMP operations end users will be involved in the DDI project from the beginning. Input from end users should be included from the requirements definition stage, through design, and into UAT. If this is not possible, end users should be heavily involved in UAT. As part of the preparation for UAT, the testers are trained on the solution and any new business processes. Active involvement in UAT allows for the training to be reinforced as the UAT testers proceed through various test cases. Sufficient training time will be allocated to ensure complete knowledge transfer prior to project closeout. We also recommend that solution vendor resources who are experts in the implemented solution be made available to the operations team for a minimum of six weeks after implementation.

Screenshots from the PRMMIS Phase II DDI ORR Plan and Checklist have been provided on the following page.

Figure 22: Screenshot from PRMMIS Phase II ORR Plan

Table of Contents	
DOCUMENT REVISION HISTORY	II
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1 ACRONYMS	1
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Figure 23: Screenshot from PRMMIS Phase II ORR Checklist

14					
fx					
	A	B	C	D	E
	#	Review Item	Observer	Date	Pass/Fail
1	TRN1	Is the user able to enter an application in PEP?	Veronica Escobar	4/15/2020	Pass
2	TRN2	Is the user able to look up the status of an application in PEP?	Veronica Escobar	4/15/2020	Pass
3	TRN3	Is the user able to look up a provider in MMIS?	Veronica Escobar	4/15/2020	Pass
4	TRN4	Is the user able to explain how to edit a provider in MMIS?	Veronica Escobar	4/15/2020	Pass
5	TRN5	Is the user able to explain how to register in PSC?	Veronica Escobar	4/15/2020	Pass
6	TRN6	Is the user able to explain how to view information in PSC?	Veronica Escobar	4/15/2020	Pass
7	TRN7	Is the user able to enter/retrieve/update/route a record in CCMS?	Veronica Escobar	4/15/2020	Pass
8	TRN8	Is the user able to access the LMS?	Veronica Escobar	4/15/2020	Pass
9	TRN9	Is the user able to view a CBT course in LMS?	Veronica Escobar	4/15/2020	Pass
10	TRN10	Is the user able to register for a training session in LMS?	Veronica Escobar	4/15/2020	Pass
11	TRN11	Is the user able to set up equipment for training? (projector, screen, speaker, microphone)			
12	TRN12	Is the user able to generate LMS reports for training registration?	Veronica Escobar	4/15/2020	Pass
13					
14					
15					

Attachment G

This section describes the Terms and Conditions of the RFO, the PRMPs expectations of vendors, and compliance with federal procedures.

G.1 Title Page

The vendor should review **Attachment G: Terms and Conditions Response** signing each provided signature block using blue ink in order to note the vendor's acknowledgment and intent of compliance. The vendor should identify any exceptions to the Terms and Conditions. If exceptions are not noted in **Attachment G: Terms and Conditions Response** of the RFO but raised during contract negotiations, PRMP reserves the right to cancel the negotiation if, at its sole discretion, it deems that to be in the best interests of PRMP.

G.2 RFO Terms and Conditions

RFO Terms and Conditions consist of provisions throughout this RFO. Moreover, these provisions encapsulate instructions, State and federal procedures, and PRMP's expectations of the vendor when submitting a proposal. The vendor should understand and strictly adhere to the RFO Terms and Conditions. Failure to follow any instructions within this RFO may, at PRMP's sole discretion, result in the disqualification of the vendor's proposal.

Please provide an authorized signature stipulating the vendor's acknowledgment, understanding, and acceptance of these RFO Terms and Conditions.

Carlos D. Ortiz Cabán  3.18.2022

Printed Name / Signature of Authorized Personnel Date

G.3 Customary Terms and Conditions

The selected vendor will sign a contract with PRMP to provide the goods and services described in the vendor's response. The following documents shall be included in any contract(s) resulting from this RFO:

- Appendix 3: Service-Level Agreements and Performance Standards
- **Appendix 6: Proforma Contract Draft** inclusive of HIPAA Business Associate Agreement

Please provide a signature stipulating the vendor's acknowledgment, complete review, and acceptance of these documents.

Carlos D. Ortiz Cabán  3.18.2022

Printed Name / Signature of Authorized Personnel Date

If the vendor is NOT taking exceptions to any of PRMP Customary Terms and Conditions, then the vendor needs to provide a binding signature stipulating its acceptance of these documents. If the vendor is taking exceptions to any of PRMP Customary Terms and Conditions, then the vendor should write 'Taking Exceptions' on the line below and should follow the instructions for taking exceptions, as listed in Attachment G: Terms and Conditions Response, Section 6: Exceptions.

Carlos D. Ortiz Cabán TAKING EXCEPTIONS 3.18.2022

Printed Name / Signature of Authorized Personnel Date

G.4 Mandatory Requirements and Terms

The following items are Mandatory Terms and Documents. Please be advised, the vendor should provide its affirmative acceptance of these items in order to move forward with consideration under this RFO.

- Attachment E: Mandatory Requirements
- Prior to the Contract resulting from this RFO is signed, the successful vendor must be registered with the "Registro Único de Proveedores de Servicios Profesionales" (RUP) from the Puerto Rico General Services Administration (ASG) and with the Puerto Rico Treasury Department (Hacienda) for the collection of sales and use tax (IVU) as a provider (if applicable) in the Internal Revenue Unified System (SURI). PRMP shall not award a contract, unless the vendor provides proof of such registration or provides documentation from the Puerto Rico Treasury Department that the Contractor is exempt from this registration requirement in the SURI system. The foregoing is a mandatory requirement of an award of a contract pursuant to this solicitation. For more information, please refer to the PR Treasury Department's web site <http://www.hacienda.pr.gov>
- Prior to the Contract resulting from this RFO is signed, the successful vendor must provide a Certificate of Insurance issued by an insurance company licensed or authorized to provide insurance in Puerto Rico. Each Certificate of Insurance shall indicate current insurance coverages meeting minimum requirements as specified by this RFO. A failure to provide a current, Certificate of Insurance will be considered a material breach and grounds for contract termination. A list of the Insurance policies that may be included in this Contract are provided in **Appendix 6: Proforma Contract Draft**.
- A performance bond may be required for this RFO.
- Appendix 2: Service-Level Agreements and Performance Standards
- **Appendix 6: Proforma Contract Draft** inclusive of HIPAA Business Associate Agreement

Vendors that are not able to enter into a contract under these conditions should not submit a bid.

Please provide an authorized signature stipulating the vendor's acknowledgment, understanding, and acceptance of the Mandatory Requirements and Terms stipulated in this section.

Carlos D. Ortiz Cabán Caro 3.18.2022
Printed Name / Signature of Authorized Personnel Date

G.5 Commercial Materials

Intervoice will be using the following commercially available software, licensed on a monthly basis:

- SharePoint
- Power BI
- Project Pro

G.6 Exceptions

Table 16: Exception #1 – Deliverable Expectations Document

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference To Specific Section Of Vendor's Terms, If Any Provided As Part Of The RFO Response
8.1. Appendix 1: Deliverables Dictionary; Section 2. Deliverables Expectation Document (DED)	This section identifies a DED is: 1) a deliverable tied to the SLA within 30 days, and 2) requires PRMP approval prior to starting on the actual project management plan deliverable. Further down in under the Deliverables Dictionary table, section 2. Deliverables Expectation Document (DED) the text indicates "Unless waived in writing by PRMP..." Our existing DEDs meets the requirements outlined in the RFO and PRMP has already reviewed them once for MEDITI3G. For cost and time benefits for both Intervoice and PRMP, we propose to exclude the delivery of our existing DEDs and proceed with development of the project management plans.	Deliverables and due dates for acceptance of deliverables will be agreed upon by PRMP and the vendor and finalized in the vendor's work plan once formally approved by PRMP. The dates for completion of these deliverables will be used as checkpoints for performance monitoring and vendor payments. The vendor's status reports will provide information on progress toward meeting these deliverable dates.
NOTES/COMMENTS: <FOR PRMP USE ONLY>		

Table 17: Exception #2 – SLA Email Triage and Acknowledgement

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference To Specific Section Of Vendor's Terms, If Any Provided As Part Of The RFO Response
Table 29: SLAs, Performance Standards, and Contract Remedies ID #4. SLA Subject Area Email Triage and Acknowledgement The vendor must triage all inquiries received from PRMP-approved email addresses. All emails received must be acknowledged within twenty-four (24) hours of receipt and resolved within three (3) business days unless otherwise approved by PRMP.	As this is tied to SLA performance, tracking, monitoring, and reporting from email is not the most efficient process. If Intervoice is the selected vendor, discussions should occur to formalize this process or consider a centralized mailbox for intake and/or limiting PRMP-approved email addresses to 3.	To be discussed if Intervoice is selected vendor
NOTES/COMMENTS: <FOR PRMP USE ONLY>		

Table 18: Exception #3 – SLA-001: Deliverables

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference To Specific Section Of Vendor's Terms, If Any Provided As Part Of The RFO Response
Table 29: SLAs, Performance Standards, and Contract Remedies	As deliverables outlined in the work plan may be tied to long running processes and or external factors which are beyond the control of	To be discussed if Intervoice is selected vendor

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference To Specific Section Of Vendor's Terms, If Any Provided As Part Of The RFO Response
ID #1. SLA Subject Area Deliverables PRMP shall assess up to \$100 per calendar day per deliverable from the agreed-upon deliverable acceptance date until the date each deliverable receives acceptance from PRMP.	Intervoice. The following conditions must be recognized: a) Deliverable dates may be modified if circumstances outside of Intervoice's control, such as contract, professional agreement, partner CAP or CR, Declared emergency, or other unavoidable issues, prior to the issuance of a holdback b) Deliverables will be managed following the tools, policies, standards, guidelines, processes and procedures outline by the ePMO. Deviation from ePMO managed approaches may limit the ePMO visibility and control of delivery mechanisms. These limitations may result in circumstances beyond Intervoice's control. c) All deliverables will be discussed and agreed upon within the work plan finalization. Any deliverable added or modified to the work plan will be managed via the ePMO CR process and deliverable dates will be created or adjusted accordingly.	
NOTES/COMMENTS: <FOR PRMP USE ONLY>		

Table 19: Exception #4 – SLA-002: Turnover

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference To Specific Section Of Vendor's Terms, If Any Provided As Part Of The RFO Response
Table 29: SLAs, Performance Standards, and Contract Remedies ID #2. SLA Subject Area Turnover Turnover will not be considered complete until the Turnover and Closeout Management Plan and its associated deliverables are accepted by PRMP.	As turnover tasks may be directly tied to the availability of tools, personnel, coordination with alternate vendors / owners, there should be a mechanism for extension or alternate acceptance criteria if external forces, outside of Intervoice's control, prevent the successful turnover within the expected / defined timeframe.	To be discussed if Intervoice is selected vendor
NOTES/COMMENTS: <FOR PRMP USE ONLY>		

Table 20: Exception #5 – SLA-004: Email Triage and Acknowledgement

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference To Specific Section Of Vendor's Terms, If Any Provided As Part Of The RFO Response
Table 29: SLAs, Performance Standards, and Contract Remedies ID #4. SLA Subject Area Email Triage and Acknowledgement The vendor must triage all inquiries received from	As PRMP-Approved email addresses may be utilized for normal communication, this may lead to misunderstanding if the inquiry falls within the scope of this SLA.	The vendor must triage all inquiries received from PRMP-approved email addresses which are labeled in the subject with "OFFICIAL INQUIRY" or alternately agreed identifier. Emails will be submitted to

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference To Specific Section Of Vendor's Terms, If Any Provided As Part Of The RFO Response
PRMP-approved email addresses. All emails received must be acknowledged within twenty-four (24) hours of receipt and resolved within three (3) business days unless otherwise approved by PRMP.		ePMO Vendor approved triage email or distribution list.
NOTES/COMMENTS: <FOR PRMP USE ONLY>		

Table 21: Exception #6 – SLA-004: Email Triage and Acknowledgement

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference To Specific Section Of Vendor's Terms, If Any Provided As Part Of The RFO Response
Table 29: SLAs, Performance Standards, and Contract Remedies ID #4. SLA Subject Area Email Triage and Acknowledgement Acknowledge all emails received within twenty-four (24) hours and resolve all emails within three (3) business days.	As official inquiries may be submitted outside of normal business hours, Intervoice would like a clarification as to when the start of the 24-hour window is set to begin	The vendor must forward to the designated PRMP staff within one (1) calendar day from the receipt of the inquiry or within one (1) calendar day of the next business day if the inquiry is submitted outside of normal business hours.

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference To Specific Section Of Vendor's Terms, If Any Provided As Part Of The RFO Response
Forward to PRMP staff within one (1) calendar day emails that are determined to be outside of the vendor's response scope.		
NOTES/COMMENTS: <FOR PRMP USE ONLY>		

Table 22: Exception #7 – SLA-004: Email Triage and Acknowledgement

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference To Specific Section Of Vendor's Terms, If Any Provided As Part Of The RFO Response
Section 4.1 Paragraph 3	Paragraph 3 Implies a perpetual unbounded obligation. Intervoice will support PRMP during transition; provide Project Management tools and license PRMPs use of Intervoice intellectual property subject to PRMP procurement of appropriate software and support licenses.	If the ePMO Vendor will use a Project Management tool, PRMP must be able to procure licenses for such tools to ensure that any Commonwealth data loaded into the tool is available to Commonwealth personnel and partner vendors, and all functions enabled by the tool remain operational without disruption, even if the ePMO Vendor leaves

Document Title (Reference Specific Contractual Document and Section in Which Exception is Taken)	Vendor's Explanation (Required for Any Rejection/Exception)	Vendor's Proposed Alternative Language (If Applicable) Cross-Reference To Specific Section Of Vendor's Terms, If Any Provided As Part Of The RFO Response
		or is no longer engaged under this contract.
NOTES/COMMENTS: <FOR PRMP USE ONLY>		

G.7 Assumptions

- Start date is July 11; first Monday post contract execution date, according to the schedule in the RFO.
- PRMP will waive the DED approval requirement/SLA for all deliverables with existing DEDs.
- We will leverage the Intervoice baselines to develop the ePMO PMP and subplan deliverables.
- The PMRP PgMO will provide the standards for each area within 10 calendar days of contract start.
- PRMP will approve DED creation for the deliverables without an existing approved DED within 1 day.
- PRMP retains current brand standards.
- Final sign off will include PRMP signature on a DAF.
- Does not include admin support for any requested/adhoc meetings from PRMP/PgMO.
- The PRMP vendors will provide data sources to capture/monitor/report any required performance or quality metric requested by PRMP/PgMO regardless of contract status between PRMP and the vendor.
- ePMO will be supplied Access/Audit/Reporting credentials to SI-supplied tools (JIRA, rTrace, etc.)
- SI vendors will update subplans in a timely and accurate manner in accordance with ePMO strategy and approach documents.
- Vendor contracts will contain language and requirements which support ePMO activities and certification adherence.
- Spanish deliverables will be defined during contract negotiation; adhoc requests for Spanish deliverables will be controlled via the change management process.
- All Intervoice work products and deliverables will be subject to one review cycle, consisting of one draft review period of 10 business days and one final review period of 3

business days, after which time acceptance of the work product will be assumed, unless otherwise agreed to in writing by both Intervoice and PRMP.

- Work will be performed onsite in Puerto Rico as well as off-site at Intervoice's offices and those of the individual consultants.
- Intervoice proposes to perform these services on a Firm-Fixed Price (FFP) basis inclusive of travel. Any deviations from the scope of work and/or revisions outside of the aforementioned review process will require a change order to be reviewed and agreed to between Intervoice and PRMP.
- This proposal assumes project holidays of two days at Thanksgiving, two days at Christmas, two days at New Year's, the week before Easter and other US and Puerto Rico government holidays. No weekly status reports will be developed for the week of the Thanksgiving holiday, the last week of December, the first week of January, or the week before Easter.
- All changes or additional work requested of Intervoice, but not specifically stated as deliverables, that impact the cost of performance or time required to accomplish the tasks and work products, may require an equitable adjustment in hours and price.
- Intervoice provides the following documentation for any government audit of our billings, in accordance with the Federal Acquisition Regulations (FAR) for Fixed Price (FP) contracts whereby payments are associated with contractor deliverables. Intervoice will provide a notice of acceptance of the deliverable or a copy of the deliverable progress made to verify payment in accordance with the contractor's FP payment schedule.
- PRMP agrees to make available all personnel required to support the activities in the accepted and approved Integrated Master Schedule (IMS).
- Consistent with the payment options available under FFP contracts, Intervoice will invoice monthly. Intervoice requires payment terms of net 30 days from the date of the invoice.
- If there is a delay in the project start date, Intervoice reserves the right to adjust staff as needed, with prior notification to PRMP. Any new team members would have similar or better qualifications.
- After commencement of the project, and in instances where the project is halted for 30 days or more, Intervoice reserves the right to adjust its Statement of Work (SOW), cost, and staffing with prior notification to PRMP. Any new team members would have similar or better qualifications.
- 8.2 (1): Any modification from performance metrics to KPI status will be made via the CR process allowing for review and clarification of any penalties associated with the new KPI.
- SLA-007: Meeting agendas, Page 67 states agendas are two days prior, Page 77 states one business day before and Page 88 states one business day before, our assumption is agendas will be required one day before the meeting as outlined within this SLA. Other areas of the RFO where different timeframes have been stated will conform to this SLA.
- The exceptions in Attachment G will be agreed to or negotiated during contract negotiation.

Appendix

Appendix A Acronyms and Terms

The below table provides definitions of acronyms and/or terms used in this document.

Acronym/Term	Definition
AC	Actual Cost
ACA	Affordable Care Act of 2010
APD	Advanced Planning Document
API	Application Programming Interfaces
ASES	Administración de Seguros de Salud
ASUME	Administration for the Sustenance of Minors
CAP	Corrective Action Plan
CARC	Claim Adjustment Reason Codes
CCMI	Capability Maturity Model Integration
ChMP	Change Management Plan
CIM	Comment Information Matrices
CISO	Chief Information Security Officer
CLIA	Clinical Laboratory Improvements Act
CMS	Centers for Medicare and Medicaid Services
COTS	Commercial-off-the-shelf
CPI	Cost Performance Index
CPT	Current Procedural Terminology
CR	Change Request
DAF	Deliverable Acceptance Forms
DDI	Design, Development, and Implementation
DEA	Drug Enforcement Agency
DED	Deliverable Expectations Document
E&E	Eligibility and Enrollment
EHR	Electronic Health Records
ePMO	Enterprise Project Management Office
FFP	Federal Financial Participation
HIE	Health Information Exchange
HIPAA	Health Insurance Portability and Accountability Act of 1996
HIT	Health Information Technology
ICC	Integrated Change Control
ICD	International Classification of Diseases
IEEE	Institute of Electrical and Electronics Engineers
IMS	Integrated Master Schedule
IT	Information Technology

Acronym/Term	Definition
IV&V	Independent Verification and Validation
KPI	Key Performance Indicator
LEIE	List of Excluded Individuals / Entities
LMS	Learning Management System
MCO	Managed Care Organizations
MCSIS	Medicaid and Children's Health Insurance Program State Information Sharing System
MECT	Medicaid Enterprise Certification Toolkit
MEDITI3G	Medicaid Information Technology Initiative, Third Generation
MES	Medicaid Enterprise System
MITA	Medicaid Information Technology Architecture
MMIS	Medicaid Management Information System
MS	Microsoft
MTS	Master Test Strategy
NAP	Puerto Rico Nutrition Assistance Program
NPPES	National Plan and Provider Enumeration System
OBC	Outcomes Based Certification
OOTB	Online Out-of-the-Box
ORR	Operational Readiness Review
PECOS	Provider Enrollment Chain and Ownership System
PEP	Provider Enrollment Portal
PgMO	Program Management Office
PgMS	Program Management Services
PHE	Public Health Emergency
PIU	Program Integrity Unit
PMBOK®	Project Management Body of Knowledge
PMO	Project Management Office
PMP	Project Management Plan
PRDoH	Puerto Rico Department of Health
PRMMIS	Puerto Rico Medicaid Management Information System
PRMP	Puerto Rico Medicaid Program
PSC	Provider Secure Communications
PC	Planned Cost
PWA	Project Web App
QA	Quality Assurance
QC	Quality Control
RACI	Responsible, Accountable, Consulted, Informed

Acronym/Term	Definition
RAID	Risk, Action Item, Issue, and Decision
RAM	Responsibility Assignment Matrix
RARC	Remittance Advice Remark Codes
RTM	Requirements Traceability Matrix
SAM	System for Award Management
SchMP	Schedule Management Plan
SDLC	System Development Life Cycle
SI	System Integrator
SIT	System Integration Testing
SLA	Service-Level Agreement
SMA	State Medicaid Agency
SME	Subject Matter Expert
SPI	Schedule Performance Indexing
SV	Schedule Variance
TCPI	To Complete Performance Indicator
UAT	User Acceptance Test
WBS	Work Breakdown Structures
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children