September 29, 2016

Ronda Miller
State of Nevada, Purchasing Division
515 E. Musser Street, Suite 300
Carson City, NV 89701

Re: Response to Request for Proposal 3266 for Recovery Audit Contractor

Dear Ms. Miller:

Health Management Systems, Inc. (HMS), is pleased to respond to the Request for Proposal (RFP) for Recovery Audit Contractor (RAC) services issued on behalf of the Nevada Division of Health Care Financing and Policy (DHCFP). Our proposal details our ability to achieve or exceed all procurement goals through an integrated, comprehensive solution. In our previous work for the State, we have proven our ability to meet the Division's objectives.

HMS has successfully delivered RAC services for DHCFP since December 2011. We are in an ideal position to leverage our success for the expanded SOW described in the RFP.

For more than 40 years, we have demonstrated our ability to respond to the cost containment and program integrity (PI) needs of healthcare program administrators such as DHCFP. We have developed the people, processes, and tools required to deliver RAC best practices that respond to unique client needs. Unlike other vendors, we offer an in-depth understanding of RAC services for Medicaid, which differ from RAC services for Medicare. Additionally, we bring the specialized resources needed to maximize project goals. As a powerful advantage over other vendors, we can leverage Nevada-specific RAC experience to drive our success in the new contract term.

Our proposal describes the RAC processes we will use to continue delivering the requested scope of work (SOW), including the following:

- ***National Eligibility Database data match***
- ***Managed care organization (MCO) data match***
- ***Date-of-death data match***
- ***Credit balance audits***
- ***Long term care audits***
- ***Commercial insurance billing***

5615 High Point Drive | Irving, TX 75038 | Telephone: 972.916.2650 | Fax: 469.359.4413 | www.hms.com

- *MCO come behind*
- *Medicaid RAC reviews*

As the State transitions to diagnosis-related group (DRG) payments during the forthcoming contract term, we will continue to increase our Nevada-specific expertise. Our knowledge will grow as we work with MCO data, per-diem rates, and DRG inpatient payment models.

Our success on behalf of DHCFP is a result of our proven ability to apply best practices that leverage scope-specific resources. As the RAC, we will identify scenarios and support PI efforts. Our Recovery Audit solution will not duplicate other PI initiatives and will minimize provider abrasion. We will provide valuable consulting and project-related information based on expertise developed through our nationwide RAC service experience.

As the RAC for more than 20 Medicaid programs, HMS is the contractor of choice based on our results and positive provider relationships. Our analytics capabilities enable us to transform data into information, solutions, and savings that support the ongoing viability of Nevada's healthcare programs. We offer the effective audit methodology, robust management/tracking system, and specialized Project team members needed to maximize results for Nevada. The State trusts us as the RAC knowledge leader. We are eager to build on our partnership with the Division and expand our record of achievement.

We value the relationship we have developed with DHCFP over the past five years, and we look forward to augmenting our RAC efforts on behalf of Nevada. Please contact Marnie Basom, Vice President, State Government Solutions, via telephone at 208.639.8202 or email at mbasom@hms.com with any questions or comments regarding our proposal.

Sincerely,

Douglas Williams
Division President

Recovery Audit Contractor

State of Nevada
Department of Administration
Purchasing Division

MASTER

Part IA – Technical Proposal	
RFP Title:	Recovery Audit Contractor
RFP:	3266
Vendor Name:	Health Management Systems, Inc.
Address:	5615 High Point Drive, Irving, TX 75038
Opening Date:	9/29/16
Opening Time:	2:00 PM

5615 High Point Drive
Irving, TX 75038
Telephone: 208.639.8202
Fax: 469.359.4413

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VENDOR INFORMATION SHEET FOR RFP 3266

Vendor Must:

A) Provide all requested information in the space provided next to each numbered question. The information provided in Sections V1 through V6 will be used for development of the contract;

B) Type or print responses; and

C) Include this Vendor Information Sheet in Tab III of the Technical Proposal.

V1	Company Name	***Health Management Systems, Inc. (HMS)***

V2	Street Address	***5615 High Point Drive***

V3	City, State, ZIP	***Irving, Texas 75038***

V4	Telephone Number		
	Area Code: ***972***	Number: ***916.2650***	Extension:

V5	Facsimile Number		
	Area Code: ***469***	Number: ***359.4413***	Extension:

V6	Toll Free Number		
	Area Code: ***N/A***	Number: ***N/A***	Extension:

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: ***Marnie Basom***
	Title: ***Vice President, State Government Solutions***
	Address: ***HMS, 827 E Park Blvd. STE 260, Boise, ID 83712***
	Email Address: ***mbasom@hms.com***

V8	Telephone Number for Contact Person		
	Area Code: ***208***	Number: ***639.8202***	Extension:

V9	Facsimile Number for Contact Person		
	Area Code: ***469***	Number: ***359.4413***	Extension:

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: ***Douglas Williams***	Title: ***Division President, Markets***

V11	Signature (***Individual must be legally authorized to bind the vendor per NRS 333.337***)	
	Signature:	Date: ***September 23, 2016***

State of Nevada
Department of Administration
Purchasing Division
515 E. Musser Street, Suite 300
Carson City, NV 89701

Brian Sandoval
Governor

Jeffrey Haag
Administrator

SUBJECT:	Amendment1 to Request for Proposal 3266
RFP TITLE:	Recovery Audit Contractor
DATE OF AMENDMENT:	August 31, 2016
DATE OF RFP RELEASE:	August 11, 2016
OPENING DATE:	September 29, 2016
OPENING TIME:	2:00 PM
CONTACT:	Ronda Miller, Procurement Staff Member

The following shall be a part of RFP ***3266.*** If a vendor has already returned a proposal and any of the information provided below changes that proposal, please submit the changes along with this amendment. You need not re-submit an entire proposal prior to the opening date and time.

---

1. Extrapolation - Will the RAC be permitted to draw statistically valid, random samples and extrapolate the results in the determination of overpayment?

   No. Nevada does not use extrapolation.

2. Data layouts - Please provide a list of all current data extracts that have been created for the Department.

   The State will provide this information to the successful vendor as appropriate.

3. Nevada requirements for medical review - Are there any State-specific requirements for the type, license, or other qualification of medical reviewers that will perform RAC reviews?

   There are no specific requirements however any findings must be defended in the case of a provider appeal.

4. The IT security documents requested in RFP sections 3.9.2 and 3.9.7 (e.g., Business Continuity Plan, Disaster Recovery Plan and Security Plan) are highly sensitive, proprietary and confidential. Placing this information into the public domain by including with the proposal has the potential for serious harm to the firm and client information that we are obligated to protect, since this security information may expose our systems to external threats. As such, is it acceptable for bidders to provide a summary/redacted version of each document, including a table of contents, with the understanding that the full document will be provided upon contract award, and the State shall withhold production of these documents from public requests?

Any confidential information should be submitted per the RFP under Part IB.

5. RFP Section 3.1 (p. 8) states that after July 1, 2017, MCO encounter claims will be fully within the scope of this contract.

   Will the state please advise as to the current Inpatient reimbursement models utilizes by the MCOs within the states, i.e., DRG, Capitated, Per Diem, etc.?

   The MCOs within the State reimburse per diem rates.

6. RFP Section 3.6.4 (p. 12) states that the vendor will be provided with claim data incurred three (3) years prior to the contract date as well as claims data incurred during the contracting period. The State will reserve the right to direct the vendor to use other data sources to aid improper payment identifications.

   Will the State provide DUAs associated with the use of other data sources or will this be the vendor's responsibility?

   Not applicable as the data transfer process will be accomplished subject to the vendor's BAA.

7. RFP Section 3.7.2.1 (p. 13) states that all contractor personnel assigned to the contract shall have a fingerprint-based background check completed by the State of Nevada Department of Public Safety (DPS) and the Federal Bureau of Investigation.

   If a vendor currently adheres to this requirement under another DHCFP contract, will the State consider permitting the vendor to leverage already approved individuals to eliminate the duplication of effort in reprocessing said individuals repeatedly?

   Yes, but the vendor will need to identify who will be working on the project under section 4.4~ Vendor Staff Resume.

8. RFP Section 3.9.13 (p. 16) states that the vendor shall ensure that data returned to the Division or its fiscal agent, regardless of medium, is in a format compatible with the Division or fiscal agent's current system and ready for immediate use. At no time shall the vendor provide any electronic data to the Division or its fiscal agent that would require the Division to implement programming changes in order to read or use data. When data containing PHI or identifying information of any recipient is transmitted to the Division or its fiscal agent must be encrypted per the standards in Section 3.9.3.

   Will the State please clarify if the reference to Section 3.9.3, which refers to risk management, should be changed to Section 3.9.5, which refers to the vendor's encryption methodologies?

   Yes, Section 3.9.13 should refer to Section 3.9.5, not Section 3.9.3.

9. RFP Section 4.3.5 (p. 23) states that it is the vendor's responsibility to ensure that completed forms are received by the Purchasing Division on or before the deadline as specified in Section 8, RFP Timeline for inclusion in the evaluation process.

Will the State please describe the process through which vendors are to confirm its receipt of completed copies of RFP Attachment F, Reference Questionnaire, to ensure that all Questionnaires are submitted to the State in advance of the submission deadline?

There isn't a process. It is the vendor's responsibility to relay deadline information to the references. If a vendor calls or emails, the Purchasing Division can let them know if the references were received.

10. RFP Section 9.1.2 (p. 25) states that proposals will have a technical response, which may be composed of two (2) parts in the event a vendor determines that a portion of their technical response qualifies as "confidential' as defined within Section 2, Acronyms/Definitions and RFP Section 2 includes the following definition of "confidential": Any information relating to the amount or source of any income, profits, losses or expenditures of a person, including data relating to cost or price submitted in support of a bid or proposal. The term does not include the amount of a bid or proposal. Refer NRS 333.020(5) (b).

    Will the State accept a proposal submitted in two parts in the event a vendor determines that a portion of their technical response contains "Proprietary Information" (defined in RFP Section 2 as "Any trade secret or confidential business information that is contained in a bid or proposal submitted on a particular contract. (Refer to NRS 333.020 (5) (a).)")?

    The full documents should be submitted; if the documents are confidential, they should be submitted as per the RFP under Part IB.

11. RFP Section 9.1.13 (p. 26) states "Written responses must be in bold/italics and placed immediately following the applicable RFP question, statement and/or section."

    a. Is it acceptable for a vendor to include standard process graphics as response content that includes fonts that are not bold/italics so that the vendor is not required to devote resources to the recreation of these graphics to make them specific to the unique needs of the State?

    All submitted responses should be in bold/italics.

    b. Will the State please confirm that all response content included on the RFP forms (Vendor Information Sheet, Attachments) must be in bold/italics?

    All submitted responses should be in bold/italics.

12. RFP Section 9.3.1 (p. 29) states that vendors only need to submit Part IB if the proposal includes any confidential technical information (Refer to Attachment A, Confidentiality and Certification of Indemnification).

    Will the State please clarify if the vendor's Part IB submission is to include a complete version of the technical proposal with proprietary content that includes confidential content and trade secrets redacted?

    Only confidential information is to be in Part IB.

13. RFP Section 10.1 (p. 35) lists the proposal evaluation criteria.

Will the State please provide the points associated with each of the five evaluation criteria and the total points that a vendor may score?

The State does not disclose this information.

ALL ELSE REMAINS THE SAME FOR RFP 3266.

Vendor must sign and return this amendment with proposal submitted.

Vendor Name: ***Health Management Systems, Inc. (HMS)***

Authorized Signature: [signature]

Title: ***Division President, Markets*** Date: ***September 23, 2016***

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal.

ATTACHMENT A – CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION

Submitted proposals, which are marked "confidential" in their entirety, or those in which a significant portion of the submitted proposal is marked "confidential" **will not** be accepted by the State of Nevada. Pursuant to NRS 333.333, only specific parts of the proposal may be labeled a "trade secret" as defined in NRS 600A.030(5). All proposals are confidential until the contract is awarded; at which time, both successful and unsuccessful vendors' technical and cost proposals become public information.

In accordance with the Submittal Instructions of this RFP, vendors are requested to submit confidential information in separate binders marked "**Part I B Confidential Technical**" and "**Part III Confidential Financial**".

The State will not be responsible for any information contained within the proposal. Should vendors not comply with the labeling and packing requirements, proposals will be released as submitted. In the event a governing board acts as the final authority, there may be public discussion regarding the submitted proposals that will be in an open meeting format, the proposals will remain confidential.

By signing below, I understand it is my responsibility as the vendor to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation. I duly realize failure to so act will constitute a complete waiver and all submitted information will become public information; additionally, failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by the release of the information.

This proposal contains Confidential Information, Trade Secrets and/or Proprietary information as defined in ***Section 2 "ACRONYMS/DEFINITIONS."***

Please initial the appropriate response in the boxes below and provide the justification for confidential status.

Part IB – Confidential Technical Information			
YES	DW	NO	
Justification for Confidential Status			

Health Management Systems, Inc. (HMS), submits this justification representing the good-faith bases for the protection of the information in our response to Request for Proposal (RFP) Number 3266 for Recovery Audit Contractor (RAC) services. The justification is in accordance with the definition of "trade secret" per Nevada Revised Statutes (NRS) 600A.030(5): "information, including, without limitation, a formula, pattern, compilation, program, device, method, technique, product, system, process, design, prototype, procedure, computer programming instruction or code that: (a) Derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by the public or any other persons who can obtain commercial or economic value from its disclosure or use; and (b) Is the subject of efforts that are reasonable under the circumstances to maintain its secrecy." The technical proposal content that HMS requests be considered "confidential" constitutes trade secrets for which we have a proprietary interest. Our justification covers the specific harm or prejudice to HMS that would likely result with disclosure of this information.

The bulleted list below identifies the specific sections from our technical proposal that contain our trade secrets as well as the specific harm or prejudice to HMS that would likely result from disclosure of this information. To fail to protect our trade secret information in our response to the RFP would potentially disclose to our competitors and the public information that could adversely affect our company. This information is not just confidential details about the technological innovations we use to perform RAC work and other related services but also extensive details on a wide range of confidential and proprietary computer programs, technical systems, processes, and/or methodologies we specifically developed in the course of our work. We annually expend extensive financial, technical, and personnel resources to safeguard the confidential technological information described the proposal sections listed below. If disclosed by the State of Nevada or another party, this information would serve as a roadmap for competitors to replicate our proprietary technologies and methodologies in procurements for these services in Nevada or other states. If the information identified in the proposal sections designated as "confidential," our competitors would obtain unjust enrichment from the potential to use Nevada open records laws to obtain and implement the otherwise proprietary products of our labor.

In addition, if disclosure of the information about our confidential and proprietary technological innovations occurs, improper actors could use the information to attempt to circumvent HMS's and the State of Nevada's RAC efforts or for other improper purposes. Failure to protect the information designated as "confidential" in our proposal would thus undermine the legitimate purposes of our substantial efforts and investments. It would also cause us to suffer substantial, irreparable injury to our competitive position in the marketplace.

Finally, public disclosure of the trade secret information in our RFP response might have an adverse effect on the State of Nevada's future ability to procure items and services effectively and obtain candid, detailed, and full descriptions of proposed services from potential vendors. If the State cannot keep confidential the information of the type we shared in our response with an expectation of confidentiality, there will be a chilling effect on the future motivation of bidders to reveal similarly detailed and informative matter to the State. There is no reasonable expectation of public harm due to withholding the carefully identified sections and pages of our response for which we ask protection. For these reasons, as well as the specific justifications set forth in the bulleted list below, we request that the portions of our RFP response identified as representing HMS's proprietary technological innovations remain protected from disclosure, as permitted by NRS 333.333.

Trade Secret Information in HMS's Proposal Related to RFP 3266 for which HMS Requests Protection Pursuant to NRS 333.333:

- **Proposal Section 3.2 Identification of Improper Medicaid Payments.** These pages describe the technological trade secret systems and methodologies that HMS employs to review the Nevada Division of Health Care Financing and Policy's (DHCFP's), scope of work and program in order to analyze historical claim data for improper payments and potential improper payment issues. They also describe HMS proven approach to the development of our audit/review process, guidelines, training, quality assurance (QA), and interrater reliability (IRR). Throughout this section, we describe the confidential and proprietary trade secret systems and processes we developed with our scenario development and proprietary case management system as well as technical processes that we employ for our audits. Our unique technical, trade secret approach represents a comprehensive improper payment identification process and the step-by-step techniques from which we derive economic value are not generally ascertainable by our competitors. Disclosure of this confidential and proprietary information in this section will irreparably injure our competitive position, which as a result, overwhelmingly outweighs any possible public need for the disclosure of such information.

- **Proposal Section 3.3 Review of Improper Medicaid Payments.** These pages describe the technical trade secret processes that HMS developed to conduct post payment reviews. We have researched, designed, and developed operational procedures that use a range of methods to complete reviews and deliver results according to established standards and guidelines. Disclosure of our unique service offerings that constitute a trade secret would cause substantial and irreparably injury to our competitive position. Furthermore, the step-by-step techniques from which we derive economic value are not generally ascertainable by our competitors. Disclosure of these proprietary methods will irreparably injure our competitive position, as well as potentially expose technical information about our systems to improper actors who could misuse such information, which as a result, overwhelmingly outweighs any possible public need for the disclosure of this information.

- **Proposal Section 3.4 Recovery of Improper Medicaid Payments.** These pages describe the proprietary technical methodology that we have developed over 20 years as part of our recovery services to enable Nevada to pursue recoveries for improper payments. The information provides details of our approach to working with providers to support the recovery process including our trade secret support resources such as our online Provider Portal. This section of our proposal also describes our proprietary approach to tracking, processing, and reporting recoveries. Disclosure of the technical, confidential information in these pages to other parties would cause HMS to suffer an irreparable competitive disadvantage. Furthermore, the step-by-step techniques described from which we derive economic value are not generally ascertainable by our competitors. Disclosure of these proprietary methods will irreparably injure our competitive position, as well as potentially expose technical information about our systems to improper actors who could misuse such information, which as a result, overwhelmingly outweighs any possible public need for the disclosure of this information.

A Public Records CD or Flash Drive has been included for the Technical and Cost Proposal			
YES	DW	NO (See note below)	
Note: By marking "NO" for Public Record CD or Flash Drive included, you are authorizing the State to use the "Master CD or Flash Drive" for Public Records requests.			

Part III – Confidential Financial Information			
YES		NO	DW
Justification for Confidential Status			
None.			

Health Management Systems, Inc. (HMS)

Company Name

Signature

Douglas Williams

Print Name

September 23, 2016

Date

This document must be submitted in Tab IV of vendor's technical proposal

ATTACHMENT C – VENDOR CERTIFICATIONS

Vendor agrees and will comply with the following:

(1) Any and all prices that may be charged under the terms of the contract do not and will not violate any existing federal, State or municipal laws or regulations concerning discrimination and/or price fixing. The vendor agrees to indemnify, exonerate and hold the State harmless from liability for any such violation now and throughout the term of the contract.

(2) All proposed capabilities can be demonstrated by the vendor.

(3) The price(s) and amount of this proposal have been arrived at independently and without consultation, communication, agreement or disclosure with or to any other contractor, vendor or potential vendor.

(4) All proposal terms, including prices, will remain in effect for a minimum of 180 days after the proposal due date. In the case of the awarded vendor, all proposal terms, including prices, will remain in effect throughout the contract negotiation process.

(5) No attempt has been made at any time to induce any firm or person to refrain from proposing or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal. All proposals must be made in good faith and without collusion.

(6) All conditions and provisions of this RFP are deemed to be accepted by the vendor and incorporated by reference in the proposal, except such conditions and provisions that the vendor expressly excludes in the proposal. Any exclusion must be in writing and included in the proposal at the time of submission.

(7) Each vendor must disclose any existing or potential conflict of interest relative to the performance of the contractual services resulting from this RFP. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting a proposal in response to this RFP, vendors affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of a vendor's proposal. An award will not be made where a conflict of interest exists. The State will determine whether a conflict of interest exists and whether it may reflect negatively on the State's selection of a vendor. The State reserves the right to disqualify any vendor on the grounds of actual or apparent conflict of interest.

(8) All employees assigned to the project are authorized to work in this country.

(9) The company has a written equal opportunity policy that does not discriminate in employment practices with regard to race, color, national origin, physical condition, creed, religion, age, sex, marital status, sexual orientation, developmental disability or handicap.

(10) The company has a written policy regarding compliance for maintaining a drug-free workplace.

(11) Vendor understands and acknowledges that the representations within their proposal are material and important, and will be relied on by the State in evaluation of the proposal. Any vendor misrepresentations shall be treated as fraudulent concealment from the State of the true facts relating to the proposal.

(12) Vendor must certify that any and all subcontractors comply with Sections 7, 8, 9, and 10, above.

(13) The proposal must be signed by the individual(s) legally authorized to bind the vendor per NRS 333.337.

Health Management Systems, Inc. (HMS)

Vendor Company Name

Vendor Signature

Douglas Williams, Division President

Print Name

September 23, 2016

Date

This document must be submitted in Tab IV of vendor's technical proposal

ATTACHMENT J – CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

By: ***Douglas Williams, Division President*** ***September 23, 2016***

Signature of Official Authorized to Sign Application — Date

For: ***Health Management Systems, Inc. (HMS)***

Vendor Name

Recovery Audit Contractor

Project Title

This document must be submitted in Tab IV of vendor's technical proposal

ATTACHMENT B – TECHNICAL PROPOSAL CERTIFICATION OF COMPLIANCE WITH TERMS AND CONDITIONS OF RFP

I have read, understand and agree to comply with ***all*** the terms and conditions specified in this Request for Proposal.

YES _____ I agree to comply with the terms and conditions specified in this RFP.

NO **X** _____ I do not agree to comply with the terms and conditions specified in this RFP.

If the exception and/or assumption require a change in the terms in any section of the RFP, the contract, or any incorporated documents, vendors ***must*** provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Health Management Systems, Inc. (HMS)
Company Name

Signature

Douglas Williams, Division President
Print Name

September 23, 2016
Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)
1	*RFP Section 3.2.1*	*RFP page no. 8*	***HMS requests that the underlined text be added to this provision and that the struck-through text be deleted from this provision.*** ***"The State shall have all rights to use, disclose, or duplicate, for any purpose whatsoever, all Deliverables, ~~data mining criteria, algorithms, computer routines~~, reports, scenario write-ups and analyses developed, derived, documented, or furnished by the Contractor as the result of this contract. Nothing herein shall prevent Contractor from utilizing the same reports, scenario write-ups, and analyses for other clients so long as no Confidential information of the State is utilized."***

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)
2	*RFP Attachment D–Contract Form Section 4*	*RFP Attachment D–Contract Form page no. 2*	***HMS requests that the underlined text be added to this provision:*** ***"4. NOTICE. Unless otherwise specified, termination shall not be effective until 30 calendar days after a party has served written notice of termination for default, or <u>until 60 calendar days</u> <u>after a party has served written</u> notice of termination without cause upon the other party. All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, posted prepaid on the date posted, and addressed to the other party at the address specified above."***

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)
3	*RFP Attachment D–Contract Form Section 9.B*	*RFP Attachment D–Contract Form page no. 2*	***HMS requests that the underlined text be added to this provision and that the struck-through text be deleted from this provision. The rationale for this request is that, in the absence of exigent circumstances, it is industry standard to provide notice prior to an audit so that the audit scope can be agreed upon and all parties can be prepared to conduct the audit without undue business interruption.*** ***"B. Inspection & Audit. Contractor agrees that the relevant books, records (written, electronic, computer related or otherwise), including, without limitation, relevant accounting procedures and practices of Contractor or its subcontractors, actuarial reports, financial statements, medical records, quality assurance data using the data and information set that the Secretary of Health and Human Services (Secretary) has specified for use under Part C of Title XVIII or such alternative data as the Secretary approves in consultation with the State facilities and accounting procedures of the Contractor, or any subcontract relevant to this Contract shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location of Contractor where such records may be found, with sixty (60) days prior written notice or such other notice period as is reasonable under the circumstances ~~or without notice~~ by the DHCFP or its examiners or designees, State Board of Health, State Division of Public and Behavioral Health or is contractors or designees, State Auditor, the relevant state agency or its contracted examiners, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General of the United States, the United States General Accounting Office, The Centers for Medicare and Medicaid Services, the Office of the Inspector General, or any of their authorized representatives or any other person or entity allowed by law for the purpose of assuring financial solvency, determining amounts payable, assuring availability, accessibility and quality assurance standards, facilitation of dispute arising from the contract, and investigation of any suspected Medicaid fraud or abuse by any contractor, subcontractor, or recipient. The DHCFP, its auditor or designee shall provide a preliminary review of any audit findings to the Contractor following the conclusion of the audit. All subcontracts shall reflect requirements of this paragraph."***

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)
4	*RFP Attachment D–Contract Form Section 10.A*	*RFP Attachment D–Contract Form page no. 3*	***HMS requests that the underlined text be added to this provision.*** ***"A. Termination Without Cause. Any discretionary or vested right of renewal notwithstanding, this Contract may be terminated upon written notice by mutual consent of both parties, or unilaterally by either party without cause upon sixty (60) days prior written notice."***
5	*RFP Attachment D–Contract Form Section 10.D*	*RFP Attachment D–Contract Form page no. 3*	***HMS requests that the underlined text be added to this provision and that the struck-through text be deleted from this provision.*** ***"D. Time to Correct. Termination upon declared default or breach may be exercised only after service of formal written notice as specified in Section 4, Notice, and the subsequent failure of the defaulting party within thirty ~~fifteen~~ (30 ~~15~~) calendar days of receipt of that notice to provide evidence, satisfactory to the aggrieved party, showing that the declared default or breach has been corrected."***
6	*RFP Attachment D–Contract Form Section 21*	*RFP Attachment D–Contract Form page no. 7*	***HMS requests that the underlined text be added to this provision and that the struck-through text be deleted from this provision.*** ***"21. STATE OWNERSHIP OF PROPRIETARY INFORMATION. Any reports, ~~histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps,~~ data, ~~system designs, computer code (which is intended to be consideration under the Contract),~~ or any other documents or drawings, prepared ~~or in the course of preparation~~ by Contractor (or its subcontractors) in performance of its obligations under this Contract and that are defined as Deliverables in a statement of work shall be the exclusive property of the State and all such Deliverables ~~materials~~ shall be delivered into State possession by Contractor upon completion, termination, or cancellation of this Contract. Contractor shall not use, willingly allow, or cause to have such materials used for any purpose other than performance of Contractor's obligations under this Contract without the prior written consent of the State. Notwithstanding the foregoing, the State shall have no proprietary interest in any materials licensed for use by the State that are subject to patent, trademark, or copyright protection."***

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)
7	*RFP Attachment D–Contract Form Section 26*	*RFP Attachment D–Contract Form page no. 8*	***HMS requests that the underlined text be added to this provision as item 26.C.*** ***"C. EXCEPT FOR THE FOREGOING WARRANTIES, THE SERVICES ARE PROVIDED "AS IS". THE WARRANTIES EXPRESSLY INCLUDED HEREIN ARE IN LIEU OF ALL OTHER WARRANTIES, EXPRESS, IMPLIED OR STATUTORY, INCLUDING WITHOUT LIMITATION, ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, ALL OF WHICH ARE EXPRESSLY WAIVED BY THE STATE."***
8	*RFP Attachment D–Contract Form Section 28*	*RFP Attachment D–Contract Form page no. 8*	***HMS requests that the underlined text be added to this provision and that the struck-through text be deleted from this provision.*** ***28. NOTIFICATION OF UTILIZATION OF CURRENT OR FORMER STATE EMPLOYEES. As of the effective date of the Contract, Contractor has disclosed to the State all Key Personnel ~~persons~~ that the Contractor will utilize to perform services under this Contract who are Current State Employees or Former State Employees. Contractor will not knowingly utilize any of its employees who are Current State Employees ~~or Former State Employees~~ as Key Personnel to perform services under this Contract without first notifying the Contracting Agency of the identity of such persons and the services that each such person will perform, and receiving from the Contracting Agency approval for the use of such persons.***
9	*RFP Section 3.3.1.5*	*Page 10*	***Regarding the Scope of Work requirement described below: HMS only conducts entrance and exit conferences for credit balance audits; however, for other automated and complex audits, HMS would not find this methodology feasible as most audits will be ongoing. Therefore, HMS requests that this requirement be limited to credit balance audits.*** ***"Conduct entrance and exit conferences with providers for each approved review; and deliver minutes or summary reports of these conferences;"***

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)
10	*RFP Section 3.3.1.4*	*Page 10*	***RFP Requirement: "Deliver a routine tracking instrument to track and report volume, category, reason, potential exposure of improper payment, status, finding, recoupment and disposition of new, open and closed reviews, and review documents monthly, quarterly, and annually. The tracking instrument must also include the backlog of cases. The State must have access to this tracking system"*** ***HMS is not able to provide access to our tracking system (ReSults) to the State or anyone outside of the HMS network and is unable to provide network access to the State (DHCPF) due to HMS security policies that limit all access to ReSults only within the HMS network. Therefore, HMS requests that DHCFP modify this requirement for access to require that HMS supply DHCPF with an agreed-upon array of reports that would satisfy tracking of all stages for each claim within ReSults.***
11	*RFP Attachment L Business Associate Addendum Section I*	*Page 1*	***General observation regarding the Business Associate Addendum (BAA) is that the defined (capitalized terms) in Section I Definitions are not capitalized throughout the BAA and HMS assumes that the terms will be capitalized in the final version.***
12	*RFP Attachment L Business Associate Addendum Section II.6*	*Page 2*	***HMS requests that the underlined text be added to this provision.*** ***6. Audits, Investigations, and Enforcement. If the data provided or created through the execution of the Contract becomes the subject of an audit, compliance review, or complaint investigation by the Office of Civil Rights or any other federal or state oversight agency, the Business Associate shall notify the Covered Entity immediately and provide the Covered Entity with a copy of any protected health information that the Business Associate provides to the Secretary or other federal or state oversight agency concurrently, to the extent that it is permitted to do so by law. The Business Associate and individuals associated with the Business Associate are solely responsible for all civil and criminal penalties assessed as a result of an audit, breach or violation of HIPAA Regulations by Business Associate.***

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)
13	*RFP Attachment L Business Associate Addendum Section II.7*	*Page 2*	***HMS requests that the underlined text be added to this provision and that the struck-through text be deleted from this provision.*** ***7. Breach or Other Improper Access, Use or Disclosure Reporting. The Business Associate must report to the Covered Entity, in writing, any access, use or disclosure of protected health information not permitted by the Contract, Addendum or HIPAA Regulations discovered by Business Associate or its agents or subcontractors. The Covered Entity must be notified without unreasonable delay, and in no case later than ten (10) business days after ~~immediately upon~~ discovery of a ~~or the first day such~~ breach or suspected breach of protected health information by Business Associate~~, is known to the Business Associate or by exercising reasonable diligence would have been known by the Business Associate in accordance with HIPAA Regulations.~~ In the event of a breach or suspected breach of protected health information, the report to the Covered Entity must be in writing and include the following: a brief description of the incident; the date of the incident; the date the incident was discovered by the Business Associate; a thorough description of the unsecured protected health information that was involved in the incident; the number of individuals whose protected health information was involved in the incident; and the steps the Business Associate or its agent or subcontractor is taking to investigate the incident and to protect against further incidents. The Covered Entity will determine if a breach of unsecured protected health information has occurred and will notify the Business Associate of the determination. If a breach of unsecured protected health information is determined, the Business Associate must take prompt corrective action to cure any such deficiencies and mitigate any significant harm that may have occurred to individual(s) whose information was disclosed inappropriately.***

EXCEPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)
14	*RFP Attachment L Business Associate Addendum Section VI.3*	*Page 5*	***HMS requests that the underlined text be added to this provision and that the struck-through text be deleted from this provision.*** ***3. Indemnification. To the fullest extent permitted by law, the Business Associate shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all third party (including but not limited to providers, recipients or their families) liability, claims, actions, damages, losses, costs, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising directly or indirectly out of or reasonably in conjunction with:*** ***a. Any breach of this Agreement by ~~misrepresentation, breach of warranty or non-fulfillment of any undertaking on the part of~~ the Business Associate;*** ***b. Any claims, demands, awards, judgments, actions, and proceedings made by any person or organization arising out of or in any way connected with the Business Associate's performance under this Contract;*** ***c. Any alleged negligent or willful acts or omissions of the Business Associate, its officers, employees, and agents that give rise to claims related to the unauthorized disclosure of Protected Health Information. The Business Associate will assist the State with the resolution of recipient and provider claims.***

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)
			None

This document must be submitted in Tab V of vendor's technical proposal

3. Scope of Work

HMS's proposal provides a comprehensive and detailed response to each of the RAC scope of work requirements described in RFP Section 3. We understand the service needs of DHCFP and how to apply proven resources to maximize the cost containment and program integrity results for the State. As the incumbent vendor, we will leverage our contract-specific needs to fulfill each service requirement described in the following proposal sections:

- ***3.1 Background***
- ***3.2 Identification of Improper Medicaid Payments***
- ***3.3 Review of Improper Medicaid Payments***
- ***3.4 Recovery of Improper Medicaid Payments***
- ***3.5 Appeals Process***
- ***3.6 Requirements***
- ***3.7 Staffing Requirements***
- ***3.8 Computer Equipment and Systems***
- ***3.9 Technical Considerations***
- ***3.10 Issue Resolution***
- ***3.11 Ownership and Control***

3.1 Background

Title 42 of the Code of Federal Regulations (CFR) Part 455 Subpart F, entitled Medicaid Recovery Audit Contractors Program, implements section 6411 of the Patient Protection and Affordable Care Act (ACA). States are required to contract with one or more Medicaid RACs for the purpose of reviewing claims which have been paid under the State plan or under any waiver of the State plan to identify underpayments and overpayments and recoup overpayments for the States. States must establish these programs in a manner consistent with State law and generally in the same manner as the Medicare RAC program with the implementation of actions that will prevent future improper payments.

Nevada Medicaid and Check Up services may be paid under either a fee-for-service (FFS) model or through a capitated Managed Care Organization (MCO). The initial scope of this contract will include only FFS claims and Third Party Liability Recovery (TPL) come-behind for MCO encounter claims. After July 1, 2017, MCO encounter claims will be fully within the scope of this contract.

Inpatient services are currently paid using per-diem rates. It is anticipated that we will transition to rates based on diagnosis-related groups (DRGs) within two years. The DRG payments will be within the scope of this contract

HMS serves as a Medicaid RAC vendor in Nevada and more than 20 other states, and also provides these services for Medicare. Our broad, national client base gives us a unique understanding of the issues facing states implementing compliant recovery audit programs in different Medicaid environments. Our Recovery Audit solution complies with federally mandated and State requirements. This includes Title 42 of the Code of Federal Regulations (CFR) Part 455 Subpart F and the Health Insurance Portability and Accountability Act (HIPAA). In Section 3.6.1, we describe how our RAC Services solution meets or exceeds the requirements released as CMS' Final Rule.

We have worked with states that, like Nevada, use managed care payment models to deliver services to a large portion of the recipient population. Our knowledge of both Fee-for-service (FFS) and MCO and capitation-payment environments currently provide effective, coordinated recovery audit services for DHCFP. Under a new contract, we will continue to provide audit services for FFS claims and will work with the Division to develop and implement an extended recovery audit services using MCO claim data after July 1, 2017.

Our RAC capabilities include delivering results in states with a variety of inpatient payment models, including per diem and DRG. Currently, we include inpatient claims in our RAC data analysis for Nevada. In a new contract term, we will continue to target these claims. Because we provide DRG audit services for other clients, we have a solid understanding of the improper-payment issues that other payers encounter. When Nevada transitions to DRG payments, we will collaborate with DHCFP to identify scenarios and support its program integrity (PI) efforts.

HMS is the best vendor to support DHCFP RAC efforts. Our understanding of Nevada's Medicaid program, national best practices, and the federal legislative and regulatory environment mean that the state will comply with the Medicaid RAC requirement and other ACA provisions, minimize provider abrasion and avoid duplicate PI initiatives. Our solution provides accurate, efficient identification of overpayments and underpayments as well as successful recovery efforts, as required.

In Exhibit 3.1-1, we demonstrate our understanding of some of the key regulatory provisions related to the Medicaid RAC program. Furthermore, we also show how well versed our Project team is in its knowledge and understanding of general provider policies in relation to audits and overpayments.

Exhibit 3.1-1 ▶ We are an Experienced Medicaid RAC Vendor That Brings a Demonstrated Understanding of Key Regulatory Provisions

Laws/Regulations	Description	HMS's Understanding
Patient Protection and Affordable Care Act and Health Care and Education Reconciliation Act (ACA) ***Public Law 111–148*** ***Section 6411***	***Expansion of Recovery Audit Contractor (RAC) programs***	***Section 6411 requires state Medicaid agencies to establish a RAC program modeled after the Medicare RAC program. A state Medicaid agency must hire a RAC for the purpose of identifying overpayments and underpayments and recovering overpayments.*** ***As a long-standing provider of healthcare program integrity (PI) services to state and federal agencies, HMS has been on the forefront of the ACA. One of our principal priorities since its passage is to confirm our understanding of the law and its effects on our clients. We are prepared to respond to changes resulting from ACA and aid the Department in both understanding and fulfilling the new requirements of the law. As a Medicaid RAC and sister agency of a Medicare RAC, we are acutely aware of the requirements and implications associated with establishing and maintaining a RAC program.***
Code of Federal Regulations (CFR) ***Title 42 Public Health*** ***Part 455***	***Medicaid PI: Fraud Detection and Investigation program***	***Part 455 defines requirements for a state to establish a program that identifies, investigates, and refers suspected fraud and abuse cases. This section also covers reporting requirements, payment withholdings, and provider disclosures.*** ***We have significant experience in assisting state and federal agencies in carrying out programs to detect and counter fraud. Under our PI projects, we must report suspected instances of provider and recipient fraud. We refer cases to the designated state agencies, including the Medicaid Fraud Control Unit and other authorities, as directed, providing all required case information.*** ***455.500–518 provides final regulation and clarification of Medicaid RAC programs, including RAC service-eligibility requirements, activities to conduct, appeals, payments to RACs, and exceptions.***

Laws/Regulations	Description	HMS's Understanding
CFR ***Title 42 Public Health*** ***Part 431 Subpart F***	***Safeguarding information on applicants and recipients***	***Part 431F describes the required safeguards related to the use or disclosure of information concerning applicants and recipients. This section provides details of the types of information for safeguard (e.g., medical services provided), conditions for release, and conditions for access to the information.*** ***We have physical and administrative safeguards in place that restrict information access and provide disclosure only to individuals with authorization.***
CFR ***Title 45 Public Welfare*** ***Part 164***	***Security and privacy***	***Part 164 outlines the requirements covered entities, such as HMS, must meet regarding administrative, physical, and technical safeguards of electronic Protected Health Information (ePHI). This section also provides details on the approved uses and disclosures of PHI.*** ***We have and will bring to the Department a sound infrastructure for protecting the confidentiality, integrity, and security of Medical Records, claims, and all other PHI.***

3.2 Identification of Improper Medicaid Payments

Per RFP Section 9.1.2, content in this portion of our technical response qualifies as "confidential" and has therefore been submitted separately in Proposal Part IB – Confidential Technical Proposal.

3.3 Review of Improper Medicaid Payments

Per RFP Section 9.1.2, content in this portion of our technical response qualifies as "confidential" and has therefore been submitted separately in Proposal Part IB – Confidential Technical Proposal.

3.4 Recovery of Improper Medicaid Payments

Per RFP Section 9.1.2, content in this portion of our technical response qualifies as "confidential" and has therefore been submitted separately in Proposal Part IB – Confidential Technical Proposal.

3.5 Appeals Process

Our ultimate goal is to prevent provider grievances and appeals. We strive to achieve this goal by communicating to providers clearly and effectively. HMS manages and supports appeal activities for a variety of appeal processes for our clients. Our in-place technology and processes will ensure that we continue to provide compliant, effective appeals support to DHCFP in a new contract.

3.5.1 Supporting the Appeals Process

3.5.1 As required in Section 3.4.1, when the vendor notifies a provider of an overpayment, the vendor shall specifically identify the authority that is the basis for the determination of the overpayment; describe the provider's appeal rights; and provide the name and contact information for an employee of the vendor who they can contact if they have questions. The vendor must have a process to review any additional information submitted by the provider to determine if there should be a change in the determination of the overpayment. If the vendor and the provider do not reach an agreement, the provider will have the right to request an administrative fair hearing. The vendor shall provide witnesses as required to support legal defense of the determination of any improper payment through the conclusion of any legal proceedings. The following must be provided to the State on a monthly basis upon an agreed upon due date and format:

Providers might appeal decisions that have an adverse financial impact on their businesses, especially when they believe they are compliant with regulations. Our current RAC work has provided us with an understanding of the appeal process in Nevada. We will continue to provide full support to DHCFP throughout the entire hearing course. Our activities will include the following:

- ***Implementation of an informal reconsideration process***
- ***Timely development of appeal-related notifications and documentation***
- ***Preparation of case summaries***
- ***Attendance and clinical support during pre-hearings and hearings***

We have collaborated with the Department to develop and implement effective reconsideration and appeals processes. These processes, which comply with State requirements, include the following:

- ***Generating Notification Letters that:***
  - ***Identify the authority that is the basis for the determination of the overpayment***
  - ***Describe the provider's appeal rights***
  - ***Provide name and contact information of who providers can contact if they have questions***
- ***Implementing a reconsideration process to review any additional information submitted by the provider to determine if there should be a change in the overpayment determination—our team meticulously documents the findings, and a second team of professionals reviews second-level appeals***
- ***Notifying the provider of the right to request an administrative fair hearing—our Appeals Letters:***
  - ***Inform providers of their appeal rights***
  - ***Include an appeal summary if we uphold the original finding***

Although we designed our recovery audit approach to minimize appeals, we are committed to supporting DHCFP throughout the appeals process.

- ***Providing DHCFP with both clinical- and project management–level witnesses during the Hearing Preparation meeting (HPM), which alleviates the potential escalation of cases to administrative hearings***
- ***Providing witnesses, as required, to support legal defense of any improper-payment determination through the conclusion of any legal proceedings***
- ***Providing the State throughout the appeal process, as necessary, with case summaries that include comprehensive documentation supporting the findings we issue***
- ***Providing all requested reports and documentation to the State on a monthly basis by the agreed-upon due date in an approved format***
- ***Tracking every document providers submit by either fax, mail, or electronic means as part of the Case Record***

Our auditing approach emphasizes minimizing appeals by clearly identifying and explaining our findings. The Preliminary and Initial Findings Letters that we send to providers include detailed rationale information for our findings. These letters also explain the following:

- ***Provider's appeal rights***
- ***The process for submitting requests for informal and formal appeals***
- ***Timelines for appeals***
- ***Contact information for questions about appeals***

Conducting the Reconsideration Process

For informal appeals, we have implemented an effective process to manage audit-finding reconsideration. Our Preliminary Findings Letter (shown in proposal Section 3.4) includes details on the rationale used to make an overpayment or underpayment finding. It also includes instructions on submitting a request for reconsideration. If a provider disagrees with our preliminary finding and requests reconsideration, we log the request into our audit tracking system. We attach any additional documentation or information received to the Case Record.

Our Audit team reviews the claim and supporting documentation before issuing a final finding. The final finding will be to either uphold or overturn the preliminary finding. If we uphold the decision, we issue a letter that includes the rationale, identifies the overpayment, and details the next steps that the provider can take to appeal the finding through an administrative fair hearing. If we overturn the preliminary finding, we close out the claim and report the results to DHCFP as part of our monthly reporting process.

Participating in Hearings

We will work with the Division and its legal representatives to meet all requirements pertaining to our participation in the hearing process. Typically, our Review team members participate in hearings as required via teleconference. We will discuss in-person participation requirements on a case-by-case basis. We are accustomed to contributing to Pre-hearing conferences, and we have experience in providing witness-testimony services for our clients. Members of our Audit team will be available to answer questions, explain the review process and the determination rationale, and defend our determinations.

As necessary, our Physician Review Panel will review Medical Records for medical necessity, resource utilization, standard of care, and overall quality. Our panel physicians can provide reasoned opinions and responses to any specific questions posed. They will participate in hearings and other meetings as necessary to provide medical/clinical consultation on audits and audit findings. We also employ an Appeal Support team consisting of nurse reviewers, coders, and physicians experienced in supporting Medicaid RAC appeals. These team members will examine all appeal requests and additional submitted documentation for pre-appeal review and determination. They will prepare all supporting documentation required for the appeal process and participate in pre-hearing conferences and hearings, as required.

Maintaining Comprehensive Documentation that Supports Our Findings

To support the appeals process, our system tracks every document providers submit electronically, by fax, and by mail. When we receive DHCFP notification that a provider has requested an additional level of appeal, we prepare a case summary according to State requirements. The summary includes, at a minimum, the following components:

- ***Outline transmittal page of claim activity to date***
- ***Explanation of the initial audit findings via a Finding Letter***
- ***The provider information we received in response to the request for medical documentation***
- ***Appeal information from the provider***
- ***Description of why we continue to uphold the findings***
- ***Hard copies of all correspondence, including the initial Medical Documentation Record request, the Findings Letter, and all medical and appeal documentation from the provider***

Our comprehensive case summary package includes sufficient information and documentation to provide the following:

- ***Understanding of the rationale behind our decision***
- ***Support the overpayment finding***

Providing Legal Status Reports

3.5.1.1 Legal status reports on all recovery cases with appeal or legal proceedings that are related to the Contractor's audit findings; and

We will work with the Division to determine the State's business needs related to legal-status reporting and develop all necessary reports. HMS will continue to provide the State with appropriate information on all recovery cases with appeal or legal proceedings related to our audit findings. In our current contract, we provided this information through the biweekly agenda. We can easily accommodate a request for a new reporting format.

Providing Process-Improvement Recommendations to the State

3.5.1.2 Recommendations to the State on process improvement opportunities where recoveries are frequently uncollectable, appealed, and/or overturned.

There has been an extremely low level of appeals with our Nevada RAC project. This achievement is due to our approach, which emphasizes pilot audits to validate scenario design and provider education. By implementing pilot reviews, we obtain crucial provider feedback that allows us to adjust our scenario configuration based on overturned audits. Our extensive provider outreach methods also minimize the appeals volume. We actively work with providers to ensure that they understand the rationale for our improper-payment findings. This education decreases the appeals that occur when providers lack clarity on the policy supporting the improper-payment finding.

If frequently uncollectable, appealed, and/or overturned recoveries occur during the contract, we will identify process-improvement opportunities. In such scenarios, we will make recommendations to the State to prevent and/or mitigate continued issues.

3.6 Requirements

As the nation's leading provider of cost containment and program integrity services of healthcare programs such as Nevada Medicaid, HMS had developed and acquired the resources required to provide comprehensive RAC solutions. We have proven our ability to provide all RAC-related services as described in the RFP for DHCFP for a range of state and other healthcare programs nationwide.

3.6.1 Assisting with Post-payment Claim Review

3.6.1 The vendor shall assist the State in post-payment identification, audit, and recovery of improper Medicaid payments through reviewing claims data. The vendor shall maintain up-to-date knowledge of Federal and State laws as well as Nevada Medicaid policy related to the scope of improper Medicaid payments. The vendor shall be required to conform to federal requirements of the RAC program.

HMS bases our RAC services on national overpayment-recovery experience and our understanding of each state's Medicaid program. Our performance demonstrates our willingness to configure systems and processes creatively and flexibly to meet the varying requirements of each RAC initiative. Our team possesses up-to-date knowledge of federal and Nevada Medicaid policies on improper Medicaid payments. This expertise can assure DHCFP of our ongoing adherence to the federal requirements of the RAC programs we support.

Exhibit 3.6-1 illustrates how our RAC Services solution meets or exceeds the requirements released as CMS' Final Rule.

Exhibit 3.6-1 ▶ HMS and the Centers for Medicare & Medicaid Services' Medicaid Recovery Audit Contractor Final Rule

Additional Provisions in the Final Rule	HMS Capability	HMS Solution
The number and frequency of Medical Records to be reviewed by the Medicaid RACs are limited.	✓	Our proprietary case-management application can limit and track the number and frequency of Medical Record Request Letters sent to providers and reviewed by HMS in accordance with the limits established by OMIG. We will work with providers to limit the burden from record requests, including by consolidating requests to limit confusion, encouraging the use of electronic Medical Records, working with providers' Medical Record vendors, and granting extensions (if allowed by OMIG).
Medicaid RACs must hire at least one physician Medical Director.	✓	Emran Muhammad, MD, our proposed Project Medical Director, will be responsible for overseeing all clinical-review activities, including physician reviews; assisting Certified Professional Coders (CPCs) and registered nurses (RNs) as needed; ensuring the integrity and consistency of audit protocols and the Quality Assurance program; and participating in appeals/hearings as needed.

Additional Provisions in the Final Rule	HMS Capability	HMS Solution
Medicaid RACs must hire certified coders.	✓	***We employ CPCs trained in national and local coding and coverage policies who follow Internal Review Guidelines to review records from providers for coding and billing errors. Our CPCs possess expertise in the full spectrum of service types and issues and follow protocols developed specifically for each approved issue. They have a deep knowledge of state and federal regulations relating to coverage, claiming, reimbursement, and audit of Medical Records.***
Medicaid RACs must work with the State to develop an Education and Outreach program.	✓	***We closely work with our clients to ensure that all of the components of our proposed Education and Outreach program accomplish the objectives set forth by the Centers for Medicare & Medicaid Services (CMS) and each client. When we receive approval of our Provider Education and Outreach plan from OMIG, we will reach out to State provider associations and individual providers to schedule initial meetings and will provide ongoing education and outreach through webinars, newsletters, emails, bulletins, special sessions, and a website with a link to the OMIG website.***
Medicaid RACs must provide minimum customer service measures, including: ***Providing and appropriately staffing a toll-free customer service telephone number*** ***Compiling and maintaining provider-approved addresses and points of contact*** ***Accepting provider submissions of electronic medical records on CD/DVD or via fax at the provider's request*** ***Notifying providers of overpayment findings within 60 calendar days***	✓	***We maintain a fully staffed Provider Relations Call Center with a toll-free telephone number and trained Provider Relations representatives who are available to respond to providers' questions and concerns. Our auditors also respond to providers as needed.*** ***HMS proactively validates provider points of contact, and we address and maintain a secure Provider Portal that enables providers to update addresses and contacts at their convenience; they can also update addresses and contacts by contacting our Provider Relations team.*** ***We actively work with providers to encourage the use of electronic Medical Records and can accept those records on any medium. We designed our overpayment processes to send Determination Letters to providers within 60 days.***
Medicaid RACs must coordinate with audits performed by other entities and should not audit claims that have already been audited or that are currently being audited by another entity.	✓	***We closely work with our clients to ensure that the audits that we undertake are not duplicative of or disruptive to work other entities, including state and federal agencies and their contractors, are conducting. We regularly meet with our clients and other entities to apprise them of our activities and to understand the audits that they are undertaking. Our case-management system helps us coordinate activities to eliminate duplicate reviews and efforts. The system enables us to load specific claims from agencies and contractors for match-off, and we can use system Exclusion Tables to exclude specific providers, types of services, and dates. We can also provide Extract Files to entities for match-off. This system enables HMS and our clients to ensure coordination of audit activities and avoid duplication.***

Additional Provisions in the Final Rule	HMS Capability	HMS Solution
States must incentivize the detection of underpayments and must notify providers of underpayments.	✓	Upon implementation of the contract, we will continue to work to define the parameters of our underpayment-identification, -audit, and -notification protocols clearly based strictly on the guidance and parameters that we receive from OMIG as well as our historic service in this area. We will notify the provider and, as requested, assist OMIG in adjusting payment to the provider.
States must allow appeal rights to providers for RAC audits.	✓	HMS understands the appeal process in each state in which we work and provides full support to our clients throughout the appeal and hearing process, including timely development of appeal-related notifications and documentation, preparation of case summaries, and attendance and clinical support during prehearings and hearings. We fully support the providers' right to appeal our findings if they believe that we have made an incorrect determination. We give providers clear, written notification of their appeal rights and answer any related questions that they have.
States may adopt program elements similar to that of Medicare RACs in the following areas: Medical necessity reviews Extrapolation of audit findings External validation of accuracy of RAC findings Types of claims audited	✓	Upon re award of this contract, we will review with OMIG any best-practice audit processes we have used in other states that would be beneficial to the OMIG RAC program. Our team of RNs, CPCs, Medical Directors, physician reviewers, Certified Fraud Examiners, and other healthcare professionals has both Medicaid and Medicare RAC experience. We audit all provider types and claim types using accepted audit best practices; proven statistical protocols, including various extrapolation methods; and other methodologies required by states. We provide clear detailed rationale and information in all communications; include the Medicaid policies/rules violated; and provide evidence supporting the determination, including a reference to relevant InterQual® and/or MCG™ criteria if medical necessity is an issue. We understand OMIG would need to approve any medical-necessity scenario.
RACs must notify providers of overpayment findings within 60 calendar days.	✓	Our proprietary case-tracking system enables provider notification of overpayments almost immediately upon approval by our client. Once approved, our system automatically generates Notification Letters that are mailed to providers. This dedicated functionality ensures that providers will receive accurate notification well within the 60-day limit defined by CMS.

Additional Provisions in the Final Rule	*HMS Capability*	*HMS Solution*
States should be cognizant of the potential for conflicts of interest and should take steps to identify and prevent conflicts of interest. These conflicts of interest may arise among contractors or their subcontractors that perform audit-related services for providers and then seek to perform audit recovery services on behalf of the State.	✓	***We are not a claims processor or owned by an insurer or other entity that would cause a conflict of interest. We do not audit a provider on behalf of a state while performing audit services for the same provider to improve reimbursements from state programs. We do not coach providers on coding, documentation, or methods to appeal the very determinations that we make during the RAC review process. HMS is free of conflicts of interest.***
Contingency fees are permissible for the identification and recovery of overpayments from cost-based providers.	✓	***We possess the requisite experience to audit cost-based services to identify and recover potential overpayments and to identify underpayments in states that use Cost Reports for reimbursement of Medicaid claims.***
States have the flexibility to coordinate the collection of overpayments (direct collection by RAC or recoupment).	✓	***In each of our Medicaid engagements, we support the state's choice of recoupment method; at OMIG's direction, we can recover by using either our established billing and cash-management process or a recoupment/offset process.***
States have the responsibility to make referrals of suspected fraud to the State or other law enforcement agency.		***We have extensive experience in identifying fraud through our Medicaid audit contracts, our CMS Audit Medicaid Integrity Contractor contract, and our Medicare Zone Program Integrity Contractor and Program Safeguard Contractor contract work. Our analysts and reviewers receive training to identify potential cases of fraud and to refer those cases (with supporting documentation) immediately to OMIG or other agencies as directed.***

In a new contract term, we will continue to incorporate all State and federal regulatory changes into our processes. Our compliant RAC solution will help the State in post-payment identification, audit, and the recovery of improper Medicaid payments. Our Clinical/Audit personnel and ReSults review platform allow us to conduct post-payment reviews (clinical or compliance) of claim data, providers, and medical records. Our review process for the Division will include the following components:

- ***Post-payment reviews will use statistical or judgmental samples, depending on the nature of the review.***
- ***Our Clinical Review team members will use approved criteria and policy guidelines. They will review claims for medical appropriateness, duration, and intensity of services provided. They will also review for provider compliance with State policy and documentation requirements.***
- ***Our statisticians will use national best practices and DHCFP guidelines. They will confirm the validity of statistical samples and the defensibility of extrapolated recovery amounts.***
- ***We will fully support all appeals and develop referrals to the Division, as appropriate. We provide the details associated with our appeals support and processes in Section 3.5.***

Our case tracking system will allow us to track and monitor all investigation and post-payment–review activities, and we will incorporate this activity and status information into our comprehensive reporting process. This functionality allows us to improve our targeting analytics to benefit all aspects of our integrated approach.

Additional detail on our process for post-payment claim identification and recovery is in proposal Sections 3.2, 3.3, and 3.4.

3.6.2 Preventing Impact on State Business Operations

3.6.2 The vendor's operation in improper Medicaid payment review and recovery shall not in any way impact the State's normal business operations. The vendor shall not contact Nevada Medicaid recipients for improper payment review-related matters without the State's approval. Further, the State reserves the right to direct the vendor to cease pursuit of a review or recovery at any time. Although the vendor may target high dollar improper payments to maximize its contingency fee, the vendor is also expected to review all vulnerable areas of improper Medicaid payment and take direction from the State to pursue other improper payment areas where the recovery potentials may be limited.

HMS commits to maintaining a sound project-control structure and a compliant operation for every project. Our RAC engagement with DHCFP will be no exception. Our team is dedicated to establishing and maintaining that structure throughout the engagement. Our Project team stands ready to serve the Division with a proven approach and a commitment to the highest standards of performance and conduct.

We will integrate and leverage our infrastructure and the data we currently receive from DHCFP into the expanded scope for this engagement. This will lessen the burden on Division resources while substantially expediting implementation.

As detailed this proposal section, we will collaborate with DHCFP to develop a Review Work Plan. We understand that the State can have us discontinue review and/or recovery operations. We will not contact a Nevada Medicaid recipient for information on improper payment review-related concerns unless directed by or approval from the State.

Our in-place processes will significantly reduce the time and effort required for RAC implementation activities, which will result in minimal administrative burden on DHCFP personnel—and produce faster results.

Critical in the implementation of our successful RAC projects are the following:

- ***Ensuring that identified issues and Review policies remain one step ahead of errors and improper payments***
- ***Working in partnership with the State so we can be consistent with its policies***

We develop and execute our audit/review protocols in accordance with generally accepted clinical and auditing practices for post-payment claim review. When creating audit protocols for this project, we will use review criteria based on the following:

- ***Nevada Medicaid program's accepted standards***
- ***All applicable State regulations, policies, and practices***

Selecting a RAC with demonstrated expertise, a record of results, and positive provider relationships is essential. A successful RAC can identify improperly paid claims and those for which improper payment is highly likely. It does not just limit reviews to target high-dollar improper payments to capitalize on recovery. While working with DHCFP, we will suggest specific claim-review areas that should provide the expected results. We will perform the specific claim reviews directed by the State, even those with limited recovery potential.

Our extensive Nevada-specific program and data knowledge uniquely positions us to optimize the State's RAC project. This experience means we can accurately identify a broad range of improper payments and then perform recovery. Recovering those dollars on behalf of Nevada's Medicaid program can potentially return millions of dollars to the State each year.

3.6.3 Submitting a Work Plan for Approval

3.6.3 The vendor will be required to submit a Work Plan for approval by the State prior to beginning work on provider reviews. The vendor will submit work plans for review and approval by the State on a semi-annual basis. Work Plans can be modified by the State at any time. The State also reserves the right to cancel or suspend a provider review.

Our approach ensures that DHCFP will continue to receive the type and level of analytic support provided by existing contractors. This benefit will begin on Day One of the contract. Additionally, our approach will add new tools and techniques that will enhance results and recoveries to the State.

The high-level Work Plan provided in proposal Section 3.2 identifies the following:

- ***Key tasks and timelines for the project's implementation and operation***
- ***Estimated time frames***
- ***Responsible parties***

This high-level plan depicts the types of milestones that will be in the Work Plan we develop for DHCFP's approval. The tasks outlined are not a comprehensive list of the implementation and operational tasks we will perform. Rather, they provide a general example of the types of tasks and corresponding time frames in which we will engage.

We expect that changes will be necessary to the original baseline Work Plan. We will collaborate with the Division to develop a final Work Plan prior to beginning our work. Additionally, we will submit our Work Plan to DHCFP for approval on a semiannual basis, at a minimum.

When changes to the Work Plan are necessary, we will perform the following tasks:

- ***Follow the agreed-upon change-management procedures***
- ***Update the Work Plan***
- ***Save a new baseline***

The State can modify the Work Plan—or suspend specific provider reviews—at any time.

3.6.4 Understanding the State's Provision of Claim Data

3.6.4 The vendor will be provided with claims data incurred three (3) years prior to the contract date as well as claims data incurred during the contracting period. The State will reserve the right to direct the vendor to use other data sources to aid improper payment identifications.

We anchor our data analysis capabilities with a solid understanding of the State's MMIS and program data. This knowledge is a result of years of providing recovery and cost avoidance services for the Nevada Medicaid program. Our historical, in-depth knowledge of Nevada data allows us to offer the Division an outstanding benefit. We can continue our RAC analysis and recovery processes with minimal formatting requirements and demands on DHCFP, its MMIS vendor, and program resources. We understand that we will receive claim data incurred both three years prior to the contract date and during the awarded contract period. Currently, we receive monthly (or on-request) claim, eligibility, provider, carrier, and resource data through Secure File Transfer Protocol (SFTP).

HMS has proven our ability to create a stable, secure interface with the Division's MMIS and other State systems. This factor will allow us to provide a low-risk implementation.

Today, HMS works with more than 40 state Medicaid agency clients, including DHCFP, to analyze claim payment data for cost containment purposes. Customizing our solutions to meet the specific needs of each client occurs following contract execution. Our Recovery Audit solution can incorporate any type of data that provides information about a provider, member, or claim. Our Project team will work with the Division to prioritize internal and external datasets and systems for use in our analyses. Such information includes standard Medicaid data commonly used for analysis, such as:

- ***Medicaid provider data***
- ***Medicaid recipient data***
- ***Medicaid FFS claim data***
- ***Managed care encounter and provider data (as available)***

Using internal data sources and claim data can enable DHCFP to achieve the analytic outcomes required to identify improper payments. This data-driven approach keeps healthcare fraud criminals off balance in their attempts to exploit the payer system for illicit gain. We can expand the source and type of data leveraged by the system. This will allow us to use additional information about providers, ownership, and associated individuals when detecting or investigating improper-payment risk.

Our Project team members will work with the Division to identify and analyze other pertinent datasets the State may direct us to use. They will collaborate to prioritize acquisition based on the highest-value results in the shortest time frames. Our Project team's experience in working with state Medicaid agencies provides our foundation for identifying data to introduce.

We will work with DHCFP to implement appropriate Data Use Agreements (DUAs), access protocols, and access processes to acquire data from internal sources. Internal sources will include the following:

- ***Provider enrollment data, including ownership, site visits, and background information obtained during enrollment and re-enrollment***
- ***State licensing data***
- ***State business data, which can include ownership and other background data on providers***
- ***State bankruptcy and other financial data***
- ***State social services data, such as enrollment and encounter data from behavioral health programs, community group homes, and other support systems that might not submit claims to the Medicaid program but have recipient and provider overlap***
- ***State exclusion and sanction data***
- ***Vital statistics data***
- ***Provider Cost Report data***
- ***Audit and investigation history data***
- ***Hotline and complaint data***
- ***State incarceration data***

3.6.5 Providing a Reporting Plan

3.6.5 The vendor shall have a reporting plan which details the vendor's processes and procedures to ensure the deliveries of routine weekly, monthly, quarterly, and annual activity reports related to Improper Medicaid Payment Audit and Recovery. The vendor will ensure that the reporting plan fulfills both the requirements of the State and of CMS.

Closely working with the State will allow us to identify and document its needs. With this understanding, we can ensure that our Reporting Plan reflects all weekly, monthly, quarterly, and annual activity-reporting requirements. The Reporting Plan will address, at a minimum, the following actions:

- ***Quarterly assessment meetings***
- ***Provider outreach***
- ***Identification of key personnel and the organizational structure***
- ***Communication protocols***
- ***Contractual reporting requirements***

We have a full suite of tools to anticipate, monitor, and verify our implementation and operations activities. These tools will help us ensure that our Reporting Plan fulfills both State and CMS requirements for RAC reporting.

3.6.6 Incurring Expenses for Implementation Activities

3.6.6 The vendor shall be responsible for any expenses incurred pursuant to implementation activities associated with the contract and shall be responsible for any expenses incurred for changes to the MMIS required by the vendor including, but not limited to file layout changes and/or data upload interfaces.

HMS will be responsible for all implementation-related expenses, specifically those related to potential changes to the MMIS. We currently receive State claim, eligibility, provider, carrier, and resource data through SFTP on a monthly basis and as requested. In the next few years, the State anticipates MMIS changes to occur. We are ready to work proactively with DHCFP to secure the seamless transition to new MMIS file layouts and data-upload interfaces.

Our proven ability to create a stable, secure interface with Nevada's MMIS and other State systems will allow us to provide a low-risk implementation.

3.7 Staffing Requirements

Our key personnel for this engagement bring knowledge of the regulations, laws, and rules that govern Nevada's Medicaid and RAC programs. In addition, they bring program integrity (PI) expertise derived from working with Medicaid programs and other healthcare payers. The team includes individuals who have worked on our Nevada Medicaid Recovery Audit Contractor (RAC) project since project implementation. Because our team is already providing the requested scope of work (SOW), we can provide service continuity into a new contract term.

Our team members' specific skills and knowledge complement one another to help us provide a strong, well-rounded team that can maximize recoveries for DHCFP and fulfill the SOW in the RFP.

Our team features the following:

- ***Qualified, experienced RAC Service specialists.*** ***Our team has expertise in healthcare and public policy administration, health insurance, data processing, systems analysis and development, information management, claim processing and auditing, clinical review, provider and stakeholder education, as well as supporting operations.***
- ***Team members highly knowledgeable in serving Nevada's Medicaid RAC service needs.*** ***Our team brings a unique understanding of the evolution of the Division's RAC and Medicaid program objectives over the past four years.***
- ***High-performing, engaged team already in place.*** ***Since we began providing services to DHCFP, we have ensured that only qualified personnel serve on the Project team. The upcoming engagement is no exception.***
- ***Committed Support teams.*** ***Our collaborative Operations, Quality Assurance (QA), and Advisory teams will support our Project Management team. This backing will ensure that we deliver services that meet DHCFP requirements in a timely manner.***

DHCFP's primary point of contact will be Ann LoPiccolo, Project Manager. She will be the first to respond to any questions and address any service-related issues. She has three years of Nevada RAC expertise and insight into the needs of the State.

The full breadth and depth of our organization supports our Project team. If the need for additional team members to support this engagement arises, we will efficiently realign our staffing resources to meet that need. Our Project Management team, with the support and guidance of our Executive Advisory team, will deploy the most effective approaches to achieve DHCFP's objectives. We commit to allocating the correct resources to this engagement.

In Exhibit 3.7-1, we describe the areas of relevant expertise of our national team of healthcare professionals.

Exhibit 3.7-1 ▶ HMS Project Team Members have the Right Skills and Experience to Ensure the Success of DHCFP's Recovery Audit Contractor Program

Service Function	HMS Personnel Expertise
Data Analytics	• ***Analyzing Medicaid claim data to identify overpayments and underpayments for both automated and complex reviews*** • ***Developing unique analytical scenarios customized for DHCFP claim data, policy, and regulations as well as State guidance and defined exclusions*** • ***Performing regulatory research and compliance review of State and federal regulations and policies to validate the applicability of each algorithm to the program and define appropriate parameters for claims data mining***
Billing Audits	• ***Broad knowledge of payer reimbursement environments, including cost based, per diem, diagnosis-related group, ambulatory payment classification, resource utilization group, and case mix*** • ***Detailed understanding of claim billing, payment methodologies, and patient-payment amounts*** • ***Ability to conduct effective pre- and post-audit interviews and provide provider education to prevent future payment errors*** • ***Expertise in applying customized review criteria and following Nevada-specific audit protocols to ensure consistency in the review process*** • ***Team approach that brings together experts familiar with specific overpayment issues and audit processes within the State and from around the country to develop service type–specific Audit programs, protocols, and error matrices***
Clinical/Coding Reviews	• ***Clinical review experience that includes understanding of outpatient/professional coding and long term care*** • ***Physician Review Panel with more than 400 board-certified physicians and other specialists available for peer review*** • ***Competent and experienced Audit team members with extensive experience in claims review as well as the service type and issue being reviewed*** • ***In-depth knowledge of State and federal regulations relating to the provision, coverage, claiming, reimbursement, and review/audit of Medicaid services; policy, criteria, requirements, and areas of risk/vulnerability for each service type being audited; and State requirements and policies relating to review, reconsideration, and appeal*** • ***Experience in using web-based audit tools and a sophisticated claim tracking and case management system to ensure that auditors are consistent in the abstraction and review of Medical Records, review of claims, and application of testing criteria to the services undergoing review***
Credit Balance Audits	• ***Knowledge of claims billing, payment methodologies, and patient-payment amounts*** • ***In-depth understanding of provider patient accounting systems and financial records/reports*** • ***Understanding of coordination of benefits (COB) rules and regulations, including for Medicaid, Medicare, TRICARE, and commercial insurance*** • ***Conducting effective pre- and post-audit interviews*** • ***Developing and using comprehensive audit protocols that ensure consistency in the review process*** • ***Incorporating effective provider education into the review process to prevent future overpayments and minimize appeals***

Service Function	HMS Personnel Expertise
Come-Behind COB	• Coordinating with managed care plans to coordinate third party liability recovery activities • Applying knowledge of COB requirements, regulations, and policies related to both government and commercial healthcare payers • Developing and implementing sophisticated data matching processes and quality assurance controls to produce accurate results • In-depth knowledge of health insurance plans and benefit packages as well as claim coding to identify and recover overpayments
Privacy and Security Compliance, Including with the Health Insurance Portability and Accountability Act (HIPAA)	• Adherence to standards enforced by the Security Review Committee, an HMS team that reviews and audits compliance with Security and HIPAA policies and procedures • Participation in an extensive Corporate Compliance program that fosters broad awareness of HMS's high standards regarding control and security among employees and helps prevent fraud in the healthcare system • Access to data from state agencies, Medicaid Management Information System (MMIS) vendors, providers, and other project stakeholders only for processing activities under DHCFP's contract and only through an access-controlled data interface
Interfacing with MMIS, Point of Sale (POS) Systems, and Other Healthcare Information Systems	• Extensive experience with MMIS and pharmacy POS systems, including self-managed systems, from across the country and various vendors • Understanding of data file structures on detailed operational and developmental levels • Knowledge of HIPAA requirements and the ability to ensure that we perform services in compliance with HIPAA

3.7.1 Project Team

3.7.1 All vendor staff required to support the contract shall be located at offices of vendor, including at a minimum:

To support our Nevada RAC project, we take advantage of the economies of scale associated with centralizing certain service functions. Some of the advantages associated with our approach include the following:

- *Enhanced training with best practices.* ***Having a core team of individuals who perform similar tasks allows us to achieve greater consistency of results. We achieve this consistency through enhanced training and professional development. Supervisors are better able to monitor the output of team members, take immediate corrective action, and confirm ongoing compliance with client- and project-based protocols.***
- *Reliable availability of personnel.* ***With a pool of individuals trained to perform the same tasks, we can efficiently manage fluctuating volumes. This allows us to negate the effects of unplanned leave and employee turnover on our ability to deliver project services.***
- *Operational savings.* ***We centralize certain functions, such as data processing, data analytics, audit scenario development, and print/mail functions. Such centralization means we can realize greater cost savings than we could if replicating technology and personnel across our more than 20 current RAC engagements. These savings enable us to offer our clients more attractive pricing.***

- *Enhanced security of data.* ***By reducing the number of intake points for incoming data and documentation, we reduce the chances of accidental PHI release. The same centralized management and oversight applies to incoming documentation tied to DHCFP's RAC project.***

Project Team Qualifications and Expertise

HMS has the organizational resources, working in our offices around the country, required to meet the Division's needs for its RAC engagement. We have the necessary personnel to meet Nevada and CMS requirements to deliver and measure the accuracy and timeliness of reviews and case deliverables.

Throughout the contract term, our Project team will leverage the resources of our experienced Recovery Audit team members as well as the SMEs throughout our company. We will apply expertise and qualifications from a broad range of specialized areas, including the following:

- *Project management.* ***Our Project Management team brings years of payment review and recovery experience across Medicaid programs throughout the United States, including Nevada's program. It will ensure that we devote adequate staffing and system resources to the RAC program and meet or exceed all contract requirements.***
- *Advisory.* ***The members of our Executive Advisory team are recognized experts in their fields. They will routinely provide consulting guidance, apply national best practices, share their expertise, and provide program direction and consultative services to our personnel and DHCFP, as appropriate. These team members serve as educators, advisors, and trusted thought leaders to our clients, helping them stay abreast of and adapt to policy trends that might affect them. They understand the specific laws, regulations, rules, and policies that govern each Medicaid program. Additionally, they assist our state clients in responding to state and federal mandates, rules, and regulations. Extensive work with multiple state Medicaid clients, provider communities, and associated stakeholders allows these team members to offer great value.*** ***They offer a thorough understanding of Medicaid programs, pertinent Medicaid policy issues, and reimbursement methodologies.***
- *Data analysis and recovery operations.* ***Our experienced Data Analytics and Recovery Operations team members have an in-depth understanding of and experience in Medicaid coverage, billing, coding, clinical, reimbursement, and overpayment issues. They also possess the ability to analyze data and develop algorithms to target improper Medicaid payments. Our data analysts will support a host of data routines for DHCFP that will target and identify improper payments.***

Our approach to project staffing, recruitment, and training ensures that all Project team members will be available, trained, and ready to work on Day One of a new contract.

- *Automated- and complex-review operations.* ***Our Audit team is comprised of policy, legal, and data/coding experts experienced in researching the Nevada-specific policy, regulatory, and reimbursement requirements necessary to support the Medicaid RAC services that we propose to DHCFP.***

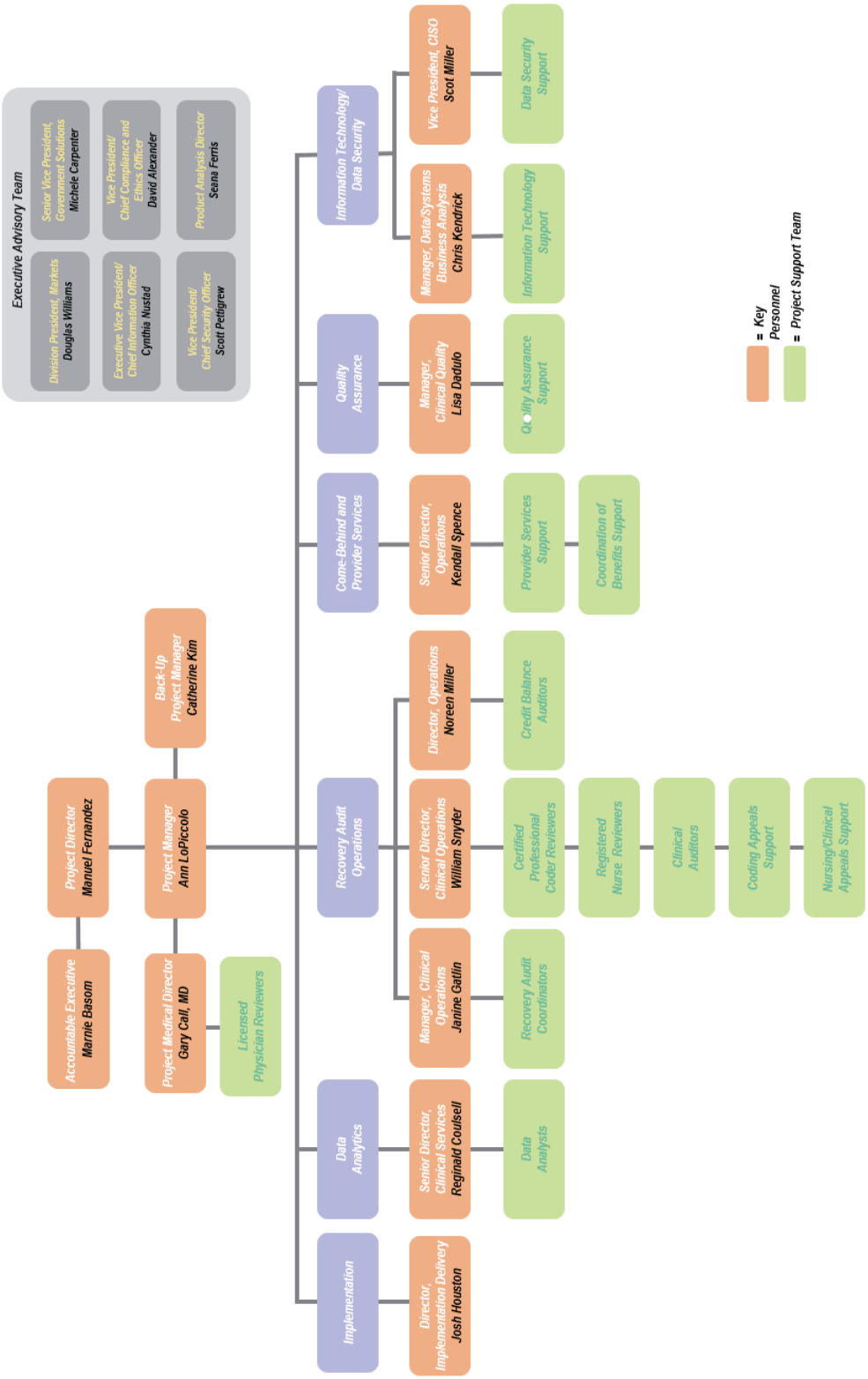
- *Clinical audit services.* ***We employ a qualified Medical Director, registered nurses (RNs), Certified Professional Coder® (CPC) reviewers, and Clinical Audit team members. Supported by proprietary systems and operational processes, they provide accurate, efficient validation of inappropriate payments. Clinical Audit team members notify providers of overpayment findings within 60 calendar days. Our Peer Review Panel includes more than 400 physicians and other healthcare professionals covering more than 70 specialties.***
- *Coding.* ***The certifications held by our Coding team members ensure that they have the necessary qualifications for:***
  - ***Reviewing and assigning accurate medical coding for diagnoses, procedures, and services in a physician office setting***
  - ***Reviewing hospital records, and assigning numeric codes for each diagnosis and procedure***
  - ***Possessing expertise in the ICD-9/10-CM and CPT® coding systems***
  - ***Demonstrating proficiency across a wide range of services, including evaluation and management, anesthesia, surgical services, radiology, pathology, and medicine***
  - ***Maintaining sound knowledge of medical coding rules and regulations, including on compliance and reimbursement***
  - ***Maintaining the knowledge of anatomy, physiology, and medical terminology necessary to code provider diagnoses and services correctly***
  - ***Validating the high quality of Medical Records by verifying their completeness, accuracy, and proper entry into computer systems***
  - ***Assembling and analyzing patient data to improve patient care and control costs***
  - ***Specializing in coding diagnoses and procedures in Patient Records for reimbursement and research***
- *Credit balance audit (CBA).* ***Our CBA specialists are experts in reviewing provider A/R systems to identify overpayments and coordinate their refunds. They possess specific expertise in hospital, renal dialysis, and physician group billing audits. We train our auditors to identify and document the overpayments recognized during our reviews that do not appear in the providers' records. Our team immediately refers such overpayments to our Data Mining team members, who rapidly complete interprovider and intraprovider analysis.***
- *Come-behind coordination of benefits (COB).* ***Our COB team members ensure that we comply with unique billing-submission requirements. They will enable us to deliver recoveries to DHCFP in a timely manner. Applying years of experience in third party liability identifications and interaction with a range of payer billing systems allows them to identify and remedy erroneous Medicaid payments.***

- *Provider relations.* ***Our toll-free telephone number for the Division's RAC program will give providers direct access to our Provider Relations team members. These team members have experience in establishing and maintaining effective communication with providers. They will promptly respond to all inquiries and questions. Supported by state-of-the-art call center technology, a web-based portal, and a case management tool, this team will also work with Nevada providers to provide appropriate communication as well as maintain up-to-date address and contact information.***
- *QA.* ***Knowledgeable personnel, rigorous protocols, and advanced applications create the framework that allows us to identify and recover overpayments with accuracy. Innovative features support our ability to achieve high-quality results continuously. Such features include a comprehensive quality- and process-improvement approach that infuses quality checks at the task, project, team, and department levels. A team of process engineers and other specialists focused on continuous process improvement at every stage of our RAC program for DHCFP will support this approach.***
- *Technology.* ***Our Information Technology (IT) personnel will use state-of-the-art, HIPAA-compliant transfer protocols to transmit, synthesize, analyze, and process data from DHCFP. The IT team provides innovative, effective solutions for our cost containment and recovery initiatives. It has expertise in implementing and managing the case management tools we specifically designed to support services for state Medicaid agencies. We will deploy advanced technology in support of the Division's RAC program.***
- *Security.* ***We are a 2015 winner of the CSO50^{SM} Security Confab + Awards (CSO50). This group recognizes organizations for Security projects and initiatives that demonstrate outstanding business value. It named our IT Security team's Security Information and Event Management project for advanced cybersecurity alerting one of the top 50 Security projects in the United States. CSO50 recognizes organizations for specific projects completed within a set time frame, with honorees chosen based on value delivered to the business by that project. A panel of judges that included security leaders, industry experts, and academics scored nominations based on a uniform set of criteria.***

Project Team Members

The ability to determine with certainty that an improper Medicaid payment occurred requires the unique experience of the types of professionals on our proposed team. Because most members of our Project team currently work on our Nevada RAC project, we can offer service continuity in a new contract term. In Exhibit 3.7-2, we provide an Organization Chart that shows our proposed Project teams, team members, and our team structure.

Exhibit 3.7-2 ▸ HMS's Project Team for the Nevada Recovery Audit Contractor Initiative



We will leverage the expertise of individuals and support teams across our company to fulfill the requested SOW, as described in Exhibit 3.7-3.

Exhibit 3.7-3 ▶ Our Proposed Project Team Members have Proven Their Ability to Deliver High-Quality Recovery Audit Results for DHCFP and Other Clients

Team Member	Project Role
Project Management	
Ann LoPiccolo Project Manager	• Oversees day-to-day contract activities, and serves as DHCFP's primary point of contact • Monitors quality control (QC) activities to ensure that we deliver projects on time and meet or exceed requirements • Ensures assignment of appropriate resources to each contract functional area • Works with various Audit teams to ensure that we meet State regulations, guidelines, policies, and procedures • With Information Technology (IT) team members, facilitates successful data exchanges and interfaces among DHCFP, its Fiscal Agent (FA), and other resources, as required • Identifies areas to improve contract efficiencies and increase value for the State
Catherine Kim Back-Up Project Manager	• Provides ongoing support to the Project Manager • Serves as DHCFP's secondary point of contact • Monitors QC activities to ensure that we deliver projects on time and meet or exceed requirements • Ensures assignment of appropriate resources to each contract functional area • Works with various Audit teams to ensure that we meet State regulations, guidelines, policies, and procedures • With IT team members, facilitates successful data exchanges and interfaces among DHCFP, its FA, and other resources, as required • Identifies areas to improve contract efficiencies and increase value for the State
Marnie Basom Accountable Executive	• Provides executive contract oversight and guidance • Ensures availability of all required company resources and maintenance of the right level of staffing through the engagement • Oversees contract performance, and introduces national best practices to DHCFP
Manuel Fernandez Project Director	• Serves as the senior manager for the engagement, and closely works with DHCFP, the Project team, and other stakeholders during implementation and operations • Provides project oversight to ensure that we achieve project goals, meet all contractual objectives, and provide services provided that bring high value to DHCFP • Identifies areas to improve contract activities and increase value for DHCFP • Ensures that the Project Management team meets customer service standards for DHCFP and its stakeholders • Participates in provider education and communications sessions

Team Member	Project Role
Medical Audit Management	
Gary Call, MD Project Medical Director	• Provides clinical leadership and medical oversight • Performs clinical reviews, and coordinates physician clinical-review activities • Advises on clinical issues, including utilization review, quality of care, and broader healthcare trends • Applies experience and expertise in medical practice, health plan operations, and clinical analytics to enhance DHCFP's program integrity services • Develops, implements, and manages Quality Management programs and policies (including for quality assurance [QA], appeals, and interrater reliability) • Assists with any hearings, investigations, or additional technical assistance needed at the physician level
Licensed Physician Reviewers (Panel of More than 400 Members)	• Perform Medical Record review regarding issues of medical necessity, resource utilization, standard of care, and overall quality • Provide reasoned opinions and responses to any specific questions posed • Participate in hearings, pre-hearings, and other meetings, as necessary, and provides medical/clinical consultation upon request
Implementation	
Josh Houston Director, Implementation Delivery	• Directly works with DHCFP to implement data exchanges and project operations • Ensures that we achieve timely, accurate implementation of DHCFP requirements on the recovery audit case tracking and recovery-management platform • Identifies, escalates, and remediates risks to implementation timelines
Data Analytics	
Reginald Coulsell Senior Director, Clinical Services	• Manages Research and Development Support team members in the scenario-development function • Collaborates with the Project Management team and DHCFP on potential focus areas for scenario development • Presents final scenario write-ups and claim samples to DHCFP for review and approval • Manages personnel resources and the scenario-development pipeline to ensure that scenarios developed are viable based on State policy and claim data
Data Analysts	• Research State policy to identify areas of vulnerability and ensure that scenarios have the appropriate support and justification • Develop scenario specifications and parameters to run against historical paid claim data extracts • Validate claims identified in the Medicaid Management Information System to ensure that they meet the specifications as intended • Participate in the development and ongoing enhancement of our data analytics and algorithms • Conduct statistical and epidemiological analyses of healthcare data • Analyze paid claim extracts to identify overpayments and underpayments

Team Member	Project Role
Recovery Audit Operations	
Janine Gatlin Manager, Clinical Operations	• Designs, implements, and manages necessary operational workflows; meet internal and external Service Level Agreements • Acts as an escalation point for teams, and supports all customers to confirm a high level of customer satisfaction • Provides training, coaching, and mentoring to team members, as appropriate
RAC Coordinators	• Monitor and track all Overpayment Recovery cycles from receipt of data to close of cycle • Identify, escalate, and remediate risks in the audit process • Perform QA checks on all client/provider communications, including final reviews, mail, and various deliverables • Closely work with Account team to meet client's goals and objectives
William Snyder Senior Director, Clinical Operations	• Manages Audit team members in the audit function to ensure timely performance of work and completeness of Audit Reports • Manages staffing resources, including allocation and assignments, per audit • Prepares reports • Acts as the designated contact for audits • Reviews billing and Medical Record documentation to ensure appropriate billing and coding of services • Keeps all coding Resource Files, manuals, and documents used by HMS up to date
Certified Professional Coder Reviewers	Perform Medical Record reviews for appropriate billing and coding
Registered Nurse Reviewers	Perform Medical Record reviews for medical necessity, resource utilization, standard of care, and overall quality
Clinical Auditors	Perform Medical Record reviews for medical necessity, resource utilization, standard of care, and overall quality
Coding Appeals Support	• Review all coding appeal requests and additional documentation submitted by providers for pre-appeal review determination • Prepare all supporting documentation required for the appeal process • Participate in conferences, hearings, and depositions
Nursing/Clinical Appeals Support	• Review all clinical appeal requests and additional documentation submitted by providers for pre-appeal review determination • Prepare all supporting documentation required for the appeal process • Participate in conferences, hearings, and depositions

Team Member	Project Role
Noreen Miller Director, Operations	• Oversees credit balance–review activities • Coordinates resources, and implements national best practices • Provides day-to-day management of credit balance–review activities • Performs quality management of reviews and deliverables • Supervises credit balance auditors
Credit Balance Auditors	• Perform audits of hospitals, including review of billing and payment documentation • Research claims with the Nevada Medicaid Management Information System and data warehouse to validate overpayments • Notify providers of upcoming audits, and perform onsite and desk credit balance reviews • Confirm final recoveries • Educate providers on proper billing procedures
Come-Behind and Provider Services	
Kendall Spence Senior Director, Operations	• Oversees all provider and customer service efforts • Handles escalated provider complaints/issues • Ensures that provider relations representatives are knowledgeable of applicable State regulations, procedures, and audit issues • Oversees coordination of benefits (COB) activities, including identification of COB opportunities, claim billing to third parties, and healthcare payer recovery processing • Coordinates come-behind billing activities with managed care organizations
Provider Services Support	• Respond to provider inquiries related to automated and complex reviews • Associate recovery with claim-level detail • Follow up on missing documentation
COB Support	• Work with healthcare payers to establish Data Sharing Agreements to obtain third-party healthcare coverage information • Perform data match to identify Nevada Medicaid recipients with access to third-party health insurance coverage • Identify claims paid by DHCFP for which another payer was liable • Submit claims to identified liable third-party payers, monitor recovery results, and process overpayment recoveries
QA	
Lisa Dadulo Manager, Clinical Quality	• Develops and monitors the Quality program to validate the application of review guidelines in the review process • Provides tracking for quality outcome and feedback reporting to managers and reviewers • Systematically measures, analyzes, and monitors results to identify potential vulnerabilities, develop process improvements, and identify needs for quality improvements at both the individual and team levels

Team Member	Project Role
QA Support	• Perform real-time and retrospective quality reviews on findings and no findings based on client-approved review guidelines • Monitor individual reviewers' performances and the team's overall clinical claim review performance
IT/Data Security	
Chris Kendrick Manager, Data/Systems Business Analysis	• Serves as the point of contact for IT and data-security activities • Directs all Information Systems team members assigned to the contract • Manages multiple information systems and projects, including data warehouse/data marts, document imaging and workflow, web-deployed applications, and other office automation systems • Coordinates, facilitates, and consults with Contract Management team members on information systems, application development and support, and IT/Data Security project initiatives
Scot Miller Vice President, Chief Information Security Officer	• Monitors and oversees enforcement of security, cyber, and privacy policies • Leads refinement of corporate risk assessment, business continuity, and disaster recovery planning • Serves as member of HMS Security Committee and internal Corporate Compliance Committee • Closely works with Technical and Operations teams to improve internal structures and service deliveries
IT Support	Coordinate, facilitate, and consult with Contract Management team members on information systems, application development and support, and IT/Data Security project initiatives
Data Security Support	Coordinate, facilitate, and consult with Contract Management team members on information systems, application development and support, and IT/Data Security project initiatives

Project Executive Advisory Team

HMS's proposed Executive Advisory team includes Executive and Business Leadership team members who understand Medicaid PI. They have worked side by side with leaders in the healthcare industry within Medicaid, Medicare, CHIPs, ADAPs, and Charity Care programs; commercial payers; and elected leaders. They develop policy, design solutions, and contribute consultation in areas affecting Medicaid payment. Such broad expertise in both policy development and data proficiency differentiates us from other vendors.

Our Executive Advisory team members understand the specific laws, regulations, rules, and policies that govern each Medicaid program. This expertise enables them to help our state clients respond to state and federal mandates, rules, and regulations. Team members also serve as educators, advisors, and trusted thought leaders to our clients, helping them stay abreast of and adapt to important policy trends. Under the new contract, they will provide consulting guidance, apply national best practices, share their expertise, and provide program direction to our personnel and DHCFP, as appropriate.

Our Executive Advisory team consists of the following individuals:

Douglas Williams, Division President, Markets, has more than 27 years of experience in healthcare IT, sales, and operations to support strategic planning and development initiatives. As the senior member of the Executive Advisory team, Mr. Williams will provide the Project team with guidance and support, especially regarding strategic planning and growth.

Michele Carpenter, Senior Vice President, Government Solutions, will regularly meet with Project team members to monitor status, give advice, and aid in strategic planning to maximize our efficiency on the Division's projects. She brings more than 17 years of experience with healthcare, cost containment, PI, and consulting. Applying a hands-on approach in supervising our service deliveries to government agency clients, she works with personnel to help state and federal clients implement best practices and program strategies. With a national perspective, Ms. Carpenter understands how best practices proven successful in one state can deliver enhanced value in another state.

Cynthia Nustad, Executive Vice President and Chief Information Officer (CIO), works to develop strategic methods to meet technology requirements and leverage technology enhancements that increase project outcomes. As our CIO, she will work with our Project team to provide innovation for DHCFP.

David Alexander, Vice President and Chief Compliance and Ethics Officer, will advise the Project team regarding application of corporate-compliance processes and resources. His expertise includes working with HIPAA, Health Information Technology for Economic and Clinical Health, and other security mandates.

Scott Pettigrew, CISSP, Vice President and Chief Security Officer, oversees our Technical and Physical Security policies, procedures, controls, and audits. He will rely on more than 22 years of information-security experience to coordinate with our business units involved in the Division's project. He will help implement best practices, develop educational programs, and improve internal structures and service deliveries.

Seana Ferris, Product Analysis Director, advises on recovery audit operations and PI best practices based on her national RAC and payment integrity perspective. She brings 28 years of healthcare and PI experience. Ms. Ferris will periodically meet with Project team members to monitor status, provide guidance, and aid in strategic planning to maximize our efficiency as a RAC for DHCFP.

Project Manager/Back-Up Project Manager

3.7.1.1 Project Manager and designated Back-up Project Manager assigned directly to the scope of work included in this contract. Both persons shall possess a clear understanding of the nature and scope of work to be performed. At least one of these, or a designee, shall be available and accessible by phone during normal business hours Monday through Friday, excluding state-observed holidays;

Our proposed Project Manager, Ann LoPiccolo, and Back-Up Project Manager, Catherine Kim, both possess the qualifications needed to lead our Nevada Medicaid RAC project. Each has a clear understanding of the requested SOW. The Project Manager, Back-Up Project Manager, or a designee

will be available and accessible by telephone during normal business hours Monday through Friday, excluding State-observed holidays, to respond to DHCFP and stakeholder questions and concerns.

Project Manager

Ann LoPiccolo will oversee contract activities and serve as the primary point of contact. She has six years of project management experience, including three years supporting our RAC work for DHCFP. She will provide day-to-day management and monitor QC activities to ensure that delivery of projects is on time and meets or exceeds requirements. Ms. LoPiccolo will also perform the following tasks:

- ***Secure the assignment of appropriate resources to each contract functional area***
- ***Work with various Audit teams to confirm fulfillment of regulations, guidelines, policies, and procedures***
- ***With IT personnel, facilitate successful data exchanges and interfaces among the Division, its Fiscal Agent (FA), and other resources, as required***
- ***Identify areas to improve contract efficiencies and increase value for the State***

Our proposed Project Manager, Ann LoPiccolo, has direct experience working with DHCFP in our current RAC contract. During this time, she has led efforts to implement both payment integrity and come-behind efforts.

Ms. LoPiccolo led recovery audit efforts during the current contract that resulted in nearly $3 million in overpayments. In addition, she coordinated provider outreach and education that minimized administrative burden for these recoveries. Proposal Section 4.4 provides more information about Ms. LoPiccolo's qualifications and experience.

Back-Up Project Manager

Our proposed Back-Up Project Manager, Catherine Kim, will support the Project Manager in overseeing the project and serve as the secondary point of contact. She has three years of healthcare experience, including working with COB. She will assist the Project Manager in providing ongoing management and monitoring QC activities to ensure that delivery of projects is on time and meets or exceeds requirements. Ms. Kim will also perform the following tasks:

- ***Monitor the assignment of appropriate resources to each contract functional area***
- ***Work with various Audit teams to confirm fulfillment of regulations, guidelines, policies, and procedures***
- ***With IT personnel, facilitating successful data exchanges and interfaces among the Division, its FA, and other resources, as required***
- ***Identify areas in which we can improve contract efficiencies and increase value for the State***

Proposal Section 4.4 provides more information about Ms. Kim's qualifications and experience.

Key Personnel

3.7.1.2 Key personnel, assigned to the scope of work included in this contract, with a working knowledge of the work to be performed;

Our proposed key personnel for this contract include the Project Manager and Back-Up Project Manager. Our proposed Project Manager has hands-on knowledge of the work we will perform. She has been pivotal in delivering results in the current contract for the last three years.

We have identified the following key personnel to drive success for the RAC project:

- ***Ann LoPiccolo, our proposed Project Manager, has served DHCFP in various capacities, including implementing and managing our Nevada RAC project, since 2013. She has significant knowledge of the Nevada Medicaid program, rules, and regulations. Ms. LoPiccolo has also established relationships with DHCFP, national and Nevada provider associations, and other project stakeholders. She will provide managerial oversight and assistance to ensure that we fulfill the Division's quality expectations for deliverables. Based in our regional Phoenix, AZ, office, Ms. LoPiccolo has more than 25 years of experience in the healthcare industry.***
- ***Catherine Kim, our proposed Back-Up Project Manager, will support the Project Manager in overseeing the project and serve as the secondary point of contact. She has three years of healthcare experience, including working with COB. She will assist the Project Manager in providing ongoing management and monitoring QC activities to ensure that delivery of projects is on time and meets or exceeds requirements.***

In addition to the Project Manager and Back-Up Project Manager, we have identified the following additional team members who will drive success for this project:

- ***Marnie Basom, our proposed Accountable Executive, has served DHCFP in various functions, including implementing our Nevada RAC project, since 2005. She has significant knowledge of the Nevada Medicaid program. Additionally, she has established relationships with key project stakeholders. Ms. Basom will provide executive oversight and assistance to ensure that we fulfill deliverables on target. She maintains senior-level accountability for HMS state agency contracts throughout the western United States. Based in our regional Boise, ID, office, she has more than 18 years of experience in serving the needs of large-scale healthcare programs.***
- ***Manuel Fernandez, our proposed Project Director, has closely worked with the Division, including by providing project management services for our RAC initiative, since 2011. He understands the economic, political, and regulatory environments affecting Nevada's state-administered healthcare programs. He will work with the Project Manager to ensure that we deliver RAC services with high levels of quality and customer satisfaction. He was responsible for the successful implementation of the current RAC provider audits. His assistance in the development of come-behind scenarios to prevent the loss of potential overpayments from other vendors resulted in the identification and recovery of an estimated $17 million in collective overpayments for DHCFP. Mr. Fernandez has 10 years of experience serving the needs of large-scale healthcare programs.***

- ***Gary Call, MD,*** ***our proposed Project Medical Director, is a Doctor of Medicine in good standing. He has 27 years' experience as a physician and 20 years' management and oversight experience for healthcare payers.***
- ***Josh Houston,*** ***proposed Director, Implementation Delivery, has 10 years of healthcare experience and 7 years of project management and implementation experience. He is responsible for our implementation of project work. For the Division, he will be instrumental in managing the implementation of new processes and operations resulting from transition to a new MMIS and claim payment system as well as other changes.***
- ***Reginald Coulsell,*** ***proposed Senior Director, Clinical Services, manages research and development. He will support the development of overpayment scenarios through collaboration with the Project Management team and DHCFP. He will also provide oversight and leadership to our Data Analytics team.***
- ***Janine Gatlin,*** ***proposed Manager, Clinical Operations, has more than 9 years of claim-audit experience and more than 22 years of insurance-billing experience. She will work with the Project Management team and DHCFP to develop audit processes, tools, letters, and reports based on State requirements. She will also be responsible for ensuring timely, accurate implementation of State requirements on the recovery audit case management platform.***
- ***William Snyder,*** ***proposed Senior Director, Clinical Operations, has more than 10 years of experience in managing billing and documentation reviews. He will manage our review team and performance of reviews. He will be responsible for managing Audit team members to ensure timely performance of work and completeness of Audit Reports. He will also manage staffing resources, including allocation and assignments, per audit.***
- ***Noreen Miller,*** ***proposed Director, Operations, has more than 22 years of healthcare experience and 7 years of CBA experience. She will oversee CBA activities, coordinate resources, implement national best practices, perform quality management of reviews and deliverables, and manage credit balance auditors.***
- ***Kendall Spence,*** ***proposed Senior Director, Operations, has more than eight years of operations and implementation experience and more than five years of experience in applying his operations management knowledge in the healthcare industry. He will provide oversight over our Provider Services Support team as well as all COB activities, including claim billing and recovery processing.***
- ***Lisa Dadulo,*** ***proposed Manager, Clinical Quality, has more than nine years of clinical review experience and five years' experience in overseeing clinical review quality. She will be responsible for developing and monitoring our RAC Quality program, tracking quality audit outcomes, and reporting quality feedback to the managers. Additionally, she will be responsible for systematically measuring, analyzing, and monitoring the quality audit results to identify potential needs for quality improvements on an individual as well as a group level.***
-

- *Chris Kendrick, proposed Manager, Data/Systems Business Analysis, will be responsible for the IT and data-security functions of our Nevada Medicaid RAC engagement. He will oversee all personnel performing IT activities for the program. Mr. Kendrick has 15 years of MMIS experience and more than 9 total years of experience in managing information systems, data warehouses/data marts, office automation systems, and document imaging and workflows.*
- *Scot Miller, proposed Vice President, Chief Information Security Officer, is an Information Security professional with more than 17 years of security-architecture expertise. He will work with the Department and Project team to ensure that enforcement of all security, cyber, and privacy policies occurs at all times throughout the duration of this contract term.*

Medical Director

3.7.1.3 A Medical Director who is a Doctor of Medicine or Doctor of Osteopathy in good standing and has relevant work and educational experience. The Medical Director does not need to be assigned full time to the Nevada RAC, but must be available as needed to advise the Nevada RAC staff; and

Our proposed Project Medical Director, Gary Call, MD, is a Doctor of Medicine in good standing. He has 27 years' experience as a physician and 20 years' management and oversight experience for healthcare payers. During the contract, he will be responsible for the following tasks:

1. ***Overseeing all clinical review activities, including physician reviews***
2. ***Assisting CPCs and RNs, as needed***
3. ***Confirming the integrity and consistency of audit protocols and the QA program***
4. ***Participating in appeals/hearings, as necessary***
5. ***Providing clinical leadership and medical oversight***
6. ***Performing clinical reviews***
7. ***Coordinating physician clinical-review activities***
8. ***Recruiting and maintaining the Physician Reviewer Panel***
9. ***Assisting in litigation***
10. ***Providing expert testimony, as requested by the Division***

Our proposed Project Medical Director, Gary Call, MD, works out of our Las Vegas, NV office and is licensed as a physician in Nevada. He brings 20 years of clinical management experience to this project.

Dr. Call will serve as an advisor on clinical issues, including utilization review, quality of care, and broader healthcare trends. He will brings his experience and expertise in medical practice, health plan operations, and clinical analytics to support Nevada's Medicaid RAC program.

Clerical and Support Staff

3.7.1.4 Clerical and support staff with skills and appropriate training required for the successful completion of scope of work to be performed.

HMS's Project team has a broad range of advanced knowledge and experience in providing a full spectrum of PI services. The ability to determine with certainty that an improper Medicaid payment

occurred requires the unique experience of CPCs, RNs, physician reviewers, desk and onsite financial auditors, and other professionals. All of these specialists are on our team.

To support our Nevada RAC project, we will leverage the knowledge and skills of Project team members with a range of knowledge, skills, and expertise. Our proposed Clerical and Support team includes the following:

- ***Physician Review Panel. Performs professional Medical Record reviews and determinations***
- ***Implementation team. Designs and implements Nevada-specific audit workflows and processes***
- ***Data Analytics team. Develops and executes automated and complex scenarios***
- ***Recovery Audit Operations team. Provides timely execution and completion of audits and overpayment recovery***
- ***Come-Behind and Provider Services team. Submits and monitors billings to carriers for recovery, and assists Nevada providers in understanding overpayment notices and timelines***
- ***QA team. Certifies high-quality, timely audit results***
- ***IT/Data Security team. Receives and manages Nevada's Medicaid claim data extracts, and implements security protocols for Nevada's confidential data***

These team members are experts in the audit processes and rules, best practices, and state and federal regulations that pertain to improper payment and recovery. Our team is already adept at successfully working within the Medicaid environment, including with the Medicaid-specific rules that define DHCFP's program. Several of our Operations team members regularly attend national PI educational sessions, including those at NAMPI conferences.

All of our Audit team members for the Division's project will be knowledgeable in Medicaid claim payment processes, Medical Record and provider-documentation review, and recovery activities. To assist Nevada with the mandate to implement the Medicaid RAC program, our team members can conduct a range of different types of extensive reviews, which can include:

- ***A thorough Medical Record review using nationally recognized criteria***
- ***Audits to identify overpayments occurring due to rules-based errors***
- ***Review for duplicate overlapping payments/ credit balances***

Our team members' extensive knowledge of Medicaid policy and RAC rules will allow us to interpret and apply relevant policies, rules, regulations, and laws correctly.

High standards ensure that only appropriately trained, qualified Clinical personnel conduct and oversee our audit and review processes. We closely manage the assignment of claim-review types, volumes, and production goals so that we do not sacrifice the quality of the review. We do not assign specific claim-review types to reviewers not specialized in that claim type. Neither do we overload our auditors by setting production goals too high.

Our approach reduces the risk of poor-quality reviews that are likely to increase provider abrasion and reconsideration/appeal requests. Our Audit team members have extensive experience in claim review/audit. Additionally, reviewers have access to our panel of physicians, which includes Nevada-licensed physicians. Experienced RNs review all issues of medical necessity, and CPC reviewers review all coding issues.

Our broad base of Medicaid clients has allowed us to develop significant subject matter expertise and clinical, audit, technical, and operational resources. Upon award of the RAC project to HMS, DHCFP will continue to gain significant advantage and input from these expert resources. We commit to maintaining the appropriate level of resources for the Division's project. Team members directly involved in RAC implementation and operations will have the following advantages:

- ***Understand DHCFP-specific regulations, data, and issues***
- ***Receive ongoing input, guidance, training, and support from our Project Executive Advisory team and PI-dedicated subject analysts***
- ***Support the development of audit procedures and project protocols, as needed***

3.7.2 Background Checks

Fingerprint-Based Background Check

3.7.2.1 All contractor personnel assigned to the contract shall have a fingerprint-based background check completed by the State of Nevada Department of Public Safety (DPS) and the Federal Bureau of Investigation.

All personnel assigned to support our DHCFP RAC project will have a fingerprint-based background check completed by the Nevada Department of Public Safety (DPS) and the Federal Bureau of Investigation.

Associated Costs at Contractor's Expense

3.7.2.2 All costs associated with this will be at the contractor's expense. The contractor shall provide to the Division of Health Care Financing and Policy (DHCFP) the following documents:

A. A State of Nevada Department of Public Safety Civil Applicant Waiver form;

B. A Finger Print Request form;

C. A Prior Arrests and Criminal Conviction Disclosure form;

D. A Statement of Understanding (SOU) form;

E. A Division of Health Care Financing and Policy Confidentiality Agreement;

F. A completed fingerprint card from a local sheriff's office (or other law enforcement agency); and

G. A money order or certified check made payable to the Nevada Criminal History Repository in the amount specified by the Nevada Department of Public Safety, General Services Division web site (http://gsd.nv.gov/) at the time the background investigation documents are submitted to the DHCFP.

All costs associated with the fingerprint-based background check will be at our expense. For each team member covered by this requirement, we will provide the following documents to the Division:

11. ***Nevada DPS Civil Applicant Waiver Form***
12. ***Fingerprint Request Form***
13. ***Prior Arrests and Criminal-Conviction Disclosure Form***

14. ***Statement of Understanding Form***
15. ***DHCFP Confidentiality Agreement***
16. ***Completed fingerprint card from an appropriate law-enforcement agency***
17. ***Money order or certified check made payable to the Nevada Criminal History Repository in the amount specified by the State at the time we submit the background-investigation documents to the Division.***

Federal Authority Security Clearance Letter

3.7.2.3 In lieu of the above background check and subject to acceptance by the Information Security Officer (ISO), contractor may submit a current active federal authority security clearance letter on company letterhead stating what type of fingerprint-based background check was conducted, when it was completed and a statement saying no derogatory information was found. Should the background check previously performed not meet DHCFP requirements, contractor must comply with the background-check process outlined in Sections 3.7.2.1, 3.7.2.2, 3.7.2.4, and 3.7.2.5.

We understand that in lieu of the previously mentioned background check and subject to acceptance by the State's Information Security Officer (ISO), we may submit a current, active Federal Authority Security Clearance Letter on company letterhead. Any such letter we submit will state the type of fingerprint-based background check conducted and its date of completion. It will also include a statement that no derogatory information was found. If the background check previously performed does not meet DHCFP requirements, we will comply with the background-check process outlined in RFP Sections 3.7.2.1, 3.7.2.2, 3.7.2.4, and 3.7.2.5.

DHCFP Information Security Officer Clearance and Conditions

3.7.2.4 Contractor(s) may not begin work until such time as they have been cleared by the DHCFP ISO. Interim approval shall be considered if either of the following conditions is met:

A. DPS State background check results have been received and reviewed by the DHCFP ISO.

B. Contractor personnel submit a personal background check which includes nationwide criminal records search results (e.g., IntegraScan, PeopleSmart, GoodHire, Intelius, etc.) for review by the DHCFP ISO.

HMS understands that the State will not authorize us to begin work under this contract until we have received clearance from the Division's ISO.

Removal of Contractor Staff

3.7.2.5 Unfavorable results from a background check may result in the removal of contractor staff from the project.

We understand that the State may request that we remove team members from working on the project if results of a background check are unfavorable.

Contractor Personnel Background Check

3.7.2.6 The DHCFP will manage the contractor personnel background check materials following its data protection policies and practices.

We understand that DHCFP will manage our personnel background-check materials following its Data Protection policies and practices.

3.8 Computer Equipment and Systems

HMS helped pave the way for industry standards for other health–coverage identification, billing, and recovery. At the core of our successful Cost Containment solutions are sophisticated technologies as well as effective data-mining and data matching techniques. Experience, performance, and results are the best indicators of an effective RAC program—each year we recover billions of dollars in coordination of benefits (COB) overpayments and save billions of dollars more in cost avoidance for our government-sponsored healthcare clients.

Our systems, applications, and expert technical team members provide the information technology (IT) capabilities that are the backbone of our identification and recovery process. Over the past several years, we invested extensive time and resources into building our scalable IT infrastructure and designing the integrated applications required to streamline the entire identification, verification, billing, and recovery process. These improvements allow us to identify improper payments and collect overpayments with speed and accuracy.

Our facilities and systems configuration provide us the ability to support the specific scope-of-work items requested in the RFP.

3.8.1 Providing Necessary Technology Systems

3.8.1 The vendor shall develop and install all computer software, hardware and data access lines necessary to conduct the activities and/or perform the services within the scope of the contract. The vendor shall be responsible for all costs incurred for obtaining any necessary data access, software and hardware to perform the scope of work under this contract. The vendor shall provide a system that will meet the interface needs and requirements of the current MMIS. The vendor must anticipate and be prepared to provide any necessary interface capabilities that may be required by the current or any subsequent MMIS.

We own and directly manage the full array of computer-processing platforms and system resources that we use to perform PI and Cost Savings projects. We can assure DHCFP of timely responsiveness to its project requirements and our ability to absorb the costs for any data access, software, or hardware required to perform the services described in the State's RFP. Our data processing protocols differ from those of other vendors, which use subcontract-source data processing. Having direct control over our data processing systems allows us to allocate adequate data processing resources to meet individual project needs and comply with the most-stringent project- and data-security requirements.

In Nevada, we have developed our understanding of the Medicaid program and data through working with data from its MMIS and many years of performing recovery and cost avoidance services for the State. We anchor our data analysis capabilities with this solid understanding of the State's MMIS and program data. Through our current contract with Nevada's program, we receive claim, eligibility, provider, carrier, and resource data through Secure File Transfer Protocol (SFTP) on a monthly basis and as requested. We will provide a solution that meets the interface needs and requirements of the current or any subsequent MMIS.

Our IT infrastructure consists of two Data Processing Centers located in Richardson, TX, and a secondary hosted center in Las Vegas, NV. The dual-connected centers have dedicated network service connections to each other to certify interconnectivity and provide the processing power for all major business applications. Our data processing will easily accommodate future growth, ongoing maintenance and troubleshooting, software installations and/or updates, and flexibility in audits at no cost to DHCFP.

The HMS-owned server environment includes several database servers (e.g., Microsoft® [MS' SQL Server®, IBM® DB2®, Teradata®) to support our distributed applications. We use Hitachi™ and IBM Storage Area Network (SAN) infrastructure. Our server platforms—all standardized to a 64-bit architecture—host Windows®, Linux®, and AIX℠ operating systems. We own and manage 3.4 Petabytes (1 Petabyte = 1,024 Terabytes) of Tier 1 and 2 fiber-channel storage as well as a state-of-the-art network-attached storage cluster between both of our Data Processing Centers. We can expand this database as much as needed to incorporate the requirements associated with the RAC program.

HMS's Data Centers consistently meet the availability goal of 99.9% productivity for our clients.

We collaborate with ViaWest™ to provide advanced, secure, and powerful production computer facilities to house our core data systems. The company is one of the largest data center providers in North America. It provides colocation, managed bandwidth, disaster recovery, and temporary office space to meet our clients' evolving data processing center–infrastructure and –capacity needs.

Our desktop solution does not have any associated desktop software requirements—only a standard web browser and Internet connection. Internet-access speed depends on the capabilities of the user's service provider. Clients and providers (if determined that access is necessary) receive secure, web-based user credentials.

Database management occurs through MS SQL Server. Several .NET applications, developed by our IT team, process claims through our system and perform post-payment reviews.

Extensive data analysis capabilities enable us to identify improper payments. Our analysts use advanced tools, such as the following, to analyze data targets, improve methods of targeting, and identify new improper-payment issues:

- ***SAS® product for developing in-depth analysis of complex issues***
- ***Statistics (neural network and predictive modeling)***
- ***IBM Intelligent Miner® (cluster analysis, predictive modeling, and neural network)***
- ***Data Desk (pattern visualization and identification)***

Our Information Security policies require appropriate safeguarding of our IT resources to protect the confidentiality of the data our clients entrust to us. Some of the network, computer system, network resource, software application, and data-security technology and software we use to accomplish this include the following:

- ***Veracode℠ for vulnerability scanning of our application assets***
- ***Rapid7® Nexpose® vulnerability scanner for scanning of infrastructure assets***
- ***Proofpoint Enterprise Protection™ for enforced encryption of protected health information (PHI) sent via email***
- ***McAfee® ePolicy Orchestrator® for enforcing Protection policies on host-based viruses***
- ***Cisco® Adaptive Security Appliance and Palo Alto Networks™ for firewall protection***
- ***IBM QRadar® Security Intelligence Platform for event logging and monitoring***
- ***Cisco Sourcefire® intrusion-prevention system for network-intrusion prevention***
- ***Crowdstrike® Falcon Host endpoint protection for prevention and protection from malware***
- ***RSA® Archer governance, risk, and compliance framework for management of compliance and risk***
- ***CA® Identity Manager for management of authorization, authentication, and user provisioning***

3.8.2 Providing Instructional Guidelines

3.8.2 The vendor shall provide, at vendor's expense, instructional guidelines as well as instruction to State staff that details each recovery process for those areas/proposed projects the DHCFP deems appropriate, and instructional guidelines to the State for the performance of any project that the DHCFP determines should be performed by State staff that may have been previously performed by the vendor.

HMS uses a proven team approach in the development of the audit/review process, guidelines, training, quality assurance (QA), and interrater reliability (IRR). We develop specific audit guidelines for each service type, and our protocols and processes receive support from extensive proprietary technical processes and platforms that enable us to notify providers efficiently, request records (as necessary), and validate, document, and recover improper payments with high defensibility.

During the contract operations phase, we will provide to the State instructional guidelines that detail our recovery process. These guidelines will provide detailed process information that State staff can use to perform any recovery project previously performed by HMS that DHCFP feels should be completed by State staff.

3.8.3 Adhering to HIPAA and HITECH

3.8.3 The vendor shall adhere to the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (45 CFR Parts 160, 162 and 164) and the Health Information Technology for Economic and Clinical Health (HITECH) Act (Public Law 111-5) in fulfilling the responsibilities of the contract, detailed in the attached Business Associate Addendum. The selected vendor will be required to enter into a Business Associate Addendum with the DHCFP.

As part of our Corporate Compliance program, we meet standards mandated by Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH), and other pertinent regulations. Our security-compliance methodology goes beyond the requirements of the HIPAA Security Rule. It serves as a roadmap to safeguard not just electronic PHI (ePHI) but company information assets as a whole. The domains defined in International Organization for Standardization (ISO) 17799, the British Standards (BS) 7799, and Control Objectives for Information and Related Technology (COBIT) influenced our methodology.

We have certification in the HITRUST Common Security Framework (CSF), which includes, harmonizes, and cross-references existing, globally recognized standards, regulations, and business requirements. Our Governance, Risk Management, and Compliance program for information systems includes selecting and implementing control standards and procedures from the HITRUST CSF. These measures include control objectives and control specifications based on ISO/International Electrotechnical Commission (IEC) 27001:2005 and ISO/IEC 27002:2005.

To safeguard data privacy and security, HIPAA specifies that each covered entity must have and/or provide the following:

- ***Administrative procedures***
- ***Physical safeguards***
- ***Technical-security services and mechanisms***
- ***Management controls***
- ***Training***
- ***Mandatory documentation***

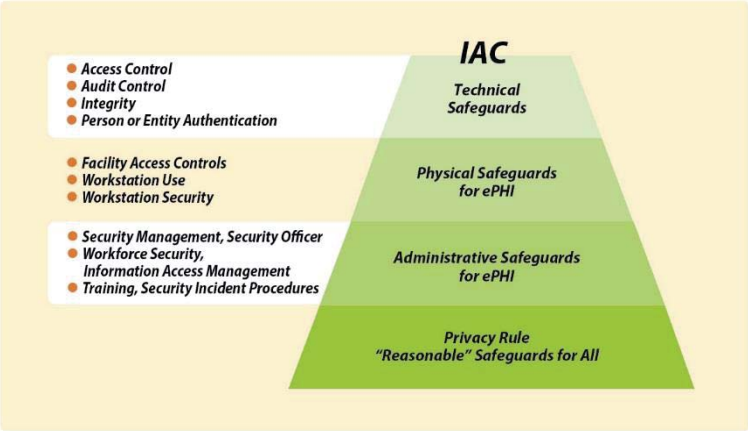
Under the leadership of our Chief Security Officer (CSO), we fully comply with the HIPAA Security Rule. To confirm this compliance, we:

- ***Undertook a formal risk analysis of our data processing safeguards, and implemented corrective measures to improve our data-security protocols***
- ***Cultivate a heightened sensitivity to privacy among our employees and business partners***
- ***Assessed all points of internal/external data transmission, identified areas prone to compromised data security (e.g., fax transmissions), and accordingly adapted our practices to certify maximum security***

Specifically, our HIPAA methodology delivers integrity, availability, and confidentiality (IAC) for our client's ePHI and records, as shown in Exhibit 3.8-1. We comply with all HIPAA regulations concerning the electronic transfer of covered transactions, privacy, and security, and we affirm our company has the following:

- ***A clear understanding that the term PHI is synonymous with ePHI***
- ***Stringent processes in place to safeguard the PHI that we receive from or create on behalf of DHCFP in regard to its program***
- ***Agreement to amend the contract as necessary to comply with the requirements of HIPAA and its Privacy, Security, and Enforcement Rules***

Exhibit 3.8-1 ▸ HMS's Model Incorporates Integrity, Availability, and Confidentiality



- ***Executed Business Associate Agreements with all clients and vendors***
- ***Implemented policies to safeguard PHI further in all of our office locations—any visitor who might have incidental access to confidential health information (e.g., employees from cleaning companies, photocopier repair services, and refreshment suppliers that support our offices) must sign a Confidentiality Agreement***
- ***Written Privacy policy and associated employee training, with documentation of the successful completion of such training—all new employees receive this training before they can work with PHI***
- ***Regular review of the physical security of our offices, and implementation of ongoing security improvements where appropriate***

Exhibit 3.8-2 illustrates our compliance with HIPAA security standards.

Exhibit 3.8-2 ▶ HMS Adheres to Health Insurance Portability and Accountability Act Security Rules

Security Rule/Standard and Citation	HMS Policy and Procedures Security Rule Reference	Description	HMS Meets or Exceeds Requirement
Security Management Process 164.308(a)(1)	1, Risk Analysis	Conduct an accurate, thorough assessment of the potential risks and vulnerabilities to the integrity, availability, and confidentiality of Protected Health Information (PHI) held by the covered entity (CE).	✓
	2, Risk Management	Implement security measures sufficient to reduce risks and vulnerabilities to a reasonable, appropriate level.	✓
	3, Sanction Policy	Apply appropriate sanctions against workforce members who fail to comply with CE policies and procedures (P&Ps) related to security.	✓
	4, Information Systems (IS) Activity	Review implementation procedures to confirm inclusion of regular review of any records of IS activity (e.g., Audit Logs, Access Reports, Security Incident Tracking Reports).	✓
Assigned Security Responsibility 164.308(a)(2)	5, Security Official	Identify the security official responsible for the development and implementation of the P&Ps.	✓
Workforce Security 164.308(a)(3)	6, Authorization and/or Supervision	Implement P&Ps to confirm that all workforce members have appropriate access to electronic PHI (ePHI) and prevent those workforce members without appropriate access requirements from obtaining access.	✓
	7, Workforce Clearance Procedure	Implement procedures to determine that the access of a workforce member to ePHI is appropriate.	✓
	8, Termination Procedures	Implement procedures for terminating access to ePHI when employment of a workforce member ends.	✓
Information Access Management 164.308(a)(4)	9, Isolating Healthcare Clearinghouse Function	If a clearinghouse is part of a larger organization, the clearinghouse must implement P&Ps that protect the ePHI of the clearinghouse from unauthorized access by the larger organization.	✓
	10, Access Authorization	Implement P&Ps for granting access to ePHI (e.g., through access to a workstation, transaction, program, process, or other mechanism).	✓
	11, Access Establishment and Modification	Implement P&Ps based on the entity's Access Authorization policies that establish, document, review, and modify a user's right of access to a workstation, transaction, program, or process.	✓

Security Rule/Standard and Citation	HMS Policy and Procedures Security Rule Reference	Description	HMS Meets or Exceeds Requirement
Security Awareness Training 164.308(a)(5)	12, Security Reminders	Implement a Security Awareness and Training program for all workforce members, including Management team members, and include periodic security updates.	✓
	13, Protection from Malicious Software	Publish procedures for guarding against, detecting, and reporting malicious software.	✓
	14, Log-In Monitoring	Publish procedures for monitoring log-in attempts and reporting discrepancies.	✓
	15, Password Management	Publish procedures for creating, changing, and safeguarding passwords.	✓
Security Incident Procedures 164.308(a)(6)	16, Response and Reporting	Implement P&Ps to address security incidents; identify and respond to suspected or known security incidents; mitigate, to the extent practicable, harmful effects of security incidents known to the CE; and document security incidents and their outcomes.	✓
Contingency Plan 164.308(a)(7)	17, Data Back-Up Plan	Establish and implement procedures to create and maintain retrievable exact copies of ePHI.	✓
	18, Disaster Recovery Plan	Establish and implement, as needed, procedures to restore any loss of data.	✓
	19, Emergency Mode Operation Plan	Establish and implement, as needed, procedures to enable continuation of critical business processes for protection of ePHI security while operating in emergency mode.	✓
	20, Testing and Revision Procedure	Implement procedures for periodic testing and revision of Contingency Plans.	✓
	21, Applications and Data Criticality Analysis	Assess the relative criticality of specific applications and data in support of other Contingency Plan components.	✓
Evaluation 164.308(a)(8)	22, Periodic Evaluations	Perform a periodic technical and nontechnical evaluation, initially based upon the standards implemented under the Evaluation rule and subsequently in response to environmental or operational changes affecting the security of ePHI, that establishes the extent to which an entity's security P&Ps meet the rule's requirements.	✓
Business Associate Contracts and Other Arrangements 164.308(b)(1)	23, Written Contract or Other Arrangement	Have appropriate Business Associate Agreements in place with entities that share ePHI.	✓

Security Rule/Standard and Citation	HMS Policy and Procedures Security Rule Reference	Description	HMS Meets or Exceeds Requirement
Facility Access Controls 164.310(a)(1)	24, Contingency Operations	Establish and implement, as needed, procedures that allow facility access in support of restoration of latest data under the Disaster Recovery Plan and Emergency Mode Operations Plan in the event of an emergency.	✓
	25, Facility Security Plan	Implement P&Ps to safeguard the facility and the equipment therein from unauthorized physical access, tampering, and theft.	✓
	26, Access Control and Validation Procedures	Implement P&Ps to control and validate a person's access to facilities based on his/her role or function, including visitor control and control of access to software programs for testing and revision.	✓
	27, Maintenance Records	Establish procedures to document and maintain the records for repairs and changes to the physical facilities. This includes changing locks, making routine maintenance checks, and installing new security devices.	✓
Workstation Use 164.310(b)	28, Workstation Usage	Implement P&Ps that specify the proper functions to perform, the manner in which to perform those functions, and the physical attributes of the surroundings of a specific workstation or class of workstation that can access ePHI.	✓
Workstation Security 164.310(c)	29, Workstation Safeguards	Implement physical safeguards for all workstations that access ePHI to restrict access to authorized users.	✓
Device and Media Controls 164.310(d)(1)	30, Disposal	Implement P&Ps to address the final disposition of ePHI and/or the hardware or electronic media that stores ePHI.	✓
	31, Media Reuse	Implement P&Ps for removal of ePHI from electronic media before making the media available for reuse.	✓
	32, Accountability	Maintain a record of the movements of hardware and electronic media and any person responsible for them.	✓
	33, Data Back-Up and Storage	Create a retrievable, exact copy of ePHI, when needed, before movement of equipment.	✓

Security Rule/Standard and Citation	HMS Policy and Procedures Security Rule Reference	Description	HMS Meets or Exceeds Requirement
Access Control 164.312(a)(1)	34, Unique User Identification	Assign a unique name and/or number for identifying and tracking user identity.	✓
	35, Emergency Access Procedure	Establish and implement, as needed, procedures for obtaining necessary ePHI during an emergency.	✓
	36, Automatic Log-Off	Implement electronic procedures that terminate an electronic session after a predetermined time of inactivity.	✓
	37, Encryption and Decryption	Implement a mechanism to encrypt and decrypt ePHI.	✓
Audit Controls 164.312(b)	38, IS Activity Monitoring	Implement hardware, software, and/or procedural mechanisms that record and examine activity in IS that contain or use ePHI.	✓
Integrity 164.312(c)(1)	39, Mechanism to Authenticate ePHI	Implement electronic mechanisms to corroborate the lack of alteration or destruction of ePHI in an unauthorized manner.	✓
Person or Entity Authentication 164.312(d)	40, Person/Entity Identity Verification	Implement procedures to verify that a person or entity seeking access to ePHI is the one claimed.	✓
Transmission Security 164.312(e)(1)	41, Integrity Controls	Implement security measures to ensure that there is no improper modification of electronically transmitted ePHI without detection until disposal.	✓
	42, Encryption	Implement a mechanism to encrypt ePHI whenever deemed appropriate.	✓

We understand that if we receive the contract award, we must enter into a Business Associate Addendum with DHCFP.

3.8.4 Securing Protected Health Information

3.8.4 The vendor shall ensure that all DHCFP data containing protected health information (PHI), as defined in HIPAA, is secured through commercially reasonable methodology in compliance with HITECH, such that it is rendered unusable, unreadable and indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in the guidance issued under section 13402(h)(2) of Public Law 111-5 on the HHS Website.

As described in our response to RFP requirement 3.8.3, HMS maintains our services to meet the standards mandated by HIPAA and HITECH. We comply with the methodology specified by the Secretary in guidance issued under section 13402(h)(2) of Public Law 111-5. Our processing environment is secure. Through annual and as-necessary reviews of our policies and procedures as well as exercises designed to test our secure environment, we continually build our system for security. We handle all data according to strict protocols, document and maintain that information in a central database, and update it as necessary. All our data-handling protocols address data security in accordance with state and federal requirements. We specifically write them to each client's unique specifications, and we will do so for the Division. When necessary, we modify our approach to meet or exceed all applicable state and federal statutes concerning data security and confidentiality. These modifications include any client-specific requirements pertaining to data security in general and patient/clinical data in particular.

Our Information Security program provides direction for managing and protecting the IAC of corporate information assets, including the nonpublic data entrusted to us by our clients. It helps our regulation for HIPAA compliance. We describe this program in further detail in Section 3.9.7.

HMS: A National Leader in Healthcare Information Security

Our IT Security team ensures that we retain our position as a leading provider of healthcare data–security protection within the scope of our clients' projects. This team has received numerous awards in the IT/information security arena. CSO50℠ Security Confab + Awards (CSO50) named our team's Security Information and Event Management (SIEM) project for advanced cyber-security alerting as one of the top 50 Security projects in the country. CSO50 recognizes organizations for specific projects completed within a set time frame. It chooses honorees based on value delivered to the business by that project. A panel of judges comprising security leaders, industry experts, and academics scored nominations on a uniform set of criteria.

Exhibit 3.8-3 depicts some industry awards and acknowledgments that our company and Technology Leadership team members, have recently achieved.

Exhibit 3.8-3 ▸ HMS's Technology Team Is a Recognized Industry Leader in the Healthcare Technology Industry

2016

- ***CSO50 Award Winner for Inevitable Risks: A Business Resilience and Assurance Program***
- ***ISE Central Region Executive of the Year and People's Choice Award – Scott Pettigrew***
- ***ISE Central Project Award nominee for Security Risk Management Using HITRUST CSF***
- ***ISE Central Project Finalist for Physical Access, Surveillance, and Access Governance***

2015

- ***CSO50 Award Winner – Security Project***
- ***Finalist – Central Security Project of the Year – Business Resilience***
- ***Finalist – Central Security Executive of the Year – Scott Pettigrew***

2014

- ***Informatica Innovation Award – Business Agility, BA Framework for Data Mapping***
- ***Finalist – Central Security Executive of the Year – Scott Pettigrew***
- ***Finalist – Security Project of the Year – SIEM***
- ***Finalist – National Security Executive of the Year – Scott Pettigrew***
- ***Finalist – National Security Project of the Year – SIEM***

2013

- ***Information Week 500 – Ranked #167 in list of most innovative users of information technology***
- ***ComputerWorld Premier 100 CIOs – Cynthia Nustad***
- ***CSO Online CSO40 Award Security Project – IDM***
- ***Informatica Innovation Award B2B – Business to Business Solution***
- ***CSO Compass Award – Scott Pettigrew***
- ***CSO Top Security Executive – Scott Pettigrew***
- ***Finalist – MIT CIO Award – Cynthia Nustad***

3.8.5 Assuming Liability for the Security of Protected Health Information

3.8.5 If the vendor fails to protect PHI, the vendor shall be liable for all costs associated with the provision of safeguard services such as credit monitoring and other identity theft protections as the State deems advisable and cooperate fully with the DHCFP in furtherance of same.

If HMS fails to protect PHI during performance of the contract, we will be liable for all costs associated with providing safeguard services. Such services can include credit monitoring and other identity-theft protections as deemed advisable by the State. We will also fully cooperate with DHCFP in maintenance of the protections.

3.9 Technical Considerations

HMS has more than 30 years of experience in providing customized solutions to government and public healthcare companies. Therefore, our data security and privacy are paramount to our products and services. We have configured our data processing resources to support healthcare revenue recovery and cost savings initiatives. Our data processing environment meets the following conditions:

- ***Is fully (100%) dedicated to supporting our Revenue Recovery and Cost Savings projects***
- ***Consistently meets our 99.9% goal for system availability/operability—system downtime is minimal***
- ***Effectively connects and supports our nationwide network of clients, employees, and data processing centers***

We are an industry leader in developing and maintaining robust, secure systems for healthcare cost containment. As such, we routinely receive information technology (IT) and healthcare industry recognition for providing innovative approaches to business problems and effectively managing IT strategies. Collaborating with our clients allows us to look beyond their data to provide the best healthcare while managing their costs. Our 5.5 petabytes of claim and eligibility data covers one out of every three Americans, which gives us a unique position in the industry. We have demonstrated to our clients the ability to leverage best practices, identify regional and national cost trends, and improve healthcare delivery systems.

This section provides details on the secure information management and information systems (IS) we will use to perform the scope of services described in the RFP.

3.9.1 Compliance with HIPAA and HITECH

3.9.1 The vendor shall comply with the HIPAA Security and Privacy Rule and the HITECH Act.

As part of our Corporate Compliance program, our services meet Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH), and other pertinent regulations. Our security-compliance methodology goes beyond the requirements of the HIPAA Security Rule. It serves as a roadmap to safeguard not just electronic Protected Health Information (ePHI) but company information assets as a whole. The domains defined in International Organization for Standardization (ISO) 17799, British Standard (BS) 7799, and Control Objectives for Information and Related Technology (COBIT) have influenced our methodology.

The Health Information Trust Alliance (HITRUST) collaborated with leaders in healthcare, business, technology, and information security to establish the Common Security Framework (CSF). The CSF is a certifiable information-security framework for use by organizations that create, access, store, or exchange personal health and financial information. It includes, harmonizes, and cross-references existing, globally recognized standards, regulations, and business requirements. The framework includes the following types of standards:

- ***Federal (e.g., HIPAA, HITECH)***
- ***Third party (e.g., PCI, COBIT)***
- ***Government (e.g., National Institute of Standards and Technology [NIST], Federal Trade Commission)***

We have HITRUST CSF certification. Our Governance, Risk Management, and Compliance program for IS includes selecting and implementing control standards and procedures from the HITRUST CSF. These standards include control objectives and specifications based on ISO/International Electrotechnical Commission (IEC) 27001:2005 and ISO/IEC 27002:2005 standards.

3.9.2 Business Continuity and Disaster Recovery Plan

3.9.2 The vendor will provide for comment and acceptance by DHCFP a Business Continuity Plan and Disaster Recovery Plan.

Disasters, while infrequent, usually occur without warning. They afford little opportunity for cautious or intelligent reaction immediately following their occurrence. HMS recognizes the importance of maintaining the integrity of our clients' data. We ensure that plans are in place to address unexpected events or disasters. It is essential to our daily operations that we perform the following tasks:

- ***Proactively develop formulated plans and procedures to manage a disaster situation***
- ***Regularly practice these procedures***
- ***Stand ready should a disaster occur***

Our formal Business Resilience program (BRP) identifies potential risks. It also provides methods of mitigating those risks to secure the continuity of business if they become actualities. We have designed and developed our BRP on the foundation of the following industry standards:

- ***Disaster Recovery Institute (DRI) International. Use of DRI International professional practices to assess our program's health under Risk, Compliance, Capability, and Sustainability categories***
- ***ISO:***
  - ***22301. Use of Societal Security as well as Preparedness and Continuity Management Systems standards***
  - ***31000:2009. Use of Risk Management as well as Principals and Guidelines standards***

Program Summary

Our fully documented BRP includes end-to-end procedures for recovering all IS, telecommunications, and business processes. It incorporates a Recovery Plan to certify a smooth, rapid restoration of data processing operations following physical destruction or major damage causing interruption.

We designed our BRP to accomplish the following objectives:

- ***Minimize interruptions to normal business after a computer center–service interruption***
- ***Limit the extent of disruption and damage created by a computer center–service interruption***
- ***Establish alternative means of computer center operations in advance of an interruption***
- ***Provide appropriate personnel with procedures to follow in a timely fashion if an interruption occurs***
- ***Reduce the economic impact of an interruption***

Our BRP contains guidelines of the actions to take specific to a range of disaster scenarios. It provides alternative means by which we may sustain systems critical to the business and service operations. Our Management and Operations personnel receive full training in and are cognizant of the following:

- ***Immediate-action steps to take in an emergency***
- ***Available alternatives***
- ***Procedures by which we may implement each alternative***

Communication with personnel, clients, and vendors is crucial to the actual and perceived success of recovery efforts. Therefore, the BRP identifies detailed tasks, processes, and Communication Plans. These measures ensure that we keep all pertinent parties up to date during the recovery. It provides such information as how to obtain services, timeline for service reestablishment, and locations customers can go after recovery.

We provide the table of contents associated in Exhibit 3.9-1. Upon contract award, we will supply our full BRP for DHCFP's review and comment.

Exhibit 3.9-1 ▶ HMS's Business Resilience Plan: Table of Contents

Contents

BUSINESS CONTINUITY STATEMENT 2
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Components of the Program

Our BRP process addresses recovery of business functions, business units and processes, human resources, and technology infrastructure. It describes the following major steps:

- ***Identify systems and applications currently in use***
- ***Analyze business impact, and determine critical recovery time frames***
- ***Determine recovery strategy***
- ***Document Recovery team organization***
- ***Document Recovery team responsibilities***
- ***Develop and document emergency procedures***
- ***Document training and maintenance procedures***

A central component of the BRP is our disaster-recovery infrastructure—hosted colocation Data Centers. These enterprise-class centers are in Richardson, TX (primary), and Las Vegas, NV (secondary). They have a rating of Tier IV Design Ready. This means our Data Centers are a fully redundant enterprise solution. They meet all industry standards and regulatory/compliance obligations and have a rating of N +4. Our Data Centers provide the following benefits:

- ***Onsite engineers to manage the center 24 hours per day, 7 days per week***
- ***A dedicated team focused on our clients' needs***
- ***100% Service Level Agreement for power, bandwidth, and network-services availability***
- ***27 telecommunication carriers to certify a carrier-neutral position regarding network connectivity***

Our BRP also includes reconstituting our business offices in the event of an adverse interruption. Reconstitution occurs by collaborating with a national work space–recovery provider. In the event of a major office interruption, we can provide a comprehensive, economic Recovery solution. The solution includes temporary power, office space, communications, and computer systems within 48–72 hours.

Plan Review and Modification

On an annual basis, HMS's Director, Business Continuity, reviews and updates the BRP. The review's purposes are to ensure that all processes are current and any enhancements or changes undergo discussion. We modify the program specifications upon identification of necessary changes and seek approval from our Chief Security Officer (CSO). Once the program is final, the CSO presents the updated BRP to o Board of Directors.

Continuity of Operations

Our BRP for the Agency's RAC project will encompass all sites where we perform RAC activities and/or store data. It will accommodate different disaster types (e.g., affecting all business units, affecting one or more business units). The program will addresses the specific functions transferable to our National Operation Center (NOC) in Irving, TX. It will describe how we will execute tasks in the event of a natural or manmade emergency. The program will outline the process we will deploy to transfer operations to our NOC. The process includes, but is not limited to, the following components:

- ***Training***
- ***Telecommunications***
- ***Mailroom operations***
- ***Customer service***
- ***Systems administration***

The proposed BRP will also address issues arising from a disastrous event that would mandate transfer of operations. For example:

- ***During a significant telephone system outage at our local office or an excessively high call volume, we can leverage our sizable, fully trained Customer Service team in Irving.***
- ***During an extended communications outage, we can switch from one line/vendor to another. The redundancy built into our telecommunications infrastructure results in multiple communications lines provided by multiple vendors.***

We document these types of Contingency Plans as part of our telephone system failure–planning process.

Testing Procedures

HMS conducts semiannual workspace-recovery testing and annual data center–recovery testing (Exhibit 3.9-2):

- ***Workspace-recovery testing proves our ability to recover critical operations in case a disaster affects one of our offices***
- ***Data center–recovery testing validates that we can recover the critical systems in our Data Centers***

Our tests confirm adequate preparation for disaster recovery and secure continuity of operations. During the testing exercises, we compile all process incidents and situations. For each exercise, we evaluate results for risk and impact to determine any necessary remediation treatment. After testing, we conduct a Post–Disaster Recovery Technical and Business Review meeting on lessons learned.

The testing and evaluation process allows us to assess and improve our established procedures. We report these findings in an Executive Disaster Recovery Exercise Report. Incorporating lessons learned into our overall program aids in efficient operation of the BRP if a real disaster occurs.

In each test conducted to date, we have successfully restored and tested our systems and application infrastructures.

Exhibit 3.9-2 ▶ Recovery Exercises HMS Performs

Exercise Type	Description
Workspace Disaster Recovery	***We have collaborated with Agility Recovery Solutions for full business office recovery and protection. Our Business Resilience team conducts the HMS Workspace Recovery program to help us prepare for any disaster. In addition, when a disaster strikes, we mobilize our resources and provide four key elements of recovery:*** • ***Office space*** • ***Power*** • ***Communications*** • ***Computer systems***
Data Center Disaster Recovery	***We conduct data center disaster–recovery exercises to validate the content of procedures for information technology (IT) recovery, such as Contingency Plans and Incident Response Plans. The exercises also ensure that the plans' content is viable and implementable in an emergency. An additional objective is to ensure that we meet regulations and other requirements associated with exercising plans.*** ***Each year, we select on a random basis one of the following in which to conduct a data center exercise:*** • ***Business unit, a test of a specific HMS business unit's Continuity Plan for the operation of that department*** • ***IT, a simulation of a network or other infrastructure-component failure*** • ***Cyberthreat, a simulation of an attempted hack from outside the network perimeter***

3.9.3 Risk Management Plan

3.9.3 The vendor will provide for comment and acceptance their proposed approach to risk management. The plan shall adhere to nationally accepted standards and guidelines, such as National Institute of Standards and Technology (NIST) Special Publication 800-30, Revision 1, Risk Management Guide for Information Technology Systems or NIST Risk Management Framework (RMF).

HMS subscribes to the Project Management Institute (PMI) best practices for risk and issue identification and management. The PMI approach helps us identify areas for quality improvement. We also use the gathered data to anticipate risk and mitigate any potential for future issues. This process allows us to continue to raise the bar on quality before we have an issue.

We manage project-input and -output deliverables as guided by our quality control methodology. Throughout our contracts, we monitor quality to certify the highest level of service. Using the Define/Measure/Analyze/Improve/Control methodology continuously improves our operations.

Our Business Resilience Plan, described in Section 3.9.2, provides our plan for the identification, management, and mitigation of any risks associated with this engagement.

We have incorporated a bottom-up approach—assess, remediate, monitor, and report (ARMR)—to risk-based probability. This approach allows proactive risk management of events (e.g., weather, technology, environmental) that could adversely affect our business. Along with performing test exercises, our Security team runs security and operational assessments of the BRP. All assessments integrate with our process for issue and compliance management. Therefore, the overall program can provide assurances on the continuity of our business foundation and its future growth.

The ARMR activities we propose to DHCFP include the following:

- ***Providing briefings and workshops in support of the 2015 Business Impact Analysis (BIA)***
- ***Performing plan and procedure development and assessments***
- ***Conducting workspace (e.g., business office) test exercises***
- ***Conducting data center exercises***
- ***Conducting technology (e.g., disaster recovery) test exercises***
- ***Providing "crisis" training for executive-level personnel***

Crisis- and emergency-management information and communication allows better care for the well-being of our personnel. They provide an easy, secure way to access our emergency procedures and safety guidelines. These measures expedite the Recovery team–activation process by allowing real-time alerts. Our all-in-one solution includes the following:

- ***incident reporting***
- ***Push notifications***
- ***Ability to build and support multiple plans for preparedness***
- ***Ability to manage different-use cases, groups, and locations***

Our Executive Management team provides all industry, technical, and product oversight. We employ recognized experts in the areas of project and risk management. Our Quality Assurance (QA) team includes experts trained in HIPAA compliance, many who hold Six Sigma certification. The following are some of the features of our approach:

- ***Strict change-control procedures. Our clients review our new processes. They have access to both application-code and workflow management. We then revoke this access from all but the senior-level product managers. Before we model changes, our system requests logging, completion, and approval of Change Forms.***
- ***Process management. We have more than two decades of experience in developing and managing outsourced operations for healthcare programs. Newly proposed processes first undergo a Design phase in which we document all process inputs and obtain sample files and reports. The data undergoes review for structure, integrity, and comprehensiveness of data processing. If additional cleansing or interface-deficiency remedies are necessary, we identify the products and build them into the overall process.***
- ***Detailed specification development for all deliverables. At each phase of a deliverable change, we consult with our client for input and appropriateness of outcomes.***

To comply with the HITRUST CSF, we emphasize the importance of near–real-time risk management and continuous IS authorization. We use automation and strong, effective, continuous monitoring processes. This approach gives top-level Management team members the critical information needed to make cost-effective, risk-based decisions that support their primary missions and business processes.

Continuous monitoring applies to many of the six sequential steps of the NIST Risk Management Framework. The framework guides the integration of information-security and risk-management processes into the NIST risk-management hierarchy. Continuous monitoring indirectly supports all six controls while directly supporting the following three controls:

1. ***Categorizing IS:***
   - ***Selecting security controls***
   - ***Implementing security controls***
2. ***Assessing security controls (authorizing IS)***
3. ***Monitoring security controls***

Monitoring directly assists in categorizing IS. Organizations can derive the secondary benefit of selecting and implementing the proper security controls from this first step. Monitoring tools start their processes with initial discovery, usually through passive listening. This discovery determines the devices and applications on the network and their associated type of traffic, data, and user access. Such information helps organizations provide a baseline assessment, which is useful in determining monitoring needs. However, monitoring tools are not a replacement for manual discovery processes (e.g., talking to business units) or other information-gathering options.

Continuous monitoring enables Information Security professionals and others to see a stream of near–real-time snapshots. This data reveals the states of risk to security, data, networks, endpoints, and cloud devices and applications. It directly assists assessment and ongoing monitoring of security controls through vulnerability-monitoring processes, which many organizations already have in place.

Direct discussions between HMS's IT leaders and DHCFP will ensure that our risk- management approach and processes meet with Division approval.

HMS Conducts Security-Risk Assessments

We have instituted a comprehensive Security Risk Management and Assurance program comprising the following:

- ***Guidelines based on the ISO 31000 standard for enterprise risk management and the HITRUST CSF***
- ***ARMR method***
- ***Issue management, including managing and monitoring remediation of risk and risk impact***
- ***Continuous monitoring of our policy and controls to ensure that all meet their intended objectives***

We underwent a HITRUST baseline assessment in 2014. Our successful completion of an interim HITRUST certification occurred in 2015. The first step in the certification process was to conduct a self-assessment using HITRUST methodologies performed via the Rsam-based MyCSF tool. Internal Security Risk Management personnel with prior audit experience performed the self-assessment. Once complete, a HITRUST assessor conducted an onsite engagement, which included sampling evidence and reviewing in-scope controls. Based on organizational and system scoping factors determined during the self-assessment, the assessment included 299 controls across 19 security domains.

Assessment of controls occurred in five key areas—policy, process, implemented, measured, and managed. This division reduced ambiguity and subjective interpretation, which are common issues during audits and assessments. After the onsite engagement, HITRUST performed an in-house QA review to validate the assessment results. Subsequently, we received a draft report that included a list of required Corrective Action Plans. The Security team obtained a management response for each of the plans.

We received our HITRUST CSF Assurance Program Certification in August 2014. To maintain this certification, a HITRUST-approved assessor conducts an assessment every two years. The assessor evaluates our core IT infrastructure and/or other technology components. The assessment purpose is to validate that no material changes are present that would result in our failure to meet the CSF Assurance Program certification criteria. We received our HITRUST CSF recertification in September 2015.

3.9.4 Performing Operations in Accordance with State and Federal Regulations

3.9.4 The vendor shall ensure that the operation of all its systems, including those subcontracted, is performed in accordance with Federal and State regulations and guidelines.

We have succeeded in every jurisdiction in which we provide services. This success is demonstrable in our results for DHCFP; managed care organizations (MCOs), including Medicare Advantage; and Medicaid agencies. This achievement is the clearest indicator of our knowledge of the laws, regulations, rules, and policies governing Medicaid and Medicare.

Our information technology platform/systems and information security practices must comply with a variety of federal and state laws, regulations, security standards, and corporate policies. These regulations generally protect individuals and organizations against the unauthorized disclosure of information that could compromise their identity or privacy. They cover a variety of types of information, including the following:

- ***Personally identifiable information (e.g., Social Security Number, driver license number)***
- ***Personal financial information (e.g., credit card number)***
- ***Medical information***
- ***Confidential employee information***

Many individual laws, regulations, and policies establish our information security requirements. Some of the most notable include the following:

- ***Federal Information Processing Standard 200 and NIST Special Publication 800-53. These policies guide the application of appropriate security requirements and controls to all federal information and IS. An organizational risk assessment validates the initial security-control selection. It determines if any additional controls are necessary to protect organizational operations (e.g., mission, functions, reputation), organizational assets, individuals, other organizations, or the Nation. The resulting set of security controls establishes a level of security due diligence for the organization.***
- ***Gramm-Leach-Bliley Act (GLBA). Enacted in 1999, the GLBA requires financial institutions to protect customers' financial information carefully. It has two relevant components: (1) "safeguarding" rules, and 2) privacy rules. Organizations must safeguard all personally identifiable financial information for employees against foreseeable risks of disclosure, intrusion, and systems failure.***
- ***HIPAA (Public Law 104–191, 110, Statute 1936). We maintain our services to meet standards mandated by the HIPAA Privacy Rule enacted August 21, 1996. Our HIPAA security compliance methodology it serves as a roadmap to safeguard not just ePHI, but HMS information assets as a whole.***

The purpose of HITECH legislation was to stimulate the adoption of Electronic Health Records (EHRs) and supporting technology in the United States. The HITECH Act became law on February 17, 2009, as part of the American Recovery and Reinvestment Act (ARRA) of 2009. We adopted HITECH policies to ensure that we handle all PHI-related issues in conformity with the HIPAA Privacy Rule and ARRA HIPAA provisions.

All our employees, consultants, and business associates must participate in policies and procedures training. They must understand the policies and procedures enough to comply with the Privacy Rule and ARRA HIPAA provisions while carrying out their duties.

3.9.5 Providing Encryption

3.9.5 The vendor's solution shall make use of encryption in such a manner as to provide "safe harbor" per HITECH provisions. Proposed encryption methodologies shall be provided for review and acceptance by the Division. Accepted encryption methodologies shall be provided at no cost to the Division. The vendor shall ensure that data containing PHI or identifying information of any recipient is always encrypted when stored on portable devices or storage media.

HMS has the necessary structure, detail, and clarity needed for information security tailored to the healthcare industry. We commit ourselves to protecting the confidentiality of the data our clients entrust to us. As we describe in this section, our processes comply with the RFP requirements.

Securing Data in Motion

The secure transmission of our clients' data is one of our primary areas of focus. We want to safeguard PHI and personal data appropriately in accordance with the Division's guidelines. Our history of maintaining the privacy of such information has given us extensive experience in its secure handling.

We securely transfer data to all clients through Advanced Encryption Standard (AES) 256-bit, Internet Protocol Security–encrypted Virtual Private Network (VPN) tunnels. Use of IBM® data-encryption hardware and software technologies protects our transfer of physical media (e.g., magnetic tapes). We will provide these measures at no cost to DHCFP.

We also support:

- ***Secure web mailbox for Hypertext Transfer Protocol Secure file exchanges via web browser***
- ***File Transfer Protocol (FTP) Secure for file transfers via Transport Layer Security (TLS)***
- ***Secure Shell FTP (SFTP) for file transfers via Secure Shell and Connect:Direct® (formerly, Network Data Mover)***

Our Production Control Department follows our Acceptable Data Use policy when transmitting data. The team takes particular care when transmitting confidential or client-sensitive data:

- ***All confidential or client-sensitive data transmitted through email requires encryption. We use Proofpoint Enterprise Protection™ (Proofpoint) as a secure enterprise email solution.***
- ***Any confidential or client-sensitive data transmitted through a public network (e.g., the Internet) to and from vendors, customers, or entities doing business with us requires encryption or transmittal through an encrypted tunnel or secure web portals. For data encrypted at rest, AES 256-bit–encrypted tape or Pretty Good Privacy–type encryption software is acceptable.***
- ***We do not permit the following actions:***
  - ***Transmittal of unencrypted confidential or client-sensitive data using web email programs***
  - ***Download or installation of any instant messaging or online peer-to-peer file-sharing programs***
- ***Encryption of wireless transmissions used to access our portable computing devices or internal networks must be Institute of Electrical and Electronics Engineers 802.11i (WPA2) standard or better. It also must follow any VPN exceptions for remote wireless and/or internal network configurations standards.***
- ***Encryption or an HMS-secured connection (e.g., VPN) is necessary when users remotely access our client data from a shared network.***

- ***Only authorized Production Control team members can initiate FTP transactions. They must use the following procedures:***
  - ***To use the transmitting server securely, each authorized user must have a log-in username and password with a designated directory. Users should not have access to shared directories unless required for business reasons. We do not permit anonymous FTP.***
  - ***Management of all user accounts and keys must occur within our network.***
  - ***All transactions and transfers must have a Production Control team data receipt or Request Log. Each must undergo review for prohibited activity.***
  - ***Copy of all files contained within the data directory EDISRV/Multiple Virtual Storage must occur within 24 hours of delivery or retrieval.***

Securing Data at Rest/In Use

The following measures protect confidential healthcare data at rest on computer systems owned by and located within our controlled spaces and networks:

- ***Full-disk encryption on all workstations (both laptop and desktop)***
- ***Volume-level encryption***
- ***Firewalls with port- and network-level–access controls***
- ***Unique authentication to verify the identity of the individuals accessing our network***
- ***Data requiring protection secured during storage to prevent unauthorized exposure—all data secured within a physical space controlled and managed by an electronic key card system***
- ***Compensating controls that include complex passwords and physical isolation/access***
- ***Password policies and guidelines stating that password protection is not an acceptable alternative to protecting confidential PHI if used alone but is a viable security method when combined with all controls, including encryption***
- ***Data-server segregation by company***
- ***Yearly application-access–control reviews***

3.9.6 Providing Technology to Perform Contract Duties

3.9.6 The vendor shall obtain and supply all hardware, software, communication and equipment necessary to perform the duties associated with the resulting contract and be responsible for any associated programming, equipment, installation of software, maintenance and troubleshooting at no cost to the State or its fiscal agent.

We own and directly manage the full array of computer-processing platforms and system resources that we use to perform PI and cost savings projects. Therefore, we can assure DHCFP of timely responsiveness to its project requirements. Our IT infrastructure consists of a two Data Centers in Richardson, TX, and a secondary hosted Data Processing Center in Las Vegas, NV. The dual-connected centers have dedicated network service connections to each other. These connections provide interconnectivity and the processing power for all major business applications. Our data processing infrastructure will easily accommodate the following at no cost to the Division:

- ***Future growth***
- ***Ongoing maintenance and troubleshooting***
- ***Software installations and/or updates***
- ***Flexibility in audits***

We provide additional details on our technology available to support the engagement in proposal Section 3.8.1.

3.9.7 Security Plan

3.9.7 The vendor shall provide a Security Plan for review and acceptance by the Division. The Security Plan shall provide details on how the vendor will manage and maintain technical, physical, and administrative security over the systems, networks, and facilities as well as security roles and responsibilities.

Our Information Security policy requires appropriate securing of our IT resources to protect the integrity, availability, and confidentiality of corporate information. Such resources include, but are not limited to, computer systems, network resources, software applications, and data. Each member of the HMS community and all third-party providers are responsible for the security of the IT resources they control. They must also protect the physical and logical integrity of such resources against potential threats (e.g., unauthorized access, malicious/criminal action, inadvertent compromise, inappropriate use). In general, a combination of administrative-, operational-, and technical-security safeguards are necessary.

In the following pages, we describe our approach to technical and administrative security. Additionally, we provide in Section Tab IX the Table of Contents associated with our corporate HMS Policies and Standards document. This document lists the various topics at the foundation of our Information Security program (ISP).

Technical and Administrative Security

Under our Chief Information Security Officer, our IT Services team developed policies and practices for securing company information and technology assets. Areas include, but are not limited to, the following:

- ***Access and authentication controls***
- ***Configuration settings and protection schemes***
- ***Change-management processes***
- ***Processes for system and software acquisition, development, and maintenance***
- ***Network-design and -implementation considerations***
- ***Threat-identification and -prevention measures***
- ***Monitoring, detection, reporting, and mitigation of vulnerabilities***
- ***Equipment-transfer and -disposition protocols***

Combined with our IT Resources Responsible Use policy, these standards set expectations. They also define the minimum requirements for securing our IT infrastructure and resources.

Data Security Plan Maintenance and Updates

Our CSO maintains our Data Security and Facility Security Plans. These plans contain procedures to safeguard confidential information and all facilities, systems, and equipment used to store PHI against unauthorized physical access, tampering, and theft. The CSO reviews the plans every six months. We incorporate any necessary updates on contingency operations, access control/validation, Physical Access Records, or maintenance.

Focusing on fine-tuning the security of our corporate infrastructure allows us to meet ever-changing business needs. Information and IS are vitally important business assets. Without reliable, properly secured information and IS, we would face significant risks to the viability of our business. The preservation and enhancement of our reputation depends, in part, on the way in which we manage both information and IS. Laws such as HIPAA, the Sarbanes-Oxley Act, and ARRA serve as guidelines for our data-security processes and procedures. The domains defined in ISO 17799, BS 7799, and COBIT influence our methodology.

Restricting Access to Information

Restricting access to information is a key component of our IT Security policy.

Limiting Attempts to Access System Functions

We log and monitor access attempts—both successful and unsuccessful—to data stored in HMS's processing facility. These practices help us ensure that only authorized personnel have access. Our security apparatus allows us to set limits on unsuccessful access attempts. Our IT policies and procedures define the following limits along with our control points:

- ***After three unsuccessful log-in/sign-in attempts within a 24-hour period, automatic suspension of the identification in question and sending of an error message to the platform administrator occurs. Upon a failed log-in attempt, the system presents the user with a message that only states that the log-in was unsuccessful.***
- ***If system users attempt to access data to which they do not have permission, the system immediately generates a violation message. Platform administrators review these records and send findings to our CSO for disposition, further action, and/or sanctions.***
- ***Review of all Network Security Logs occurs on a daily basis, and our CSO reviews the Mainframe Security Logs on a weekly basis. Furthermore, Statement on Standards for Attestation Engagements (SSAE) 16 reviews audit these logs and Review periods.***

After detecting a predefined limit of failed attempts to access restricted/controlled data, our security systems notify the appropriate support personnel of the attempts. The systems lock down future access until we can investigate and resolve the circumstances.

Audit Trail Logs, protected from unauthorized access, modification, and accidental or deliberate destruction, are active at all times. They are present on all information resources that contain confidential or restricted information. Activities logged include, but are not limited to, the following:

- ***All successful and unsuccessful log-in attempts***
- ***All log-outs***
- ***Log-in attempts using invalid passwords***
- ***Additions, deletions, and modifications to user accounts/privileges***

Role-Based Access

Our proposed technology solution, ReSults, provides multiple levels of role-based access for users. Access to our system depends on security role and functionality. Typically, we work with one client employee who has authorization to indicate access levels for all client users. To submit a request, the authorized client employee must submit, in writing, the name, email address, telephone number, and permissions level for each user. We provide access as requested and directly contact the user with access information.

Access to the HMS systems is role based. We will collaborate with DHCFP to define permission levels and group/individual assignments.

Permissions can vary depending on the role of the user. We will provide a thorough education on the tools, reports, and capabilities to DHCFP personnel prior to production. We will also set up standard access levels dependent on the responsibilities and requirements for each job function. At any time, the Division can submit a request to update permissions or remove user access to ReSults.

Single Sign-On

The role-based security of our applications allows us to fine tune access for each type of user. Use of CA® Single Sign-On (formerly, CA SiteMinder) lets us restrict access to data based on defined roles. The tool allows users to move through multiple applications efficiently. It also supports federated log-in, which allows more integration flexibility for authentication.

Identity Management

We built all our applications with role-based security. Our identity management (IdM) system provides workflow-driven user provisioning and application access based on the user's role at HMS (e.g., employee, contractor, client, business partner). Through this IdM application and associated processes, we can restrict the system functions and data accessible to a user. Using one set of centrally managed Access and Automation policies allows us to improve operational efficiency. Most importantly, this practice reduces security risks.

Protection from Malicious Software

Our defense-in-depth approach provides multilayer protection from malicious software via the McAfee® ePolicy Orchestrator® environment and the CrowdStrike Falcon™ host. We also use Proofpoint to protect against transmission of malicious content over email.

Physical Security

The security of all our offices is of great importance. Consistent with ISP policies, we protect from unauthorized physical access all locations of information assets that contain protected data. These physical areas include data centers, office areas, and other locations. We physically secure the information assets with access-protected data located in public- and nonpublic-access areas to prevent theft, tampering, or damage. Information authorities must annually review and document physical-access rights to our limited-access areas.

Our Physical Security program provides for protection from theft, vandalism, natural disaster, manmade catastrophes, and accidental damage. It covers company building sites and equipment (and all other information and software contained therein). The program's purpose is to maximize personal safety and minimize property damage and theft. Its components include solid building construction, suitable emergency preparedness, reliable power supplies, adequate climate control, and appropriate protection from intruders.

Our physical-security systems (i.e., key card and video) comply with all applicable regulations, including building and fire-prevention codes. We supplement the key cards with policies and procedures requiring the following actions:

- ***There is clear marking of restricted areas and facilities.***
- ***Signage for restricted areas and facilities contains enough information to be practical. It presents minimal discernible evidence as to the nature of the importance of the location.***
- ***Each individual granted physical access to restricted information resources or facilities receives training on emergency procedures for the facility.***

Physical-security controls:

- ***HMS floor access***
- ***Employee work areas***
- ***Vendor/contractor access***
- ***Sensitive-area control***
- ***Video surveillance and access-point control***

- ***Access to information resources or facilities follows the principle of least-privilege access. Personnel (i.e., full- and part-time personnel, contractors, and vendor service personnel) only receive access to the facilities and systems necessary for the fulfillment of their job duties.***
- ***Requests for access must come from managers. Requests must include sign-off from an applicable data/system owner.***
- ***The process for granting physical access to information resources or facilities includes the approval of authorized managers.***
- ***Handling of access management occurs at the manager level. Each individual granted physical access to information resources or facilities must sign appropriate Access, Information Protection, and Nondisclosure Agreements. Managers are responsible for keeping track of and informing the appropriate party of the access rights of individuals who leave or change roles. The Security and Compliance Department reviews all card- and/or key-access rights for a facility on a periodic basis. It removes access for individuals who no longer require it.***
- ***Authorized visitors to our work sites must present valid identification with the office receptionist before signing in to visit. The visitor receives a temporary identification badge that he/she must wear at all times while in our office. He/she receives escort from an authorized employee.***

In addition, security cameras monitor our offices. Our policy is to review all videos and store them for 90 days.

Visitor Policy

Authorized visitors to our work sites must present valid identification with the office receptionist before signing in to visit. Once signed in, an authorized HMS team member greets the visitor in person at the reception desk. The visitor receives a temporary identification badge that he/she must wear at all times while in our office. An authorized employee escorts the visitor while he/she is in our office.

Controls to Monitor Physical and System Access

Our robust suite of trails and controls traces both physical and system access as well as uncovers unauthorized access:

- ***All employees wear identification badges***
- ***Secured entry points at all locations require key card access***
- ***Security cameras monitor employee and visitor activity as well as access.***
- ***We document unauthorized access attempts and research them for further actions.***

To ensure that client information is safe, our access audit–control methods include the following:

- ***Regularly reviewing our processes to determine effectiveness, and then making any necessary enhancements***
- ***Conducting monthly internal audits for both physical and logical access***
- ***Gathering reports from each authenticating system***
- ***Conducting samplings to verify compliance***

3.9.8 Compliance with State Information Security Policies

3.9.8 The vendor shall comply with State information security policies at no cost to the Division.

HMS has reviewed the State's Information Security Policies and assures the State that we will comply with these policies at no cost to DHCFP.

3.9.9 Training HMS Personnel

3.9.9 The vendor shall ensure staff is trained regarding their regulatory obligations under HIPAA and HITECH, to properly utilize State and vendor systems according to the State's policies and procedures.

We demonstrate our commitment to providing excellent client service by providing a formalized Training programs for our Account Management and Operations team members. Training for new employees includes processes common to all contracts, Customer Service policies, security provisions, and HMS regulations. Upon contract award and during implementation, we provide project-specific training to all Project team members. This training supports understanding and proper use of all systems used in day-to-day project operations. It also provides the knowledge needed to fulfill contract specifications and comply with internal and client QA standards.

We provide training to our workforce through a variety of modalities, including:

- ***One-on-one training with subject matter experts***
- ***In-house training sessions on various project operations topics led by internal experts***
- ***Training/process manuals***
- ***Operation-skills reviews***
- ***Performance/quality feedback***

- *Self-study using print, video, and electronic media*
- *Industry meetings, seminars, and conferences*
- *Live training sessions, videoconferencing, and WebEx® demonstrations*

During the course of each contract, we offer additional or refresher training on scheduled and ad hoc bases. These sessions are also available upon definition or refinement of project-related processes.

In addition to training specific to DHCFP job responsibilities, employees will also benefit from our comprehensive Training and Development programs. These programs support understanding of and compliance with HMS policies and relevant federal regulations, such as those of HIPAA.

HMS Employee Security Awareness Training

Our CSO is responsible for the initial and ongoing training of the workforce in terms of data security. It is important to train personnel to certify system and data integrity as well as compliance with state, federal, and client requirements. Corporate risk-management training allows us to emphasize the importance of security and compliance issues. We provide this training to employees throughout their tenure at the company—beginning with initial employee orientation. Upon accepting employment, all team members must:

- *Affirm that they have read the Corporate Compliance Handbook (including the formal policies and Corporate Compliance Statement that it contains)*
- *Undergo initial Corporate Compliance program and HIPAA Privacy Rule training*
- *Sign agreements that they understand the statement and policies and will abide by and conform to the rules set forth within them*

On an annual basis, employees undergo a thorough training session that details all components of our corporate Security policy and Security Plan. It also advises them of any recently implemented plan modifications. Our Security team reinforces this training through a monthly Security Awareness newsletter. Each Project team member must attend the training on an annual basis, at a minimum. This requirement ensures that all key personnel are abreast of plan specifications. We test employee understanding of policies at the time of training. Supervisors manage employee adherence to our policies throughout the year and further assess compliance through annual performance evaluations.

Exhibit 3.9-3 describes some of the features and focus areas of our Security Awareness Training program.

Exhibit 3.9-3 ▶ HMS Requires Annual Security Awareness Training for All Our Employees

Security Awareness Program

Our Security Awareness Training program, designed as enterprisewide communications, fosters a security-conscious HMS culture.

Program Features

- ***Security Awareness Training***
- ***Monthly Newsletters***
- ***Security Road Shows***
- ***Security Intranet Portal***
- ***Promotional Handouts***
- ***Games and Quizzes***
- ***Monthly Security Tips***
- ***Simulated Phishing and Malware Attacks***

Our Focus

- ***Anti-Phishing***
- ***Social Engineering***
- ***Compliance Programs***
- ***Mobile/Bring Your Own Device Security***
- ***Data Storage and Handling***
- ***Email Filtering***

3.9.10 Providing Access to HMS Data Facilities

3.9.10 The vendor shall provide Federal and State auditors and investigators with access to data facilities upon the State's request.

HMS will provide federal and State auditors and investigators with access to our data facilities. We will provide this access during normal business hours with 90 days' advance notice from the requesting individuals or entities.

3.9.11 Ownership of Project Artifacts

3.9.11 The vendor shall not have or obtain any proprietary interest in any data, data files, documents, papers, records and other information in any form created which was acquired in the course of its performance under the resulting contract. All such data and information shall be and remain the property of the State.

HMS affirms that we will not have or obtain any proprietary interest in any data, data files, documents, papers, records, and other information in any form that was acquired in the course of our performance under the contract resulting from the State's RFP. Further, we understand that all data and information will remain the properly of the State.

3.9.12 Data Reformatting

3.9.12 The Division or its fiscal agent will not alter or reformat data to accommodate the vendor. The vendor shall make any accommodations necessary at no charge to the Division, so data supplied by the Division, regardless of medium, is usable by the vendor.

We have provided recovery services for more than 30 years to clients in more than 40 states. Therefore, we have extensive experience in exchanging data with a variety of FTP sites in client-specified formats. In fact, we perform more than 90,000 electronic data file transfers each month. Our clients include:

- ***242 health plans***
- ***47 state Medicaid agencies***
- ***The Centers for Medicare & Medicaid Services (CMS)***
- ***The U.S. Department of Veterans Affairs***
- ***The Department of Defense***

As a trusted steward of our clients' sensitive data, we securely maintain data warehouses containing PHI. At times, that data has exceeded 5 petabytes. We will not request that the Division or its Fiscal Agent (FA) reformat data to accommodate our systems. In the unlikely event that format changes are necessary, we will incur all related costs. We will not provide any electronic data to DHCFP ***or its FA that would necessitate programming changes for data use. Proposal Section 3.9.13 contains additional detail on this assurance.***

3.9.13 Certifying Compatibility with Fiscal Agent System

3.9.13 The vendor shall ensure that data returned to the Division or its fiscal agent, regardless of medium, is in a format compatible with the Division or fiscal agent's current system and ready for immediate use. At no time shall the vendor provide any electronic data to the Division or its fiscal agent that would require the Division to implement programming changes in order to read or use data. When data containing PHI or identifying information of any recipient is transmitted to the Division or its fiscal agent must be encrypted per the standards in Section 3.9.5.

Over the past three decades, HMS has successfully interfaced with multiple Medicaid Management Information Systems (MMISs) across more than 40 states. We collaborate with MMIS vendors to perform payment integrity operations, pursue recoveries, and load verified third-party–coverage segments. Our hardware, operating systems, and applications are capable of interfacing with all our clients' MMISs. They also allow us to interface with the systems of the healthcare payers sending us data. Our complete functional compatibility enables us to exchange and process revenue recovery–related files from healthcare payers.

We receive and aggregate data from thousands of sources (e.g., state Medicaid agencies, federal programs, public and private data sources) on a monthly basis. A wide range of systems, including all major MMISs, send us more than 250 million claims each month. Upon receiving client data, we employ multilayered systemic and operational protocols. These processes control the request, receipt, copying, validation, processing, organization, and QA of that data efficiently and accurately. Investing tens of millions of dollars in developing HIPAA-compliant, SSAE 16–audited technology and infrastructure has enabled us to secure, store, back up, and access client data effectively.

Through our current contract with DHCFP, we receive claim, eligibility, provider, carrier, and resource data. Submission of this data occurs via SFTP on a monthly basis and as requested. If it chooses us as its continued contractor, the Division will not need to implement any changes to read or use data. We will adhere to the encryption technologies we describe in proposal Section 3.9.3 when transferring PHI or other identifiable information for any Nevada recipient. We have already created a stable, secure interface with the Nevada MMIS and other State systems. This factor will allow us to provide a low-risk implementation.

HMS Experience with the Division's Medicaid Management Information System Vendor

We have significant expertise in working with agencies, MMIS vendors, and other stakeholders to implement large projects that involve Medicaid data and MMIS integration. HMS routinely performs migration of MMIS data into our systems. Our IT platform currently integrates with systems from all major MMIS vendors, including Hewlett Packard Enterprise™ (HPE™), the State's MMIS vendor. We are currently the third party liability (TPL) vendor for the following state agency clients that use HPE for their MMISs:

- ***Alabama***
- ***Arkansas***
- ***Connecticut***
- ***Delaware***

- *Florida*
- *Georgia*
- *Indiana*
- *Kansas*
- *Oklahoma*
- *Oregon*
- *Pennsylvania*
- *Rhode Island*
- *Tennessee*
- *Wisconsin*

HMS Experience with Transitioning to New Medicaid Management Information System Vendor Platforms

Vendors with minimal RAC and MMIS experience might not have extensive knowledge on transitioning to a new MMIS vendor. An inability to identify, anticipate, and proactively address potential issues could put recoveries and cost avoidance dollars at risk in Nevada. HMS has worked with Medicaid programs to support successful MMIS migrations for more than 30 years—we have the necessary expertise.

We understand that the State's current FA, HPE, plans to transition to the HPE interChange Healthcare platform. The change is to comply with CMS' Seven Standards and Conditions, designed to provide compatibility and modularity in healthcare data. Although internal to HPE, this transition has the potential to affect Nevada's healthcare data.

In addition to setting up processes to receive and process data, MMIS transitions require additional involvement from a RAC. Such involvement includes assessment, identification, and planning related to RAC functional capabilities and processes (e.g., system-generated RAC reports, RAC components of the MMIS). We have the experience required to coordinate with the State and HPE to address all RAC-related issues. This collaboration will enable our crucial recovery and cost containment work to continue with minimal adverse effect.

3.9.14 Use of Cloud Technologies

3.9.14 The vendor solution or any part thereof shall not make use of public, community, or hybrid cloud services/technologies as defined by NIST Special Publication 800-145. All processing, storage, and transmission of the Divisions data shall reside within the boundaries of the 48 contiguous States.

HMS does not make use of public, community, or hybrid cloud technologies as part of our proposed solution offering. All processing, storage, and transmission of DHCFP data will reside within the boundaries of the 48 contiguous states.

3.10 Issue Resolution

With decades of experience providing comprehensive cost containment and program integrity services for healthcare programs nationwide, HMS has demonstrated our ability to deliver quality results that reflect industry best practices and comply with contract requirements. We have established long-term relationships with a range of Medicaid agency clients through our ability to respond efficiently and effectively to any service issues that arise during the contract term. HMS has processes and tools in place to resolve issues before or immediately after they arise. Our issue resolution process is the result of years of experience serving the complex needs of large and small healthcare programs.

3.10.1 Issue-Resolution Process

3.10.1 During the term of the contract, the following issue resolution process will be adhered to for all issues.

3.10.1.1 Presentation of Issues. A uniform issues-processing form will be developed by the State to record all issues, responses, tracking and dispositions. An issues log will be kept by the aggrieved party. Issues must be presented in writing to the designated manager for each party. Issues raised by either party must be accepted, rejected and/or responded to in writing within ten (10) working days of presentation or by a mutually agreed upon due date. Failure to accept, reject and/or respond within the specified time frame will result in deeming the issue presented as accepted and the party presenting the issue may proceed to act as if the issue were actually accepted.

3.10.1.2 Escalation Process. If no resolution is obtainable by the respective managers, the issue will be escalated to (1) the Chief of Program Integrity of the DHCFP or designee; and (2) the designated representative for the vendor. A meeting between the Chief of Program Integrity of the DHCFP or designee and the designated representative for the vendor will take place within ten (10) working days or a mutually agreed upon time frame. Final resolution of issues will be provided in writing within ten (10) working days of the meeting or a mutually agreed upon time frame. All parties agree to exercise good faith in dispute/issue resolution. If the issue hasn't been resolved successfully, the vendor has the right to escalate the issue to the DHCFP Administrator.

3.10.1.3 Proceed with Duties. The State and the vendor agree that during the time the parties are attempting to resolve any dispute in accordance with the provisions of the contract, all parties to the contract shall diligently perform their duties thereunder.

HMS affirms our understanding and acceptance of the issue-resolution process described in the RFP. As the incumbent vendor since 2012, we have demonstrated our ability to comply with DHCFP's requirements. There have been no issues requiring escalation during our current experience in working with DHCFP. We believe this accomplishment is due to the open, direct communication and partnership we share with the Division.

In the new contract, we will fulfill service requirements associated with the following, as described in the RFP:

- ***Presentation of issues***
- ***Escalation process***
- ***Proceeding with duties***

Minimizing the instances of issues and mitigating any issues that arise are crucial to maximizing client satisfaction and contract compliance. We place emphasis on the high quality of our recovery audit work and communications. These measures result in very few issues that require escalation to a formal resolution process. A major component of our success in mitigating escalating issues is the vetting process that each audit opportunity undergoes. Before an audit ever reaches a provider, numerous teams evaluate the audit opportunity. After the audit passes our stringent requirements, we present it to

DHCFP. The Division can perform its own review of the audit, discuss modifications, and establish strong confidence in its viability. Once approved by DHCFP, our Operations Departments performs a number of other quality checks on the audit such as date range verification, match-offs to exclusion lists, and provider demographic validations to name a few.

As the RAC vendor currently serving DHCFP, HMS has not encountered service issues that have required escalation.

We built multiple, redundant levels of quality control (QC) into our processes at the operational, review, and management levels. Numerous QC review methods exist for each deliverable and/or QC point. Our cross-functional quality-check process includes the following:

- ***Compilation of Product Requirement Documents***
- ***Supervisor review***
- ***Quality assurance review***
- ***Cross-functional quality checks***

Rigorous incident management and reporting allows us to address events reported after release of a deliverable. Our measures include root-cause analysis and follow-up on corrective/preventive action items.

We plan to maintain communication via meetings, webinars, reports, project plans and other methods approved by the State throughout all contract phases and among all project stakeholders (e.g., providers, DHCFP, other entities). Such communication will allow us to avoid service-delivery interruptions that might require a formal issue-resolution process. Our focus on proactive, clear, and transparent communications on our efforts and results will help avoid issues.

The Project Management team currently engaged with DHCFP will remain available. This team will certify high quality and quickly respond to any service areas that might require immediate action. It will leverage our established issue-resolution resources to confirm contract compliance and the seamless delivery of industry-best RAC solutions.

3.11 Ownership and Control

The vendor must disclose all potential conflicts of interest including, but not limited to, conflicts through their parent company, subsidiaries or affiliates who may have a relationship with a vendor performing claims processing functions for Nevada Medicaid. If a conflict exists, the vendor must submit a detailed plan that will explain how they will mitigate this potential conflict of interest. Information must also be provided on the owners of the company and anyone else that has at least a 5% interest in the company at the time of contract execution and when any changes occur during the term of the contract. The vendor may not employ any person who is on the Nevada Medicaid provider exclusion list or the Federal DHHS-OIG's List of Excluded Individuals/Entities (LEIE).

We have not identified any potential conflicts of interest associated with our fulfillment of the RAC contract requirements described in the RFP issued by DHCFP. We are a subcontractor to Hewlett Packard Enterprise™ (HPE™) to provide third party liability (TPL) services to the State of Nevada. However, we do not consider the work we perform to be a conflict because it is not that of claim adjudication. As part of the TPL scope of work, we identify improper payments, even those resulting from claim-processor error. If we identify a conflict at any time, we will submit a detailed plan of how we will mitigate this potential conflict of interest.

We report HMS's financial results together with those of our parent company, HMS Holdings Corp. (Holdings). Clients can assess our ongoing financial integrity through our provision of fully audited, publicly filed Financial Statements. Holdings, listed on the NASDAQ Global Select Market exchange (ticker symbol HMSY), is subject to extensive public scrutiny and review by the Securities and Exchange Commission (SEC), NASDAQ exchange, and general investment community. As a public entity, Holdings must also report on and provide certifications under the Sarbanes-Oxley Act of 2002 regarding the company's financial controls. Our external auditors, KPMG, LLP, also review our controls. These measures provide for a much higher standard of financial transparency and rigor, with a higher reporting frequency, than that for a privately owned company.

Ownership of Holdings is highly transparent. Each quarter, the company's owners must file their ownership positions with the SEC, which makes this information publicly available on its Edgar website. As of June 30, 2016, Holdings has three stockholders owning more than 5% of its issued common stock:

1. ***RS Investment Management Co., LLC: 9.02%***
2. ***The Vanguard Group: 8.04%***
3. ***BlackRock Fund Advisors: 6.75%***

If changes of Holdings' ownership interest (at least 5% or greater) occur during the term of the contracts, we will notify the Division.

HMS does not employ any person who is on the Nevada Medicaid Provider Exclusion List. We do note employ any individual on the federal HHS OIG List of Excluded Individuals/Entities (LEIE).

4. Company Background and References

HMS's proposal provides a comprehensive and detailed description of our corporate organization and service experience. With more than 40 years of experience, HMS offers a solid foundation from which to provide specialized processes and tools that maximize RAC results. Unlike other vendors, we are able to apply contract-specific expertise including an in-depth understanding of Nevada healthcare program data and the overall cost containment and program integrity needs of the State. HMS provides responses to requirements described in RFP Section 4 in the following proposal sections:

- ***4.1 Vendor Information***
- ***4.2 Subcontractor Information***
- ***4.3 Business References***

4.1 Vendor Information

HMS leverages more than 40 years of experience to maximize cost containment and program integrity results for our healthcare company clients. Unlike other vendors who are new to RAC, we apply an in-depth understanding of the complex scope of work as well as the unique needs of DHCFP. This enables us to apply the people, processes, and tools that deliver industry best practices. Every component of our organization supports our ability to deliver service success as defined by the State.

4.1.1 Company Profile

4.1.1 Vendors must provide a company profile in the table format below.

The organization of HMS and our specialized resources make HMS an ideal source of RAC services for DHCFP. Exhibit 4.1-1 provides information about our company.

Exhibit 4.1-1 ▶ ***HMS Company Profile***

Question	*Response*
Company name:	*Health Management Systems, Inc. (HMS)*
Ownership (sole proprietor, partnership, etc.):	*Corporation*
State of incorporation:	*New York*
Date of incorporation:	*February 15, 1974*
# of years in business:	*42*
List of top officers:	• *Bill Lucia: Chairman, President, and Chief Executive Officer* • *Meredith Bjorck: Executive Vice President, General Counsel, and Corporate Secretary* • *Semone Neuman: Executive Vice President, Operations* • *Cynthia Nustad: Executive Vice President and Chief Information Officer* • *Jeffrey Sherman: Executive Vice President, Chief Financial Officer, and Treasurer* • *Tracy South: Executive Vice President and Chief Administrative and Human Resources and Officer* • *Douglas Williams: Division President, Markets*
Location of company headquarters:	*Irving, TX*
Location(s) of the company offices:	*Please see Exhibit 4.1-2*
Location(s) of the office that will provide the services described in this RFP:	*We will coordinate project management, including quality assurance functions, from our Reno, NV, location. Management support will come from our corporate headquarters in Irving, TX. We will perform managed care organization come-behind commercial insurance billing from our Irving location. Data mining activities will take place in our Las Vegas, NV, location. We will coordinate credit balance activities from our Westerville, OH, location.*

Question	Response
Number of employees locally with the expertise to support the requirements identified in this RFP:	***HMS has eight employees in our Reno office available to handle telephone calls, process deposits, and coordinate correspondence and audit questions. In addition, more than 200 employees in our Las Vegas office and more than 1,000 employees in our Irving office support the delivery of our RAC services.***
Number of employees nationally with the expertise to support the requirements in this RFP:	***Our total number of employees includes 2,257 specialists with expertise across our payment integrity and RAC services. Our Corporate Operations Office in Irving includes more than 1,000 employees, and our Las Vegas office has more than 200 employees.***
Location(s) from which employees will be assigned for this project:	***Employees will be assigned to this project from our offices in the following locations:*** • ***Reno, NV*** • ***Las Vegas, NV*** • ***Phoenix, AZ*** • ***Irving, TX*** • ***Westerville, OH*** • ***New York, NY*** • ***Boise, ID***

HMS serves our clients from offices across the country. We provide all HMS office locations in Exhibit 4.1-2.

Exhibit 4.1-2 ▸ HMS Office Locations

Alabama

2000 Interstate Park Drive
Suite 401, Floor 4
Montgomery, AL 36109
Telephone: 334.245.2745

Alaska

4401 Business Park Boulevard
Suite N-46
Anchorage, AK 99503
Telephone: 907.561.4455

Arizona

2122 East Highland Avenue Suite 225
Phoenix, AZ 85016
Telephone: 602.954.8380

California

350 Commerce
Suite 100, Floor 1
Irvine, CA 92602
Telephone: 714.973.6300

1225 8th Street
Suite 550
Sacramento, CA 95814
Telephone: 916.760.5100

Colorado

1120 Lincoln Street
Suite 809
Denver, CO 80203
Telephone: 303.837.8293

Connecticut

100 Corporate Drive
Suites 102, 104, 108, and 110
Windsor, CT 06095
Telephone: 860.697.6700

District of Columbia

1101 14th Street NW
Suite 810, Floor 8
Washington, DC 20005
Telephone: 202.448.2020

Georgia

900 Circle 75 Parkway
Suite 650, Floor 6
Suite 1889, Floor 18
Atlanta, GA 30339
Telephone: 770.980.9777

Idaho

827 East Park Boulevard
Morrison Foundation Building
Suite 260
Boise, ID 83712
Telephone: 208.639.8200

Kansas

5601 SW Barrington Court
Suite 100
Topeka, KS 66614
Telephone: 785.271.9300

Maryland

Federal Headquarters
7104 Ambassador Road
Suite 200
Baltimore, MD 21244
Telephone: 402.498.2456

Massachusetts

510 Rutherford Avenue
Suites 100 and 300
Charlestown, MA 02129
Telephone: 617.398.1000

Mississippi

510 George Street
Suite 406
Jackson, MS 39202
Telephone: 601.949.7886

Nebraska

Federal Headquarters
1121 North 102nd Court, Floor 2
Omaha, NE 68114
Telephone: 402.498.2400

Nevada

9275 West Russell Road, Bldg 2, Suite 100, Floor 1–4
Las Vegas, NV 89148
Telephone: 702.243.8730

855 Maestro Drive, Suite A
Reno, NV 89511
Telephone: 775.335.1040

New Jersey

Building 1, Quakerbridge Plaza
Suite 103
Hamilton, NJ 08619
Telephone: 609.588.0471

New York

360 Park Avenue South
17th Floor
New York, NY 10010
Telephone: 212.857.5000

II Winners Circle
Suite 220, Floor 2
Albany, NY 12205
Telephone: 518.465.4395

North Carolina

4601 Six Forks Road
Suite 306
Raleigh, NC 27609
Telephone: 919.424.2800

Ohio

350 Worthington Road
Suite H
Westerville, OH 43082
Telephone: 614.242.1045

Texas

Corporate Headquarters
5615 High Point Drive
Irving, TX 75038
Telephone: 214.453.3000

Virginia

808 Moorefield Park Drive
Suite 110, Floor 1
Richmond, VA 23236
Telephone: 804.972.2759

West Virginia

405 Capitol Street, Suite 503
Charleston, WV 25301
Telephone: 304.342.1604

4.1.2 Registration with the State of Nevada

4.1.2 **Please be advised**, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state must register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.

HMS is registered to do business in the State of Nevada. We provide a copy of our Nevada business license as Section Tab IX.

4.1.3 HMS's License in the State of Nevada

4.1.3 The selected vendor, prior to doing business in the State of Nevada, must be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS76. Information regarding the Nevada Business License can be located at http://nvsos.gov.

We are currently licensed to do business in the State of Nevada. We provide our license information in Exhibit 4.1-3.

Exhibit 4.1-3 ▸ HMS's Nevada Business License Information

Question	Response
Nevada Business License Number	**NV20091229345**
Legal Entity Name	**Health Management Systems, Inc.**

4.1.3 Is "Legal Entity Name" the same name as vendor is doing business as? If "No", provide explanation

Yes	X	No	

4.1.4 Assurance of Requisite Licensure

4.1.4 Vendors are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submittal. Proposals that do not contain the requisite licensure may be deemed non-responsive.

We understand that some services may contain licensing requirement(s) and that vendors are to be proactive in the verification of these requirements prior to proposal submittal. Additional licensing is not necessary for our proposed services.

4.1.5 Previous Engagements with State of Nevada Agencies

4.1.5 Has the vendor ever been engaged under contract by any State of Nevada agency?

If "Yes", complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

Yes	*X*	No	

We have worked with Nevada for 12 years to provide a range of healthcare cost containment services. Exhibit 4.1-4 describes our current and previous engagements with the State.

Exhibit 4.1-4 ▶ ***HMS's Current and Previous Engagements within the State of Nevada***

Question	*Response*
Name of the State Agency	***Nevada Department of Health and Human Services (DHHS), DHCFP Contract Name: Recovery Audit Contractor (RAC)***
State Agency Contact Name	***Candy Wilkin, Manager, Surveillance and Utilization Review Unit***
Dates Services Were Performed	***December 28, 2011–December 30, 2016***
Type of Duties Performed	• ***National Eligibility Database (NEDB) data match*** • ***Managed care organization (MCO) data match*** • ***Date of death data match*** • ***Credit balance audits*** • ***Long term care audits*** • ***Commercial insurance (CI) billing*** • ***MCO come behind*** • ***Medicaid RAC automated reviews***
Total Dollar Value of the Contract	***$670,000***

Exhibit 4.1-4 ▶ *HMS's Current and Previous Engagements within the State of Nevada (Continued)*

Question	*Response*
Name of the State Agency	*DHHS, DHCFP (subcontractor to Hewlett Packard Enterprise)* *Contract Name: State of Nevada Medicaid Management Information System (MMIS) Fiscal Agent (FA) Services*
State Agency Contact Name	*Michelle Kiehne, Management Analyst III, Procurement and Performance Management Unit*
Dates Services Were Performed	*July 1, 2016–June 30, 2020*
Type of Duties Performed	• *NEDB data match* • *Defense Enrollment Eligibility Reporting System (DEERS) data match* • *Cost avoidance* • *CI billing* • *Medicare Part A disallowance* • *Medicare Part B disallowance* • *Casualty recovery* • *Trauma Code Mailers* • *Mass tort* • *Health insurance premium payment (HIPP) services*
Total Dollar Value of the Contract	*$9,168,000*

Question	*Response*
Name of the State Agency	*DHHS, DHCFP (subcontractor to First Health Services Corporation/Magellan Health)* *Contract Name: State of Nevada MMIS FA Services*
State Agency Contact Name	*Marta Stagliano, Chief of Program Integrity Services*
Dates Services Were Performed	*July 1, 2004–June 30, 2011*
Type of Duties Performed	• *NEDB data match* • *DEERS data match* • *Cost avoidance paid* • *CI billing* • *Medicare Part A disallowance* • *Medicare Part B disallowance* • *Casualty recovery* • *Mass tort* • *HIPP services*
Total Dollar Value of the Contract	*$12,340,000*

4.1.6 Employment with Nevada State Entities

4.1.6 Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

If "Yes", please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?

If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person will be performing or producing the services which you will be contracted to provide under this contract, you must disclose the identity of each such person in your response to this RFP, and specify the services that each person will be expected to perform.

Yes		No	***X***

None of our proposed Project team members for this engagement has been an employee of the State of Nevada or any of its agencies, departments, or divisions within the past two years. Also, to the best of our knowledge, we do not employ any personnel who have been an employee of the State of Nevada or any of its agencies, departments, or divisions within the past two years.

4.1.7 Disclosure of Contract Failures, Breaches, or Litigation

4.1.7 Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFP must also be disclosed.

Does any of the above apply to your company?

Yes		No	***X***

For the past six years, we have not had any significant, ongoing contract failures or contract breaches. We have not been subject to any formal customer civil or criminal litigation pertinent to the services we propose to provide under the RFP involving a contract with the State of Nevada or any other government entity pertinent to the proposed services. No pending claim or litigation exists that might adversely affect our ability to perform or fulfill our obligations related to the RFP.

HMS is a wholly owned subsidiary of HMS Holdings Corp., which is a publicly traded company. Material litigation and claim disclosure is in in our most-recent Annual Report on Form 10-K and Quarterly Report on Form 10-Q, as filed with the Securities and Exchange Commission.

4.1.8 Insurance Requirements

4.1.8 Vendors must review the insurance requirements specified in Attachment E, Insurance Schedule for RFP 3266. Does your organization currently have or will your organization be able to provide the insurance requirements as specified in Attachment E.

Any exceptions and/or assumptions to the insurance requirements must be identified on Attachment B, Technical Proposal Certification of Compliance with Terms and Conditions of RFP. Exceptions and/or assumptions will be taken into consideration as part of the evaluation process; however, vendors must be specific. If vendors do not specify any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Upon contract award, the successful vendor ***must*** provide the Certificate of Insurance identifying the coverages as specified in ***Attachment E, Insurance Schedule for RFP 3266.***

Yes	***X***	No	

We have reviewed RFP Attachment E, Insurance Schedule. We currently meet the requirements, and we will continue to do so if awarded the contract. If awarded the contract, we will provide the Certificate of Insurance that identifies the coverages specified in RFP Attachment E, Insurance Schedule.

4.1.9 Qualifications

4.1.9 Company background/history and why vendor is qualified to provide the services described in this RFP. Limit response to no more than five (5) pages.

HMS has continuously served government-sponsored healthcare clients for 42 years. In 1985, we began providing audit and recovery services to Medicaid agencies and other healthcare service sponsors. Our employee base of more than 2,300 includes nationally recognized experts in healthcare, public policy administration, health insurance, information management, data processing, systems analysis and development, overpayment analysis, appeals support, claim processing, and supporting operations.

We have been providing payment integrity services to government healthcare programs for more than three decades and delivering cost management services to government healthcare programs since 1985. In the early 1990s, our data analysts started working with state agencies to implement Overpayment Recovery projects. In the ensuing years, we have expanded our program integrity (PI) capabilities through internal development, acquisitions, and scope expansion of the services we provide to clients.

Our services ensure that the right party pays the right amount at the right time. Their foundation is our proven expertise in data manipulation and analysis, improper-payment identification, audit validation, Medical Record review, provider appeals and hearings, and project implementation. As confirmed in <u>Exhibit 4.1-5,</u> we exceed the RFP requirements for project-relevant experience.

Exhibit 4.1-5 ▶ ***We Bring Years of Experience in Each Required Service for DHCFP***

Area of Expertise	*HMS Meets and Exceeds the Experience Requirements*
Designing and Conducting Audits, including Procedure Development and Implementation, Data Manipulation, Dataset Analysis, Medical Record Review, and Result Validation	✓
Assisting Clients in the Recovery of Funds Associated with Identified Overpayments	✓
Participating in Administrative Appeals and Testifying at Administrative Hearings	✓

Our experience allows us to offer the knowledge and system capabilities that enable the identification of potential improper payments. Components we look for are specific trending behaviors, spiking, multiple-claim issuance, repeat billings, miscoded claims, and other billing patterns that can result in improper payments. We continuously build upon our extensive library of hundreds of tested algorithms and complex scenarios that have been successful in determining improper claim payments.

Our solution exceeds the qualifications in the RFP. We bring to DHCFP more than 30 years of documented payment integrity and healthcare analytics experience with state Medicaid agencies. We serve as the Medicaid RAC (either prime contractor or subcontractor) in more than 20 states. Our experienced claim auditors will provide all of our program functions for the Division.

National experience will provide DHCFP with a distinct benefit. However, most savings identified through our Medicaid RAC contracts derive from state-specific Medicaid policies. Our focus is on cost containment. We do not have an insurance company as an owner or offer claim review or RAC appeals services to providers, which would be a conflict of interest. Nor do we contract with healthcare providers to perform their credit balance audits (CBAs) or process their claims. Any company that does so presents the risk of losing objectivity when auditing DHCFP's providers.

Our deep commitment to our clients, comprehensive Medicaid knowledge, and, understanding of Nevada's Medicaid program from our years as a Medicaid contractor with DHCFP sets us apart from other vendors.

We provide RAC services for numerous clients, and we can fulfill the Division's program needs. Clients for our cost containment and PI services include the following:

1. ***More than 40 Medicaid programs***
2. ***Children's Health Insurance Programs (CHIPs)***
3. ***More than 200 health plans***
4. ***The federal government***

HMS Understands the Project Goals

The success of Nevada's RAC program depends on its contractor's solid understanding of the State's Medicaid program and the data used to identify potential improper payments. Our effective audit methodology, robust management/tracking system, and highly trained team members will help the Division achieve its goals. Our Project team members will have clinical and medical billing auditing expertise as well as a deep understanding of best practices. As the RAC for more than 20 Medicaid programs, HMS is the contractor of choice based on our results and positive provider relationships.

Under the Centers for Medicare & Medicaid Services (CMS) Medicare RAC program, we have recovered more than $1 billion in overpayments. We have developed hundreds of automated and complex overpayment scenarios (published on our Medicare RAC website). We have processed and reviewed nearly 1 million Medical Records. Through generating recovery transactions with CMS claim payment contractors, we have recovered overpayments on more than 1 million claims. Our reviewers have supported thousands of appeals, which have upheld our determinations at a more than 90% response rate.

We also perform Overpayment Identification and Recovery projects under Third Party Liability (TPL) and PI Audit contracts. Our targeted, data-driven, policy-based, coverage-dependent scenarios maximize improper-payment identification while minimizing provider impact. We find real payment errors rather than just "leads" that can burden resources, create provider abrasion, and increase the probability of appeal requests. Such experience has allowed us to develop the technology, personnel, and clinical and recovery expertise to conduct a successful RAC program.

Our processes for confirming the correct payment of Medicaid funds, identifying improper payments, and recovering overpayments are already in place. Our experienced team members know how to determine and correct the root causes of overpayments to mitigate ongoing payment errors. We offer the Division the following advantages:

5. ***An experienced Project team with Recovery Audit program expertise***
6. ***In-depth understanding of Nevada's Medicaid program***
7. ***Existing contracts with Nevada DHCFP, including as the current RAC incumbent***
8. ***Thorough knowledge of Division-specific billing and payment methodologies***
9. ***A fully integrated, tested, and operational infrastructure to support the entire audit process***
10. ***Extensive analytics that enable us to transform data into information, solutions, and savings***

Our understanding of Nevada's Medicaid program, national best practices, and the federal legislative and regulatory environments will translate to value for DHCFP. Our approach ensures that we deliver results, minimize provider abrasion, and confirm nonduplication of effort. We will leverage our insight into the rules, regulations, and current climate of the State's healthcare landscape and Medicaid program. Our proposed solution is a comprehensive, technically sound suite of analysis and audit services to detect, confirm, and recover improper payments.

Recovery Audit Contractor Experience

HMS performs cost control, hospital bill, and recovery audits across federal, state, and commercial health markets. Our past performance, as follows, demonstrates that we can successfully achieve the Division's Medicaid RAC program goals:

- ***Participating for more than nine years in the Medicare Recovery Audit program—from the original demonstration project to our current high performance as the Region D RAC***
- ***Providing recovery audit services, including both pre- and post-payment claim review, for more than 30 commercial health plans***
- ***Performing both automated and complex reviews for state clients since 2010—we now serve more than 20 states by reviewing the following:***
  - ***State requirements***
  - ***Regulations, policies, and manuals***
  - ***Administrative rules, provider manuals, and bulletins***
  - ***Code of Federal Regulations (CFR) (specifically, CFR 42)***
  - ***Medicaid managed care plans***
  - ***Program data***
  - ***State codes***
  - ***Medicaid publications***
  - ***HHS OIG Exclusion Database***

We will anchor our data analysis capabilities with a solid understanding of the Division's Medicaid Management Information System (MMIS) and program data. Years of providing recovery and cost avoidance services for the Nevada Medicaid program have given us the required insight. Our knowledge of Nevada data will allow us to continue our analysis and recovery processes with minimal formatting requirements and demands on the Division, its MMIS vendor, or program resources.

Our approach includes nationally accepted, valid protocols and methods. It adheres to federal and state program rules, regulations, and laws. Our data analysis capabilities range from general utilization/cost modeling analytics to highly specific clinical algorithms. The general analytics can compare DHCFP claims with national benchmarks for service type to identify unexpected areas of program cost and growth. Specific algorithms can target abnormal diagnosis and utilization patterns related to specific procedure codes. Our algorithms apply logic across all claim types.

The complexity and range of our recovery audit work has given HMS the experienced personnel, proven processes, and robust technology infrastructure required to transition smoothly into a new contract/region and deliver high-quality results rapidly.

Auditing Capabilities by Provider Type

Extensive proprietary technical processes and platforms enable us to identify providers efficiently and request records. They also help us validate, document, and recover improper payments with high defensibility. We develop specific guidelines for each service type, including inpatient and outpatient claims. Our algorithms apply coding, rules-based, and clinical logic across all claim types. Through these comprehensive analytical processes, we can analyze 100% of DHCFP's claims to identify improper payments and target specific claims accurately for audit and review.

Our system uses the information from our algorithms and custom data analysis to create a provider profile. With these profiles, we can identify and prioritize providers for audit or review. Advanced data modeling tools allow us to perform statistical data analysis to target providers appropriately for audit. As a result, we have successfully developed scenarios that span the scope of Medicaid services and target all types of improper payments.

We will identify improper payments for the Division by reviewing each provider type audited. These will be either complex clinical (i.e., review of Medical Records or other documentation) or automated (i.e., no review of documentation) reviews. We can support MCO-oversight activities by identifying and presenting scenarios for encounter claims. We can also support "pilot" scenarios to determine audit viability and present these results to DHCFP to determine if a full audit should commence. Exhibit 4.1-6 shows examples of the types of scenarios we have developed.

Exhibit 4.1-6 ▶ ***Examples of Claim Reviews in HMS's Other Recovery Audit Projects***

Projects/Provider Types	Description of Claim Reviews
Medicaid Management Information System (MMIS) Payment Error Review for All Provider Types	Reviews for MMIS processing errors resulting in improper payments
Outpatient Claim Review for All Provider Types	Reviews for payment errors, including audits for excess/unsubstantiated charges, Correct Coding Initiative edits, state- and agency-specific coding errors, high-cost drugs, and contractual limits (i.e., payments in excess of state service limits)
Inpatient Claim Review for All Inpatient Provider Types	Reviews for payment errors, including audits for diagnosis-related group (DRG) coding assignments, transfers, readmissions, inappropriate settings, outlier days/charges, non–DRG-based service reimbursement downcoding, excess/unsubstantiated charges, balance bills, and unreported other third parties
Professional Claim Review for All Physician, Nurse Practitioner, Physical Therapy, Occupational Therapy, and Physical Therapy Providers	Reviews for payment errors, including audits for high-cost drugs and unit-billing errors
Claim Review for All Ambulance Providers	Reviews for payment errors, including audits for Medicare inpatient unbundling and duplicates or excess payments (cross-claim analyses)
Claim Review for All Laboratory Providers	Reviews for payment errors, including audits for unbundling, excess utilization or billing, and orphan laboratory charges

Projects/Provider Types	Description of Claim Reviews
Claim Review for All Durable Medical Equipment Claims	Reviews for payment errors, including audits for duplicate rental/purchase payments, Medicare crossovers, third party liability coordination of benefits, and unit-billing errors

Through constant evolution of our solutions to secure maximum results, we have developed a successful approach to recovery audits and the resources necessary to perform them effectively for DHCFP. Implementing lessons learned through our current RAC contracts has allowed us to streamline the appeal process. We have also improved repricing via a tool that assists in identifying true overpayments rather than taking back the full claim.

4.1.10 History of Providing Related Services

4.1.10 Length of time vendor has been providing services described in this RFP to the public and/or private sector. Please provide a brief description.

HMS has provided RAC services described in State's RFP to the public and/or private sector since the inception of State Recovery Audit contracts in 2010. For the past six years, we have leveraged best practices to enhance our services. Our goal is to make the healthcare system work better. We designed all our organizational structure, technology, and processes to support that goal. Helping control healthcare costs is what we do—our record of recoveries and savings for clients speaks to our success.

Our Coordination of Benefits (COB) and PI solutions drive payment accuracy across the payment spectrum so that healthcare dollars benefit more people. We began delivering cost management services to government healthcare programs in 1985 by providing TPL recovery services to Louisiana. Today, we provide a range of services for state Medicaid agencies; health plans, including group health plans, Medicare Advantage plans, Medicaid managed care plans, and employers; CMS; and U.S. Department of Veterans Affairs facilities.

Our organizational structure ensures that we can provide the systems and resources needed to fulfill the needs of all our clients. Our experience in implementing payment integrity solutions enables us to apply industry-best practices and knowledge to the unique needs of Nevada. Exhibit 4.1-7 provides a high level list of the services we currently provide and our years of experience providing these services.

Exhibit 4.1-7 ▸ *HMS Delivers Integrated Cost Containment and Program Integrity Services*

Category	Years of Experience
Program Integrity Services	30
Coordination of Benefits (COB)	40
Eligibility and Enrollment Services	30

4.1.11 Financial Information

4.1.11 Financial information and documentation to be included in Part III, Confidential Financial Information of vendor's response in accordance with Section 9.5, Part III – Confidential Financial Information.

HMS provides our response to the requirement in RFP Section 4.1.11 in the separately submitted proposal Part III, Confidential Financial Information. We present the information in accordance with the format described in RFP Section 9.5.

4.2 Subcontractor Information

The RAC scope of work (SOW) described in the RFP issued by DHCFP will not require HMS to use subcontractors.

4.2.1 Use of Subcontractors

Does this proposal include the use of subcontractors?

If "Yes", vendor must:

4.2.1.1 Identify specific subcontractors and the specific requirements of this RFP for which each proposed subcontractor will perform services.

4.2.1.2 If any tasks are to be completed by subcontractor(s), vendors must:

A. Describe the relevant contractual arrangements;

B. Describe how the work of any subcontractor(s) will be supervised, channels of communication will be maintained and compliance with contract terms assured; and

C. Describe your previous experience with subcontractor(s).

4.2.1.3 Vendors must describe the methodology, processes and tools utilized for:

A. Selecting and qualifying appropriate subcontractors for the project/contract;

B. Ensuring subcontractor compliance with the overall performance objectives for the project;

C. Ensuring that subcontractor deliverables meet the quality objectives of the project/contract; and

D. Providing proof of payment to any subcontractor(s) used for this project/contract, if requested by the State. Proposal should include a plan by which, at the State's request, the State will be notified of such payments.

4.2.1.4 Provide the same information for any proposed subcontractors as requested in ***Section 4.1, Vendor Information***.

4.2.1.5 Business references as specified in ***Section 4.3, Business References*** must be provided for any proposed subcontractors.

4.2.1.6 Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor.

4.2.1.7 Vendor must notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide the information originally requested in the RFP in ***Section 4.2, Subcontractor Information***. The vendor must receive agency approval prior to subcontractor commencing work.

Yes		No	***X***

We do not propose the use of subcontractors to perform the RAC SOW.

A third-party vendor provides support or incidental services that benefit the RAC work we perform on behalf of the State. Although we do not consider it a subcontractor, SourceHOV® provides services that support a range of our contracts. For our proposed RAC contract with DHCFP, SourceHOV will provide the following support services:

- ***Invoicing labor and posting accounts receivables.*** ***Posting payments not posted through batch posting, balancing the lockbox, and generating the invoice/associated deliverables***
- ***Keypunch services.*** ***Keypunching check and remittance advice data as well as scanning, indexing, and storing check, remittance advices, and correspondence information***
- ***Print and mail services.*** ***Printing and mailing***
- ***Refund processing.*** ***Processing refund requests (i.e., determining validity and creating packets)***

SourceHOV has been our highly successful support vendor for more than 20 years. It is an established business process–services partner of nearly 40 healthcare payers, including 4 of the 5 largest managed care organizations.

4.3 Business References

HMS has extensive experience providing RAC services for a range of clients including Medicaid program administrators. We offer business references that can attest to our successful projects of a scope similar to the one described on behalf of DHCFP in the RFP.

4.3.1 Business References from Similar Projects

4.3.1 Vendors should provide a minimum of three (3) business references from similar projects performed for private, state and/or large local government clients within the last three (3) years.

We offer RAC service references from Medicaid agency clients. The contacts for the client contracts described in Exhibit 4.3-1 can verify that the project we performed for them within the past three years was similar in scope to that requested by the Division. Our clients can attest to our:

- ***Understanding of and experience in performing comprehensive RAC services for state Medicaid programs through the efficient detection and collection of overpayments and the identification of underpayments***
- ***Knowledge of the many differences in and challenges associated with recovery audits within the Medicaid environment versus the Medicare and commercial environments***
- ***Application of innovative service solutions and an ever-expanding set of data-mining and audit capabilities***
- ***Deployment of dedicated, knowledgeable personnel with the project-specific knowledge and experience needed to perform their jobs and provide meaningful customer service to project stakeholders***
- ***Generation of accurate, reliable deliverables, including recoveries, and actionable information to enhance cost containment efforts***
- ***Understanding of and compliance with HIPAA and HITECH provisions as well as other federal and state security and privacy regulations related to healthcare data***
- ***Provision of excellent customer service and responsive client-management services***
- ***Ability to identify best practices and apply them on enterprise and project-specific levels to enhance service results as well as achieve additional recoveries and cost savings***

The RAC service clients we chose to serve as our business references for DHCFP are eager to describe our success. Exhibit 4.3-1 includes primary contact information, alternative contact information, and project information for each of HMS's three business references:

- ***Montana Department of Public Health and Human Services***
- ***North Carolina Department of Health and Human Services***
- ***Texas Health and Human Services Commission***
- ***Nebraska Department of Health and Human Services Recovery Audit Contract***

4.3.2 Business-Reference Information

4.3.2 Vendors must provide the following information for ***every*** business reference provided by the vendor and/or subcontractor:

The "Company Name" must be the name of the proposing vendor or the vendor's proposed subcontractor.

Exhibit 4.3-1 ▶ ***Business-Reference Information: Current HMS Recovery Audit Contractor Services Clients***

Reference #:	***1***		
Company Name:	***Health Management Systems, Inc. (HMS)***		
Identify role company will have for this RFP project (Check appropriate role below):			
✓	***VENDOR***		***SUBCONTRACTOR***
Project Name:	***Montana Department of Public Health and Human Services (DPHHS) Recovery Audit Contract***		
Primary Contact Information			
Name:		***Mike Murry***	
Street Address:		***2401 Colonial Drive***	
City, State, Zip:		***Helena, MT 59602***	
Phone, including area code:		***406.444.4168***	
Facsimile, including area code:		***406.444.0778***	
Email address:		***mmurry2@mt.gov***	
Alternate Contact Information			
Name:		***Michelle Truax***	
Street Address:		***2401 Colonial Drive***	
City, State, Zip:		***Helena. MT 59602***	
Phone, including area code:		***406.444.4120***	
Facsimile, including area code:		***406.444.0778***	
Email address:		***mtruax@mt.gov***	

Reference #:	***1***
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	***HMS performs the following services for DPHHS:*** • ***Automated and complex scenario development and implementation*** • ***Identification and recovery of Medicaid and waiver services overpayments and underpayments*** • ***Clinical/coding reviews of Medical Records and determinations*** • ***Overpayment notification and correspondence with providers*** • ***Administrative-appeals support*** • ***Provider outreach and training*** • ***Regular meetings with DPHHS and submission of requested monthly reports***
Original Project/Contract Start Date:	***December 15, 2012***
Original Project/Contract End Date:	***December 15, 2014***
Original Project/Contract Value:	***Automated and complex audit recoveries to date are approximately $1.87 million***
Final Project/Contract Date:	***December 15, 2016***
Was project/contract completed in time originally allotted, and if not, why not?	***Contract still active***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***Contract still active***

Reference #:	***2***		
Company Name:	***HMS***		
Identify role company will have for this RFP project (Check appropriate role below):			
✓	***VENDOR***		***SUBCONTRACTOR***
Project Name:	***North Carolina Department of Health and Human Services (DHHS) Post-payment and Recovery Audit Contractor (RAC) Reviews***		
Primary Contact Information			
Name:		***Linda Marsh***	
Street Address:		***2501 Mail Service Center***	
City, State, Zip:		***Raleigh, NC 27699-2501***	
Phone, including area code:		***919.814.0134***	
Facsimile, including area code:		***919.814.0036***	
Email address:		***Linda.Marsh@dhhs.nc.gov***	
Alternate Contact Information			
Name:		***Kris Horton***	
Street Address:		***2501 Mail Service Center***	
City, State, Zip:		***Raleigh, NC 27699-2501***	
Phone, including area code:		***919.814.0127***	
Facsimile, including area code:		***919.814.0036***	
Email address:		***Kris.M.Horton@dhhs.nc.gov***	
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:		***HMS performs the following services for DHHS:*** • ***Automated and complex reviews targeting all service types under the RAC contract*** • ***For post-payment review, investigations and support of state audit requests for inpatient hospital, outpatient hospital, long term care facility, laboratory, x-ray, and specialized outpatient therapy***	
Original Project/Contract Start Date:		***September 13, 2012***	
Original Project/Contract End Date:		***September 12, 2015***	
Original Project/Contract Value:		***Approximately $1.99 million***	
Final Project/Contract Date:		***June 30, 2017***	
Was project/contract completed in time originally allotted, and if not, why not?		***Contract still active***	
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?		***Contract still active***	

Reference #:	***3***		
Company Name:	***HMS***		
Identify role company will have for this RFP project (Check appropriate role below):			
✓	***VENDOR***		***SUBCONTRACTOR***
Project Name:	***Texas Health and Human Services Commission (HHSC) RAC***		
Primary Contact Information			
Name:		***Tom McGaha***	
Street Address:		***11501 Burnet Road, Building 902, MC 1310***	
City, State, Zip:		***Austin, TX 78758***	
Phone, including area code:		***512.491.4033***	
Facsimile, including area code:		***Not applicable***	
Email address:		***Thomas.McGaha@hhsc.state.tx.us***	
Alternate Contact Information			
Name:		***Sivan Silver***	
Street Address:		***11501 Burnet Road, Building 902, MC 1310***	
City, State, Zip:		***Austin, TX 78758***	
Phone, including area code:		***512.491.4033***	
Facsimile, including area code:		***Not applicable***	
Email address:		***Sivan.Silver@hhsc.state.tx.us***	
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:		***HMS performs the following services for HHSC:*** • ***Audit-scenario development*** • ***Data analytics for claims undergoing audit*** • ***Provider services/support***	
Original Project/Contract Start Date:		***March 26, 2013***	
Original Project/Contract End Date:		***March 26, 2016***	
Original Project/Contract Value:		***Approximately $36 million in audit findings to date, of which collection of $24 million has occurred for the state***	
Final Project/Contract Date:		***April 1, 2019***	
Was project/contract completed in time originally allotted, and if not, why not?		***Contract still active***	
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?		***Contract still active***	

Reference #:	4		
Company Name:	Health Management Systems, Inc. (HMS)		
Identify role company will have for this RFP project (Check appropriate role below):			
✓	VENDOR		SUBCONTRACTOR
Project Name:	Nebraska Department of Health and Human Services Recovery Audit Contract		
Primary Contact Information			
Name:	Anne Harvey		
Street Address:	301 Centennial Mall South		
City, State, Zip:	Lincoln, NE 68509		
Phone, including area code:	402.471.1718		
Facsimile, including area code:	Not applicable		
Email address:	Ann.harvey@nebraska.gov		
Alternate Contact Information			
Name:	Karen Cheloha		
Street Address:	301 Centennial Mall South		
City, State, Zip:	Lincoln, NE 68509		
Phone, including area code:	402.471.5239		
Facsimile, including area code:	Not applicable		
Email address:	Karen.cheloha@nebraska.gov		
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	HMS performs the following services for DHHS: • Automated and complex scenario development and implementation • Identification and recovery of Medicaid and waiver services overpayments and underpayments • Clinical/coding reviews of Medical Records and determinations • Overpayment notification and correspondence with providers • Administrative-appeals support • Provider outreach and training • Pharmacy claim recovery • Regular meetings with DHHS and submission of requested reports		
Original Project/Contract Start Date:	November 27, 2012		
Original Project/Contract End Date:	November 27, 2015		
Original Project/Contract Value:	$4.5 million		
Final Project/Contract Date:	November 27, 2016		

Reference #:	***4***
Was project/contract completed in time originally allotted, and if not, why not?	***Contract still active***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***Contract still active***

4.3.3 Attachment F, Reference Questionnaire

4.3.3 Vendors must also submit ***Attachment F, Reference Questionnaire*** to the business references that are identified in ***Section 4.3.2***.

4.3.4 The company identified as the business references must submit the Reference Questionnaire directly to the Purchasing Division.

4.3.5 It is the vendor's responsibility to ensure that completed forms are received by the Purchasing Division on or before the deadline as specified in ***Section 8, RFP Timeline*** for inclusion in the evaluation process. Reference Questionnaires not received, or not complete, may adversely affect the vendor's score in the evaluation process.

4.3.6 The State reserves the right to contact and verify any and all references listed regarding the quality and degree of satisfaction for such performance.

We asked each of the clients described in Exhibit 4.3-1 to complete RFP Attachment F, Reference Questionnaire, and directly return it to the Purchasing Division per RFP instructions. We made each client aware of the deadline for the submission of completed questionnaires. HMS affirms our understanding that the State reserves the right to contact and verify any references listed regarding the quality and degree of satisfaction for our performance.

4.4 Vendor Staff Résumés

A resume must be completed for each proposed key personnel responsible for performance under any contract resulting from this RFP per ***Attachment G, Proposed Staff Resume***

A. Vendors must include all proposed staff resumes per ***Section 4.4, Vendor Staff Resumes*** in this section.

B. This section should also include any subcontractor proposed staff resumes, if applicable.

The project team assembled to deliver industry-best RAC services on behalf of DHCFP have the resources required to fulfill the required project tasks. Each team member is a qualified and experience RAC service specialist. In this proposal section, we include the résumés of the key personnel who we propose to support our Nevada RAC project. These individuals are as follows:

- ***Ann LoPiccolo, Project Manager***
- ***Catherine Kim, Back-Up Project Manager***
- ***Marnie Basom, Accountable Executive***
- ***Manuel Fernandez, Project Director***
- ***Gary Call, MD, Medical Director***
- ***Josh Houston, Director, Implementation Delivery***
- ***Reginald Coulsell, Senior Director, Clinical Services***
- ***Janine Gatlin, Manager, Clinical Operations***
- ***William Snyder, Senior Director, Clinical Operations***
- ***Noreen Miller, Director, Operations***
- ***Kendall Spence, Senior Director, Operations***
- ***Lisa Dadulo, Manager, Clinical Quality***
- ***Chris Kendrick, Manager, Data/Systems Business Analysis***
- ***Scot Miller, Vice President, Chief Information Security Officer (CISO)***

PROPOSED STAFF RESUME FOR RFP 3266

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Health Management Systems, Inc. (HMS)***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Ann LoPiccolo, HMS Program Manager***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Project Manager***		
# of Years in Classification:	***4***	**# of Years with Firm:**	***7***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE
Information should include a brief summary of the proposed individual's professional experience.

Ann LoPiccolo provides implementation and management support for HMS's Recovery Audit Contractor (RAC) projects in Nevada, California, and Nebraska. For the Nevada Division of Health Care Finance and Policy (DHCFP), she has successfully initiated RAC audit scenarios across various provider types. As Project Manager, she holds accountability for the management of client revenue and deliverables. She also manages relationships with clients, providers, professional associations, government officials, and other stakeholders.

To support the maximization of cost containment for clients, Ms. LoPiccolo facilitates in product development for specific client needs and services. She holds responsibility for opportunity development for multiple cost containment initiatives, including the following:

- ***Medicaid RAC***
- ***Medicaid coordination of benefits (COB)***
- ***Fee-for-service and managed care organization (MCO) come-behind recovery and cost avoidance services***
- ***Program integrity (PI) services***
- ***Payment integrity services***
- ***Employment and eligibility verification***

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Health Management Systems, Inc.; Irving, TX

Program Manager, 2012–Present

- ***Provides implementation and management support for HMS's RAC projects in Nevada, California, and Nebraska***
- ***Initiates RAC audit scenarios across various provider types***
- ***Holds accountability for the management of client revenue and deliverables***
- ***Manages relationships with clients, providers, professional associations, government officials, and other stakeholders***
- ***Manages Third Party Liability (TPL) Recovery projects—including commercial insurance cost avoidance identification as well as casualty/tort, estate/trust, and commercial insurance recovery***
- ***Provides customer service to commercial insurance carriers for inquiries related to reclamation billing, financials, refunds, and general information***
- ***Delivers day-to-day contract services for numerous Medicaid acute care and long term care contractors to confirm satisfaction with client deliverables***
- ***Oversees excellent customer service to clients and stakeholders by answering inquiries on information provided and troubleshooting any issues***
- ***Works with the insurance carrier community to implement electronic data exchanges with a goal of streamlining Cost Avoidance and Recovery programs***
- ***Manages and coordinates the daily workflow of the TPL Recovery Unit***
- ***Initiates personnel training***
- ***Develops and implements project-planning, tracking, and quality control activities***

Regional Program Specialist, 2011–2012

- ***Validated and tested algorithms for the New Mexico RAC program***
- ***Researched state and federal rules, regulations, and administrative requirements regarding Medicaid billing and payment***
- ***Coordinated and directed a regional security initiative that included audits of field offices***
- ***Successfully transitioned New Mexico subrogation services to the company***
- ***Streamlined Western Region commercial insurance processes and directed team researching denials***
- ***Provided research and editing support for various solicitation responses***

Operations Supervisor, 2009–2011

- ***Supervised the team that provided subrogation services for the State of Arizona***
- ***Developed key performance indicators to motivate and monitor personnel***
- ***Formalized standards to enable both procedural and compliance audits of work performed***
- ***Implemented system-driven workflows to improve efficiency and accountability***
- ***Enhanced Estate project processes, which resulted in saving 40 hours of personnel time per month***
- ***Streamlined manual processes, which reduced office-supply cost by 250%***
- ***Mentored and developed position successor***

CCG℠; Phoenix, AZ

Consultant, 2006–2009

- ***Provided technical and accounting support to various clients***
- ***Processed flowcharts and documentation, including risk-identification, improvement-opportunity, and training/reference materials***

Rural/Metro Corporation; Scottsdale, AZ

Director, National Support Services, 2000–2005

- ***Directed a department primarily focused on the support, training, and audit of 12 regional ambulance-billing offices with receivables of approximately $300 million***
- ***Oversaw the Support Services Audit Department, which conducted claim-level, documentation, process, security, compliance, and utilization reviews (URs)***
- ***Developed procedures and controls for resolution of credit balances and lockbox issues***
- ***Coordinated the development and implementation of enhancements and controls to the billing software to streamline receivables collection, including through testing, documentation, training, support, and audit***
- ***Provided monthly consolidated receivables analysis and benchmark reporting, including information on projected cash flow, contractual allowances, denial statistics, and efficiency of operations***
- ***Performed liaison services between the regional offices and corporate departments for purposes of contra-revenue analysis, contractual–write-off and uncompensated-care analyses, and prioritization of program enhancements and new technologies***
- ***Developed Health Insurance Portability and Accountability Act (HIPAA) training materials; trained nationally Billing, Field, and Office personnel, tracked receivables offices' monthly compliance with both privacy and security requirements, and performed biannual audits***
- ***Directed the development of various Receivables, Compliance, and Financial reports via Application System/400, Cognos® Impromptu, and Crystal Reports applications***

Integration Manager, Corporate Support Services, 1997–2000

- ***Managed four teams responsible for integrating various ambulance-billing operations working in multiple states into the corporate billing system***
- ***Successfully converted 15 stand-alone billing sites***
- ***Provided preintegration analysis and audit of billing practices as well as identification of software enhancements to the corporate system***
- ***Developed and implemented an Integration Plan that included equipment needs, training, and support during all phases of the integration as well as final budget and staffing requirements***
- ***Provided post integration follow-up and support, especially during the first six months following the conversion***

Regional Ambulance Billing Manager, Arizona and California, 1995–1997

- ***Managed an approximately 75-member team that processed Ambulance Patient Care Reports for operations, including reconciliation to dispatch, in Arizona and California***
- ***Enhanced recovery efforts by implementing workflows based on payer and age of accounts***
- ***Streamlined processes, including electronic-filing, denial, and appeal processes, which reduced the number of sales-outstanding days from more than 125 days to 75 days***

Accounting Supervisor, Corporate Financial Services, 1993–1995

- ***Managed the General Ledger, Fixed Asset, and Tax Departments***
- ***Coordinated profits-and-losses and reconciliation issuances***
- ***Served as a liaison with external auditors for the annual audit***
- ***Provided due diligence on acquisitions and acquisition accounting***

Staff Accountant, Corporate Financial Services, 1991–1993

- ***Prepared journal entries, and reconciled accounts***
- ***Served as the Project Manager for the system conversion for fixed assets and the General Ledger***

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

Bachelor of Business Administration in Accounting; The University of Texas at Austin; Austin, TX; 1988

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Not applicable

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Reference #1

Name: Anthony Weeding
Title: Controller
Organization: CADTEL Systems, Inc.
Telephone Number: 480.560.6181
Fax Number: Not applicable
Email Address: weeding1010@yahoo.com

Reference #2

Name: Matthew Boyce
Title: Business Analyst
Organization: Hewlett Packard Enterprise™
Telephone Number: 775.335.8546
Fax Number: Not applicable
Email Address: matthew.boyce@hpe.com

Reference #3

Name: Nathan Rush
Title: Director, National Collections
Organization: Falck℠
Telephone Number: 480.388.5971
Fax Number: Not applicable
Email Address: nrushaz@gmail.com

PROPOSED STAFF RESUME FOR RFP 3266

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Health Management Systems, Inc. (HMS)***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Catherine Kim, HMS Program Manager***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Back-Up Project Manager***		
# of Years in Classification:	***<1***	**# of Years with Firm:**	***<1***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Catherine Kim has more than two years of project management and three years of healthcare experience. She currently provides project management support for HMS Cost Containment projects, including the Nevada RAC project. In this role, she assists the Project Manager in day-to-day project operations, provides quality assurance (QA) for project deliverables, and generates project reports. In a prior professional role, she performed financial and COB activities for a large provider. This experience provided her with an understanding of payment systems and processes.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Health Management Systems, Inc.; Irving, TX

Program Manager, 2016–Present

- ***Monitors ongoing and developmental projects in Nevada***
- ***Develops and maintains operational client-based reporting, including on identified savings, received recoveries, and recoupments***
- ***Researches state and federal rules, regulations, and administrative requirements regarding Medicaid billing and payment***
- ***Coordinates the internal department background-check processes specific to Nevada Department of Health Care and Financing***
- ***Implements system-driven workflows to improve efficiency and accountability***

- *Maintains file and letter matrices for review and approval by clients*

Holy Name Medical Center; Teaneck, NJ

Lead Financial Clearance Specialist, 2013–2016

- *Protected the hospital's financial interest in aspects of the health insurance industry*
- *Initiated and obtained insurance authorizations for high-dollar oncology procedures:*
  - *Kept constant contact with insurance companies*
  - *Reviewed the necessary clinical information with the nurses*
- *Used the insurance eligibility verification system:*
  - *Determined accurate COB*
  - *Checked the status of or start authorizations with insurance companies*
  - *Communicated with doctors' offices to coordinate procedures*
- *Advised patients of their financial responsibility prior to receiving hospital services*
- *Processed payments, which contributed to the department's collection of more than $1.2 million in 2015*
- *Ensured that authorizations for all elective procedures received approval from the insurance companies prior to the patients receiving services, which contributed to the decrease of $2.5 million in bad debt*

Prudential℠; Fort Lee, NJ

Marketing Assistant, 2012–2013

- *Managed property and casualty accounts, and assessed them for additional sales opportunities*
- *Provided excellent customer service*
- *Created quotes, processed claims, and endorsed policies*
- *Analyzed market trends*
- *Provided insight to shift the marketing strategy to capitalize on small businesses with good insurance rates and optimize commercial insurance sales*
- *Sought potential customers by producing marketing letters for provided leads, cold calling, and cross-selling to generate a 20% increase in the agent's property and casualty book of business*

Seins Agency; Palisades Park, NJ

Account Manager, 2010–2012

- *Established relationships with new and existing clients*
- *Provided excellent customer service*
- *Produced quotes, bound new policies, handled billing inquiries, and reported claims*
- *Led company transition through greater use of technology, including conversion to an upgraded maintenance system for a shared customer database, which augmented sales outcomes by 10%*
- *Trained, managed, and monitored six in-office and outsourced employees*
- *Drafted an employee manual to train and guide new hires*
- *Created a standardized training process*

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

Bachelor of Arts in Political Science; Rutgers University; New Brunswick, NJ; 2010

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Not applicable

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Reference #1

Name: Eileen Crilley
Title: Director
Organization: Holy Name Medical Center
Telephone Number: 201.833.3000
Fax Number: Not applicable
Email Address: crilley@mail.holyname.org

Reference #2

Name: Sunny Kim
Title: Financial Advisor
Organization: Prudential
Telephone Number: 201.978.2814
Fax Number: Not applicable
Email Address: hee.kim@prudential.com

Reference #3

Name: Jaehun Na
Title: President
Organization: Seins Agency
Telephone Number: 201.313.1472
Fax Number: Not applicable
Email Address: info@sungeunagency.com

PROPOSED STAFF RESUME FOR RFP 3266

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Health Management Systems, Inc. (HMS)***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Marnie Basom, HMS Vice President, State Government Solutions***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Accountable Executive***		
# of Years in Classification:	***3***	**# of Years with Firm:**	***11***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE
Information should include a brief summary of the proposed individual's professional experience.

Marnie Basom currently leads HMS state government solutions in the Western Region. She provides executive leadership in the development, execution, and management of growth and operational initiatives for state clients. She offers experience in state Medicaid programs, Children's Health Insurance Program (CHIPs), managed care, and health insurance. Such expertise allows her to provide client consultations and accountability for government-sponsored healthcare contracts in Nevada, Alaska, Arizona, California, Colorado, Idaho, South Dakota, Nebraska, New Mexico, Montana, Oregon, Utah, and Washington, and Hawaii.

Ms. Basom has experience and expertise in the following areas:

- ***Medicaid RAC program***
- ***Managed Care Come-Behind Billing program***
- ***Managed Care Premium Analysis and Accuracy programs***
- ***Medicaid PI and Payment Error Rate Measurement audits***
- ***Clinical services, including utilization management (UM) and prior authorization***
- ***Health Plan Employer Data and Information Set (HEDIS) quality measurements***
- ***TPL and COB recovery and cost avoidance***
- ***Medicaid policy and State Plan amendments***

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Health Management Systems, Inc.; Boise, ID

Vice President, State Government Solutions, 2013–Present

- ***Provides executive leadership in the development, execution, and management of growth and operational initiatives for the State Government Solutions Division***
- ***Directs more than 25 contracts to confirm contract performance and compliance through direct-service provision from 6 regional offices and shared-services support from the National Operations Center***
- ***Provides leadership and management for 21 client-focused team members***
- ***Leads migrations for core business processes from regional offices to a matrix-driven model***
- ***Provides subject matter expertise and guidance to government Project and Technical teams on current and impending business needs based on the market, politics, legislation, and other influences***

Regional Vice President, 2011–2013

- ***Led expansion of revenue and business with the addition of seven contracts with recovery audit scopes***
- ***Increased customer satisfaction, and stabilized contract delivery***
- ***Implemented government relations strategy to change state legislation to allow contingency-based contracting***

Regional Director, 2005–2011

- ***Managed team member, client, and contract migration during mergers and acquisitions***
- ***Led successful reprocurements for two government contracts***
- ***Designed and implemented training and succession planning for all positions in the Western Region***

Blue Cross® of Idaho; Boise, ID

Project Manager, 2004–2005

- ***Developed and managed Foundation for Health programs and initiatives, and provided project management oversight to activities as directed by the Medical Director***
- ***Developed and launched Smoking Cessation program in six months in collaboration with the Department of Health and Welfare***
- ***Testified to legislative committee regarding grant expenditures and accomplishments***
- ***Wrote and received government grant to address childhood obesity***

Wellness Coordinator, 1997–1998

- ***Developed disease management and wellness initiatives for employees and members***
- ***Drafted policies and procedures for Medical Record reviews***
- ***Drafted program descriptions and procedures for the Medical Management program***
- ***Conducted HEDIS measurement data gathering and review***
- ***Supported National Committee for Quality Assurance (NCQA) accreditation activities***

Idaho Department of Health and Welfare, Division of Medicaid; Boise, ID

Primary Care Program Manager, 2001–2004

- ***Managed and oversaw Care Management programs for Medicaid recipients in the areas of prior authorization, case management, disease management, UR, and medical review***
- ***Managed and directed 13 medical and nonmedical personnel and 4 contracted physicians and dentists***
- ***Responded to federal, legislative, and public requests, and provided public and legislative presentations***
- ***Collaborated with the Policy and Administrative Units to ensure that processes and procedures were complied with the State Plan and regulations***

Medicaid Children's Programs Manager, 2000–2001

- ***Provided management and oversight for the Idaho CHIP, school-based services, and early and periodic screening, diagnosis, and treatment initiative***
- ***Interpreted and applied federal and Idaho regulations, and developed program policies and procedures***
- ***Collaborated with internal and external stakeholders to advance program goals***
- ***Served as Project Manager to expand Medicaid managed care***

CHIP Coordinator, 1999–2000

- ***Managed CHIP, including federal reporting, outreach, and legislative and executive presentations***
- ***Developed stakeholder relationships to support expanding enrollment***

KPMG™; Boise, ID

Manager, 1998–1999

- ***Managed and supported social policy and health care engagements as well as CHIP projects in Idaho and Wyoming***
- ***Wrote the first Children's Health Plan submission to the Centers for Medicare & Medicaid Services on behalf of the State of Wyoming***
- ***Developed Medicaid managed care contract guidelines for benefit providers and enrollment brokers***
- ***Conducted QA and high-performance organization trainings for state clients***

Idaho Department of Health and Welfare, Division of Health; Boise, ID

Immunization Program Specialist, 1994–1997

- ***Developed and implemented assessment and monitoring activities for immunization levels in provider practices, schools, and day cares***
- ***Held responsibility for federal and Idaho reports***
- ***Provided education for multiple levels of stakeholders, including physicians, nurses, teachers, parents, and legislators***
- ***Monitored contracts for compliance and efficacy***

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

- ***Bachelor of Science in Psychology; Oregon State University; Corvallis, OR; 1991***
- ***Master in Public Health; Oregon State University; Corvallis, OR; 1994***

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Not applicable

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Reference #1

Name: Punipuao Pedro
Title: TPL Director
Organization: Alaska Division of Health Care Services
Telephone Number: 907.334.2452
Fax Number: 907.561.1684
Email Address: punipuao.pedro@alaska.gov

Reference #2

Name: Brian Fitzgerald
Title: Cost Avoidance Section Chief
Organization: California Department of Health Care Services
Telephone Number: 916.650.0593
Fax Number: 916.440.5667
Email Address: Brian.Fitzgerald@dhcs.ca.gov

Reference #3

Name: David Smith
Title: Benefits Coordination Section Manager
Organization: Colorado Department of Health Care Policy and Financing
Telephone Number: 303.866.3247
Fax Number: 303.866.3552
Email Address: david.smith@state.co.us

PROPOSED STAFF RESUME FOR RFP 3266

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Health Management Systems, Inc. (HMS)***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Manuel Fernandez, HMS Senior Regional Director***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Project Director***		
# of Years in Classification:	***<1***	**# of Years with Firm:**	***10***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE ***Information should include a brief summary of the proposed individual's professional experience.***

Manuel Fernandez oversees several state agency RAC projects, including for DHCFP. He led RAC project implementation and management in Nevada, California, and Nebraska. In Nevada, he has successfully initiated RAC scenarios across eight provider types. These scenarios have resulted in more than $14 million in recoveries for DHCFP.

Mr. Fernandez provides leadership for eight states across the Western Region, managing relationships with clients, providers, professional associations, and government officials. He facilitates the development and implementation of projects that address specific client needs to maximize results. Additionally, he holds responsibility for opportunity development for multiple client services, including the following:

- ***Medicaid COB***
- ***PI services***
- ***Payment integrity services***
- ***Managed Care premium analysis***
- ***Employment and eligibility verification***
- ***Medicaid policy and State Plan amendments***

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Health Management Systems, Inc.; Irving, TX

Senior Regional Director, 2016–Present

- ***Monitors and provides leadership to more than eight state clients in the Western Region***
- ***Focuses on increasing client satisfaction and enhancing contract deliverables***
- ***Holds accountability for client revenue and deliverable management***
- ***Leads interoffice collaboration among Implementation, Clinical, and Delivery Management teams***
- ***Interacts with state constituents, including legislators, senate members, and governors' personnel***

Program Director, 2012–2016

- ***Led implementation and management of RAC projects in California, Nebraska, and Nevada***
- ***Initiated RAC scenarios—successfully introduced scenarios across eight provider types for Nevada***
- ***Held accountability for client revenue and deliverable management***
- ***Handled relationship management, including with providers, professional associations, and other government officials***
- ***Facilitated the development of products that meet specific client needs to maximize services requested***
- ***Was responsible for opportunity development across multiple services, including Medicaid COB, PI, payment integrity, and employment and eligibility verification services as well as other services for state agency clients***

Provider Audits Regional Manager, 2010–2012

- ***Initiated implementations for multiple Medicaid programs—in 2010, led a team that implemented provider audits with more than 33 providers in Nevada and identified more than 2.5 million in overpayments***
- ***Facilitated a multiyear review with dialysis provider DaVita™ on behalf of the Nevada Medicaid program that resulted in a cumulative recovery of $3.3 million***
- ***Implemented Data Analysis Overpayment projects across hospital and dialysis providers to identify overpayment targets of which providers were unaware***
- ***Led audit processes in multiple states that resulted in more than $11 million in identified overpayments through collaboration of Payment Integrity projects***
- ***Interpreted policy and regulation as applied to state-specific Medicaid audits***
- ***Interfaced with Offices of the Attorney General and Offices of the Inspector General (OIGs) to defend audit decisions and pursue overpayment cases***
- ***Held responsibility for the conceptual development of new payment integrity processes, including technical processes and automations***
- ***Initiated pilot reviews of PI projects to implement statewide recovery initiatives***
- ***Oversaw audits of dialysis clinics, including of major national dialysis provider chains such as Fresenius Medical Care℠, DaVita, U.S. Renal Care, and Dialysis Clinic, Inc.***
- ***Worked with more than 430 unique dialysis providers for which the company had identified overpayments through payment integrity initiatives***
- ***Developed and deployed pilot Overpayment projects across the nation for long term care and behavioral health providers***
- ***Managed Audit projects across numerous states to conduct overpayment reviews on acute care providers' billing for inpatient and outpatient services***

Provider Audits Implementation Manager, 2009

- ***Specialized in the implementation of provider audits for new clients***
- ***Initiated pilot reviews of PI projects to implement statewide recovery initiatives***
- ***Led audit processes in more than five states that resulted in more than $6.5 million in identified overpayments***
- ***Developed relationship with the two largest national dialysis providers to facilitate more than $5 million in annually identified overpayments***

Auditor, 2008

- ***Initiated credit balance reviews for the North Carolina Division of Medical Assistance, and developed a relationship with a majority of hospital providers***
- ***Initiated pilot credit balance reviews on North Carolina mental healthcare providers and physician groups, which led to the identification of a systemic under-refunding process by one of the largest hospital networks in the state***
- ***Led an audit process that resulted in recoveries of more than $4 million in overpayments in less than one year***

Business Analyst, 2007

- ***Managed the development of a posting agent that allowed electronic transfers of post commercial insurance to client mainframes***
- ***Led implementation of a posting agent for a client, which led to a 200% increase in data flow to the client's mainframe while maintaining an error ratio of less than 3%***

Case Manager, 2006

- ***Successfully managed more than 2,000 cases, which entailed timely calculations of third-party liens and estate claims on behalf of clients***
- ***Maintained strict adherence to client-established policies and procedures***
- ***Coordinated telephonic case hearings***

Pinnacle Airlines, Inc.; Tallahassee, FL

Customer Service Representative, 2005

- ***Oversaw daily operations***
- ***Generated daily Airline Expense and Revenue Operating Reports for three airlines***
- ***Analyzed weights and balances, fuel reconciliation, and station-accounting revenue to identify irregularities and inefficiencies in expenditures***
- ***Served as the Interim Station Manager, with duties that included managing payroll, employee schedules, interline communications, relationships with maintenance and fuel vendors, and coordination of in-house audits to confirm compliance with Federal Aviation Administration regulations***
- ***Identified inefficient procedures, then recommended and implemented cost saving initiatives that resulted in significant annual savings in operating expense***
- ***Recommended the expansion of a Corporate Passenger program to accommodate all regional airports, which resulted in an increase of program participation and revenues***
- ***Served as a liaison between the U.S. Department of Homeland Security and pilots in distress or emergency scenarios***

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

Bachelor of Arts in Business Administration; Florida State University; Tallahassee, FL; 2005

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Not applicable

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Reference #1

Name: David Dawson
Title: Vice President
Organization: Conifer Health Solutions℠
Telephone Number: 469.803.3000
Fax Number: Not applicable
Email Address: david.dawson@coniferhealth.com

Reference #2

Name: Kevin McDonald
Organization: Cotiviti™
Title: Consultant
Telephone Number: 469.667.2612
Fax Number: Not applicable
Email Address: kevinfmcdonald@yahoo.com

Reference #3

Name: Lea Clauss
Title: Manager
Organization: Nebraska Department of Health and Human Services
Telephone Number: 402.471.1019
Fax Number: Not applicable
Email Address: lea.clauss@nebraska.gov

PROPOSED STAFF RESUME FOR RFP 3266

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Health Management Systems, Inc. (HMS)***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Gary Call, MD, HMS Vice President, Chief Medical Officer (CMO)***	**Key Personnel: (Yes/No)**	***Yes***
Individual's Title:	***Medical Director***		

# of Years in Classification:	***1***	**# of Years with Firm:**	***1***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE ***Information should include a brief summary of the proposed individual's professional experience.***

Gary Call, MD, our proposed Project Medical Director, has 27 years' experience as a physician. His 20 years' experience in providing management and oversight experience for healthcare payers includes medical cost management, quality improvement, and QA leadership. He helped provide medical management for Molina Healthcare's Nevada Health Plan from 2007 to 2010.

Currently, Dr. Call holds responsibility for the following:

- ***Overseeing all clinical-review activities, including physician reviews***
- ***Recruiting and maintaining the Physician Reviewer Panel***
- ***Assisting Certified Professional Coder® and registered nurse (RN) reviewers, as needed***
- ***Confirming the integrity and consistency of audit protocols and the QA program***
- ***Participating in appeals/hearings, as necessary***

He provides clinical leadership and medical oversight, participates in clinical reviews, coordinates physician clinical-review activities, assists in litigation, and provides expert testimony on behalf of HMS clients. Additionally, he serves as an advisor on clinical issues, including UR, quality of care, and broader healthcare trends. Dr. Call brings his experience and expertise in medical practice, health plan operations, and clinical analytics to enhance results for clients.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Health Management Systems, Inc.; Las Vegas, NV

Vice President, CMO, 2015–Present

- *Applies experience and expertise in medical practice, health plan operations, and clinical analytics to enhance payment integrity services for commercial, state, and federal clients*
- *Develops, implements, and manages new and existing Clinical programs and policies*
- *Develops, implements, and manages Quality Management programs and policies, including those for QA, appeals, and interrater reliability initiatives*
- *Provides leadership to Physician team, which includes medical directors and physician reviewers*
- *Provides clinical oversight of Analytics programs*
- *Serves as a clinical liaison to clients, including the Centers for Medicare & Medicaid Services (CMS), state Medicaid agencies, and commercial payers*

Molina Healthcare; Long Beach, CA

Corporate Vice President, Clinical Programs, 2011–2015

- *Held accountability for medical management across all health plans and lines of business (LOBs), which included Medicaid, Medicare Dual Eligible Special Needs Plan (SNP), Medicare-Medicaid programs, marketplace, and CHIPs*
- *Managed several senior-level direct reports, including all regional senior medical directors and senior medical directors*
- *Developed standardized medical cost-management policies and initiatives*
- *Collaborated with leaders from the Corporate Health Care Services team and state health plans to implement and provide oversight of the Medical Management programs for state health plans*
- *Developed and implemented a standardized Training, Mentoring, and Performance Oversight program for enterprisewide CMOs and medical directors*
- *Provided leadership for Corporate Medical Director teams supporting centralized UM Units for areas of advanced imaging, newborn intensive care, high-risk obstetrics, and organ transplantation*
- *Oversaw Medical policy development*
- *Collaborated with the Corporate Vice President, Behavioral Health, and Corporate Vice President, Quality, to develop and integrate behavioral health and quality initiatives at the state health plan level*
- *Oversaw clinical integration in risk-adjustment activities*
- *Served as the physician consultant for the Central Claims Review Unit, Pharmacy Department, and Business Development/Implementation teams*
- *Served on the Corporate Appeals Steering Committee*

Corporate Vice President, Medical Director, Medicare/Aged, Blind, and Disabled/Long Term Care, 2007–2011

- *Provided leadership of Medicare Medical Cost Management programs across all health plans as well as of enterprise wide Medicare Quality and Star Ratings programs*
- *Oversaw program development and training for Medical Management and Quality Improvement programs for Medicare, including the SNP model of care*
- *Oversaw compliance of the Medical Management and Quality Improvement programs with CMS regulatory requirements*
- *Developed and implemented the Medicare Risk Adjustment program*
- *Served as a physician consultant to the Medicare Pharmacy Department by assisting in effective clinical integration and coordination*
- *Served as the physician consultant for Medicare bids and service-area expansions*
- *Served as the Medicare clinical subject matter expert assisting Medicare Plan team leaders and senior-level Healthcare team leaders*

Molina Healthcare of Utah; Midvale, UT

CMO, 1997–2008

- ***Served as CMO for an MCO offering Medicaid, Medicare Advantage, and CHIP product lines***
- ***Provided leadership and oversight of Medical Management and Quality Improvement programs:***
  - ***Included HEDIS and NCQA accreditation***
  - ***Excellent status achieved twice, and achieved ranking of the twelfth-highest quality Medicaid health plan in the nation by US News and World Report/NCQA***
- ***Held responsibility for provider network development, contract review, Pharmacy program oversight, clinical practice–guideline development, and new-technology assessment***

Hidden Valley Family Medicine; Draper, UT

Physician, 1996–2007

- ***Served as a family medicine private practitioner***

University of Utah School of Medicine; Salt Lake City, UT

Volunteer Clinical Faculty/Adjunct Volunteer Faculty, 1991–2008

- ***Served as a volunteer attending physician in a family practice residency clinic***
- ***Worked with numerous medical students, nurse practitioner students, and physician assistant students in an office setting for family medicine clerkships***

St. Mark's Family Practice and Residency; Salt Lake City, UT

Clinical Faculty, 1994–1998

- ***Taught residents in both inpatient and outpatient settings***
- ***Served as an attending physician in the Family Practice Residency Clinic***
- ***Served as resident preceptor***

FHP℠ of Utah/FHP of Utah Hospital; Salt Lake City, UT

Chairman, Family Practice Department, 1993–1996

- ***Supervised a department of 35 physicians and 15 mid-level providers at 7 medical centers***
- ***Held responsibility for recruiting, QA, continuing medical education (CME) coordination, UR, development of clinical-practice guidelines, HEDIS accreditation, NCQA accreditation, and physician advocacy***
- ***Supervised a hospital department of 15 physicians, and developed department rules and regulations***
- ***Held responsibility for physician credentialing, CME, QA, UR, and assisting with the Joint Commission on Accreditation of Healthcare Organizations Accreditation Survey***

FHP International; Long Beach, CA

Chairman, Physician Design Committee, Computerized Patient Record Task Force, 1994–1995

- ***Led a Design team of physicians in developing work processes, Master Files, and content for a $30-million computerized Medical Record project using the EpicCare software system***
- ***Oversaw implementation at two pilot medical centers***

FHP West Valley Medical Center; West Valley City, UT

Physician Team Leader, 1992–1993

- ***Supervised 10 Provider Medical personnel***
- ***Held responsibility for UR, budgeting, Nursing team supervision, healthcare provider evaluations, and scheduling***
- ***Maintained a full-scope family practice***

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

- ***Bachelor of Science in Microbiology; Brigham Young University; Provo, UT; 1983***
- ***Doctor of Medicine; University of Washington School of Medicine; Seattle, WA; 1988***
- ***Family Practice Residency; University of Utah School of Medicine, Department of Family and Preventive Medicine; Salt Lake City, UT; 1991***

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

- ***Physician License, State of Utah,; 1989***
- ***Diplomate, American Board of Family Practice, original certification 1991, most-recent recertification 2013***
- ***Medical Management Certificate program; University of California, Irvine; 1995***

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Reference #1

Name: Hal Gooch, MD
Title: CMO
Organization: Molina Healthcare of Utah
Telephone Number: 801.589.8176
Fax Number: Not applicable
Email Address: hal.gooch@molinahealthcare.com

Reference #2

Name: Ronald Lopez, MD
Title: Medical Director
Organization: Molina Healthcare of Utah
Telephone Number: 801.201.9137
Fax Number: Not applicable
Email Address: Ronald.lopez@molinahealthcare.com

Reference #3

Name: Dennis Sandoval, MD
Title: Senior Medical Director
Organization: UnitedHealthcare™
Telephone Number: 505.659.6140
Fax Number: Not applicable
Email Address: lesueursandoval@gmail.com

PROPOSED STAFF RESUME FOR RFP 3266

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Health Management Systems, Inc.***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Josh Houston HMS Director, Implementation Delivery***	**Key Personnel: (Yes/No)**	***No***
Individual's Title:	***Director, Implementation Delivery***		
# of Years in Classification:	***1***	**# of Years with Firm:**	***11***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Mr. Houston has 10 years of healthcare experience and 7 years of project management and implementation experience. In his current role, he has managed project implementations that include PI; fraud, waste, and abuse (FWA); data analytics; claim and bill audit; and other services. Mr. Houston has a successful record of leveraging technology that automates manual processes to achieve efficiency improvements and cost savings. Throughout his career, he has applied his project management techniques to deliver on-time, compliant projects. His other relevant PI experience includes the following:

- ***Served as Lead Program Manager in a FWA implementation for a large commercial health insurer that included retrospective data mining for 16 health plans***
- ***Managed a Medical Record Improvement project to streamline audit processes and reduce use of paper records***
- ***Designed and fully developed a secure Credit Balance Audit (CBA) case management system that enabled auditors to capture and manage identified credit balances on claims***
- ***Developed customized, system-generated provider recovery deliverables to support Audit Recovery projects***

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Health Management Systems, Inc.; Charlotte, NC

Director, Implementation Delivery, July 2015–Present

- ***Responsible for the implementation of all payment integrity products, which includes FWA initiatives; claim edits and analytics; clinical claim reviews; and bill audits***
- ***Directly manages a team of project managers and business analysts to confirm high-quality implementations within agreed-upon time frames***
- ***Oversees enterprise implementation governance using Project Management Institute (PMI) methodology***
- ***Performs ongoing capacity planning to ensure that resources efficiently align with growth***

Senior Project Manager, July 2013–June 2015

- ***Held responsibility for prospective and retrospective FWA product implementations***
- ***Served as Lead Program Manager for the largest FWA implementation for the nation's largest commercial health insurer:***
  - ***Led an implementation scope that included retrospective data mining for 16 health plans, with completion in fewer than 1.5 years, with client savings exceeding $15 million***
  - ***Developed a comprehensive program schedule coordinated across various functional groups***
  - ***Managed risks/issues, change controls, phase gate reviews, and senior leadership meetings***
  - ***Tracked new data-mining concepts from submission to production (approximately 200 concepts)***

Project Manager for the Chief Executive Officer (CEO), January 2012–June 2013

- ***Managed special projects for the CEO***
- ***Conducted complex project assignments for multiple products, such as direct billing yield improvement and asset verification integration with state processes***
- ***Managed an enterprise Medical Record Improvement project to streamline processes and reduce use of paper records***

Technology Manager of Eligibility Services, 2009–2011

- ***Oversaw the development and implementation of the eligibility services product line***
- ***Directly managed the Business Analyst and Development teams***
- ***Served as lead Project Manager for the first two large-scale asset verification product implementations, which were worth approximately $2 million annually and included a rollout to more than 2,000 users***
- ***Collaborated with senior leaders to define business requirements and technical-design specifications for a new scalable, proprietary enterprise asset verification application, managing development of the core product***
- ***Led the design and development of a proprietary enterprise case management application:***
  - ***Wrote technical-design specifications***
  - ***Managed multiple teams during product development and implementation, including all application developers, Electronic Data Interchange specialists, business analysts, and consultants***
  - ***Integrated product with a PeopleSoft™ accounts payable module using web services that handled approximately $250,000 in weekly check and automated clearinghouse transactions***
  - ***Successfully implemented the product, which increased revenue by 100% in 2009–2010, for eight states***

Business Analyst, 2007

- ***Led the Health Insurance Premium Payment (HIPP) Software Implementation project for Texas:***
  - ***Served in a key client-facing role during the 90-day large-scale implementation***
  - ***Acquired all operational and technical data from the previous contractor and assimilated information into technical specifications for product development***
  - ***Defined all business rules and functional design in state deliverables for proprietary HIPP software (Premium Identification, Evaluation, and Reimbursement) implementation to manage multiple Premium Assistance programs***
- ***Managed suspect payment identification, evaluation, and recovery (SPIDER) implementation for the Provider Credit Balance Review Department:***
  - ***Designed and fully developed a secure SPIDER system for auditors to capture and manage identified credit balances on claims***
  - ***Developed custom provider recovery deliverables generated from the system to each client for which the company performed CBAs***
  - ***Managed software implementation, which included supervision of all training exercises to auditors, for more than 20 auditors nationwide***
- ***Implemented a Medicare RAC project:***
  - ***Performed product development and project management for high-profile Medicare Secondary Payer contract for Florida and New York***
  - ***Directly worked with the Executive Leadership team to develop applications to replace manual processes***
  - ***Created efficient operational workflow by integrating stand-alone systems***

Data Analyst, 2005–2006

- ***Managed all data processes for two major managed care clients***
- ***Provided strong support to Program Directors***
- ***Developed automated processes to improve accuracy and dramatically decrease preparation time for client deliverables using Microsoft® Structured Query Language data transformation services packages***
- ***Created a QA process for data extracted from the proprietary insurance verification tool uploaded to client systems***

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

- ***Bachelor of Science in Business Administration IS; Appalachian State University; Boone, NC; 2007***
- ***Associate of Arts in Business Administration; Caldwell Community College; Hudson, North Carolina; 2001***

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

- ***Lean Six Sigma (LSS) Green Belt, Acuity Institute, 2012***
- ***Project Management Professional, PMI, 2012***
- ***Microsoft Certified Professional, Microsoft, 2004***
- ***A+ Hardware/Software, Computing Technology Industry Association (CompTIA), 2004***
- ***Network+ Networking, CompTIA, 2004***

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Reference #1

Name: Margaret Wickman
Title: Finance Manager
Organization: Texas Medicaid and Healthcare Partnership
Telephone Number: 512.506.7935
Fax Number: Not applicable
Email Address: Margaret.wickman@tmhp.com

Reference #2

Name: Wai Seng Won
Title: Vice President
Organization: MAXIMUS Health Services
Telephone Number: 703.251.8500
Fax Number: Not applicable
Email Address: waiswon@maximus.com

Reference #3

Name: Diane Broadhurst
Title: Manager, Third Party Resources
Organization: Texas Health and Human Services Commission (HHSC) OIG
Telephone Number: 512.491.5638
Fax Number: Not applicable
Email Address: diane.broadhurst@hhsc.state.tx

PROPOSED STAFF RESUME FOR RFP 3266

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Health Management Systems, Inc. (HMS)***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Reginald Coulsell, HMS Senior Director, Clinical Services***	**Key Personnel: (Yes/No)**	***No***
Individual's Title:	***Senior Director, Clinical Services***		
# of Years in Classification:	***1***	**# of Years with Firm:**	***2***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Mr. Coulsell has demonstrated abilities in managing research and development in support of PI projects, including Recovery Audit projects. His brings his project management and QA background to the development and performance of high-quality data analyses. He has supported the development of overpayment scenarios through collaboration with the Project Management team and clients.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Health Management Systems, Inc.; Las Vegas, NV

Senior Director, Clinical Services, 2015–Present

- ***Holds responsibility for the identification of more than $75 million in client savings and $10 million in annual revenues—achieved 25% year-over-year revenue growth***
- ***Migrates multiple clients to a single claim overpayment–identification and –audit platform***
- ***Negotiates vendor partnering agreements to enhance service offerings for 2017***

Director, Quality and Business Optimization, 2014–2015

- ***Established Quality Review Boards and Quality Control programs on six product lines***
- ***Developed and deployed the company's first LSS 101 Training program***
- ***Established an LSS Green Belt training program and process with the American Society for Quality***
- ***Developed and deployed enterprise-wide requirement documentation and control process for all financial products and services***

Lockheed Martin; Orlando, FL

Supplier Quality Field Operations Engineer (SQFE) Manager, Missiles and Fire Control (MFC), 2013–2014

- ***Managed domestic and international SQFE activities, including in-process surveillance, source inspection, and special-process surveys across more than 400 suppliers***
- ***Created a metrics database to link internal rejects to SQFE performance to trend performance, drive supplier quality, and integrate findings into annual performance measures***
- ***Helped create a Google℠ Earth–based operations map***
- ***Led field-resource optimization across the entire enterprise, including international operations***

Supplier Quality LOB Manager/Central Supplier Quality, MFC, 2012–2013

- ***Managed the supplier quality strategy across the fire-control LOB***
- ***Categorized supplier risk using checklists based on International Organization for Standardization 9000/SAE International™ AS9100 standards for 40 critical technology suppliers***
- ***Implemented sourcing-strategy changes based on capability gaps***
- ***Created and conducted webinars for more than 250 suppliers to educate on systemic industry challenges, including corrective action, first-article inspection, and impacts of Restriction of Hazardous Substances directives on solder materials***
- ***Created an analysis package to automate and reduce internal labor for the creation of executive and Corrective Action Board metrics packages***

Quality Engineering and Corrective Action, Apache EO/DCR, 2005–2012

- ***Served as a lead on the enterprise performance readiness initiative to measure health index for critical measures across all business processes and product lines, with duties that included requirements development, metric identification, statistical performance modeling, weighting methodologies, and system implementation***
- ***Acted as the Corrective Action Advisor for focal plane array failures at Santa Barbara Focal Plane:***
  - ***Led cross-functional teams to analyze probable failure modes***
  - ***Led teams to identify and implement systemic corrective actions to improve yields***
- ***Served as the Program Quality Lead for the Modernized Dayside Development program, with duties that included earned value management system Control Account Manager budgetary authority, drawing and procedure approval, nonconformance processing, corrective-action implementation, engineering change board operations, and programmatic review***
- ***Facilitated joint Army Aviation and Army Office of Continuous Improvement events to reduce contract-award lead times and facilitate performance-based payment criteria for future contracts under acquisition reform***
- ***Served as an LSS Instructor for Green Belt and Black Belt coursework***
- ***Facilitated events that resulted in the generation of an estimated $48 million in new-services business***
- ***Served as the Corrective Action Lead for the Apache Fire Control program area, with responsibility for continuous improvement results across a business base of more than $1 billion***
- ***Developed and implemented Corrective Action Plans for mission-critical hardware***
- ***Investigated root causes and corrective actions in engineering, field, supplier, and production hardware applications***
- ***Analyzed and dispositioned nonconforming floor hardware***
- ***Created various quality documents, including Failure Analysis Reports, Secondary Usage Forms, System Integration Logbooks, and instructions for redline rework and inspection***
- ***Teamed with supplier to meet quality and technical expectations on observed failure modes***

- *Facilitated Corrective Action Board reporting to the internal Management team and government representatives*
- *Developed, managed, and facilitated Action Plans for the purging of nonconforming hardware*
- *Maintained a pilot database for the computation of customized, web-based quality metrics for in-process and delivered hardware*

Florida Institute of Technology; Melbourne, FL

Engineering and Project/Group Management, 2000–2004

- *Completed coursework in computer-aided engineering (finite-element analysis), materials, static and dynamic analyses, thermodynamics, fluid mechanics, aircraft structures, aircraft stability and control, experimental aerodynamics, air-breathing engines, rockets and mission analysis, and human factors*
- *Served as a lead designer of the Rainmaker project, which included design of the propulsive (drive) system and various apparatus mating to convert a conventional combustion glider to a hydrogen fuel cell–powered propulsion*

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

- *Bachelor of Science in Aerospace Engineering; Florida Institute of Technology; Melbourne, FL; 2004*
- *Master of Business Administration; Florida Institute of Technology, Melbourne, FL, 2008*

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Not applicable

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Reference #1

Name: Shane Hochradel
Title: Vice President, Payment Integrity Operations
Organization: HealthDataInsights™ (HDI®)
Telephone Number: 702.777.4986
Fax Number: Not applicable
Email Address: shane.hochradel@hms.com

Reference #2

Name: Shannon Maceira
Title: Vice President, Client Shared Services
Organization: HDI
Telephone Number: 702.322.2828
Fax Number: Not applicable
Email Address: shannon.maceira@hms.com

Reference #3

Name: Gil Marques
Title: Vice President, Quality and Business Operations
Organization: HMS
Telephone Number: 214.453.3000
Fax Number: Not applicable
Email Address: gil.marques@hms.com

PROPOSED STAFF RESUME FOR RFP 3266

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Health Management Systems, Inc.***

Check the appropriate box as to whether the proposed individual is
prime contractor staff or subcontractor staff.

Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Janine Gatlin, HMS Manager, Clinical Operations***	**Key Personnel: (Yes/No)**	***No***
Individual's Title:	***Manager, Clinical Operations***		

# of Years in Classification:	***1***	**# of Years with Firm:**	***4***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Ms. Gatlin has more than 9 years of claim-audit experience and more than 22 years of insurance-billing experience. She has closely worked with Project Management personnel and clients to develop audit processes, tools, letters, and reports based on client-specific requirements. As part of her duties, she has held responsibility for delivering timely, accurate RAC project implementation and client-specific configuration of audit management systems. She also has extensive experience in insurance billing that includes Revenue cycle process improvement and electronic Medical Record (EMR) process implementation. She has additional data analysis experience that includes review of pharmacy rebates and utilization.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Health Management Systems, Inc.; Irving, TX

Manager, Clinical Operations, 2015–Present

- ***Oversees RAC operational processes related to automated and complex audit targets***
- ***Manages the RAC Operations team across all state client Medicaid RAC programs***

Project Director, 2012–2015

- ***Provided project management and RAC implementation management***
- ***Effectively implemented Medicaid RAC processes for state Medicaid programs***
- ***Served as the primary interface between the Account and PI teams during project implementations***
- ***Oversaw the successful delivery of services included under Recovery Audit projects***

Pioneers Memorial Healthcare District; Brawley, CA

Patient Accounting Manager, 2011–2012

- ***Supported the daily operations of the Patient Accounting Department***
- ***Provided direction to cashiering, billing, collection, and private pay staff to optimize timely and compliant billing, collections, and cash posting***

Revenue Cycle Assistance Consultant, Contract Employee, 2008–2011

- ***Managed projects related to the improvement of the Revenue cycle***
- ***Provided leadership in Medicare billing and collections, Medicaid billing and collections, new-service performance, and EMR and document system implementation***

Interim Director of Patient Accounting and Registration, 2007–2008

- ***Supported the daily operations of the Patient Accounting and Registration Department***
- ***Provided direction to all Patient Accounting, Collections, and Patient Registration team members***
- ***Developed The Joint Commission and DNV GL™ readiness processes, including training for survey readiness***

Patient Accounting Coordinator of Billing and Collections, 2000–2007

- ***Leveraged approximately nine years of supervisory experience in an acute hospital Patient Accounting Office***
- ***Effectively coordinated multiple projects***
- ***Implemented new services***
- ***Developed the skills and knowledge necessary to meet ever-changing industry standards and the organization's need for workers to provide increased level of responsibility***
- ***Leveraged three years of project-orientated experience in an acute hospital Patient Accounting Office***
- ***Managed projects related to the improvement of the Revenue cycle***
- ***Provided leadership in Medicare billing and collections, Medicaid billing and collections, new-service performance, and EMR and document system implementation***

MedImpact®; San Diego, CA

Rebate Analyst, 2008–2009

- ***Reviewed Pharmaceutical Rebate contracts to apply rebate calculations accurately***
- ***Produced timely rebate invoicing***
- ***Analyzed utilization data to recommend rebate opportunities***

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

Coursework in Medical Terminology; Imperial Valley College; Imperial, CA; 1993

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

California State Certified Pharmacy Technician; Chabot College; Hayward, CA; 1995

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Reference #1

Name: Teisha Berry
Title: Audit Coordinator
Organization: Oklahoma Health Care Authority
Telephone Number: 405.522.7247
Fax Number: Not applicable
Email Address: teisha.berry@okhca.org

Reference #2

Name: Tom McGaha, CFE, CGAP
Title: Federal Audit Coordinator
Organization: Texas HHSC OIG
Telephone Number: 512.491.4033
Fax Number: Not applicable
Email Address: Thomas.mcgaha@hhsc.state.tx.us

Reference #3

Name: Cathy Kadry
Title: Director of Health Management
Organization: Pioneers Memorial Hospital
Telephone Number: 760-351-3148
Fax Number: Not applicable
Email Address: ckadry@pmhd.org

PROPOSED STAFF RESUME FOR RFP 3266

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Health Management Systems, Inc.***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***William Snyder, HMS Senior Director, Clinical Services***	**Key Personnel: (Yes/No)**	***No***
Individual's Title:	***Senior Director, Clinical Services***		
# of Years in Classification:	***<1***	**# of Years with Firm:**	***<1***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

As HMS's Senior Director, Clinical Operations, Mr. Snyder brings more than 10 years of PI experience in managing billing and documentation reviews. In this role, he manages our Clinical Review team members and their performance of reviews to confirm timely performance of work and completeness of Audit Reports. He also manages staffing resources, including allocation and assignments, per audit. His PI experience includes the following:

- ***Two years of experience in supporting RAC services for clients and leading a team responsible for the recovery of large, complex review overpayments***
- ***Directed teams of nurses, coders, attorneys, and analysts responsible for reviewing clinical claims***
- ***Consolidated recovery resources around best practices to increase results for clients***
- ***Helped to develop and implement new algorithms and queries to detect suspect claims***
- ***Designed a process for reporting cases effectively to the Medicare Drug Integrity Contractor***
- ***Drove innovations that reduced HIPAA-violation risk, improved claim-processing procedures, and increased productivity***
- ***Led the provision of specialized analytics to reduce unnecessary medical costs for clients***

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Health Management Systems, Inc.; Rapid City, SD

Senior Director, Clinical Services, 2016–Present

- ***Leads Nursing and Coding Review teams***
- ***Advances efficiency, productivity, and quality to optimize savings for health plan clients***

Black Hills Group; Rapid City, SD

Principal and Founder, 2014–2016

- ***Helped medical group clients perform internal audits of billing/coding policies and procedures as well as avoid and respond to payer audits***
- ***Led modernization of data systems and processes for a preferred provider organization***
- ***Reviewed clients' contracts with health plans, and recommended provisions to deflect audit and recovery issues***
- ***Helped medical group clients get claims paid and solve health plan network issues***

Optum™/UnitedHealthcare; Brandon, SD

Senior Director, Operations, Optum Payment Integrity (GL30), 2012–2014

- ***Directed teams of up to 100 nurses, coders, attorneys, and analysts***
- ***Led the Audit team to a three-fold increase in Refund Request Letters in six months***
- ***Built and led the specialized Negotiations team of attorneys and dispute-resolution experts charged with recovering large and complex overpayments***
- ***Designed and led the implementation of a Daily Operational Metrics dashboard***
- ***Led the turnaround of the Claim Processing team's backlog of more than 30 days to 5 days' work on hand***
- ***Prepared for, participated in, and responded to CMS and Medicaid plan compliance audits***
- ***Designed and implemented a CMS-compliant process for reporting cases to the Medicare Drug Integrity Contractor***
- ***Drove the implementation of a new document-scanning vendor that reduced HIPAA-violation risk and increased productivity***
- ***Organized and led a team that researched, authored, and presented an electronic Health Record strategy recommendation for the Executive Leadership team***
- ***Represented the company in industry associations, such as the National Health Care Anti-Fraud Association; presented at national meetings; and built and maintained key relationships***
- ***Served as the primary liaison to Business Development teams***
- ***Recommended pricing and service offerings***
- ***Participated in sales and implementation meetings***
- ***Implemented real-time Data Sharing solutions that increased transparency and client satisfaction***

Associate Director, Affordability Management (GL29), Ingenix, 2007–2012

- ***Helped develop and launch new algorithms and data-mining queries to detect suspect claims***
- ***Merged three Anti-Fraud and Anti-Abuse teams into a combined group, with a 69% increase in total savings***
- ***Led the provision of specialized analytics to reduce unnecessary medical costs***
- ***Helped secure high-profile consulting engagements through industry contacts, including presentation at the South by Southwest Conference***
- ***Grew a key account by 10%, and converted it to an automatically renewing "evergreen" contract***

Manager of Acquisition Integration for Audit and Recovery (GL28), 2005–2007

- ***Led an increase in speed and savings for the division through integration of acquired plans' Overpayment Recovery Units***
- ***Consolidated six business units into one unit with a unified Data Warehouse, consolidated financials, and enterprise wide adoption of best practices***
- ***Managed a successful Rules of the Road project to consolidate companywide Recovery teams and processes around compliant best practices***

Aspen Insurance Holdings Limited; Aspen, CO

Supervisor, 2001–2005

- ***Built and led two teams, which resulted in selectin to lead the spinoff business***
- ***Built and led the Loss Control and Premium Audit Departments***
- ***Launched and directed a boutique consulting and analytics firm that served as a business process outsourcing–audit partner for workers' compensation carriers***
- ***Served on the Indiana Guaranty Fund Board, which handled the claims of insolvent insurers***
- ***Represented the company in state Insurance Department audits***

Universal Underwriters Insurance Company, Kirklin & Company, and Northwestern Mutual; Omaha, NE

Supervisor, 1995–2001

- ***Steered expansion into the benefits market by securing the first group benefits account for the Midwest Region of Universal Underwriters***
- ***Drove the expansion of Kirklin & Company into the benefits market by securing the firm's first group benefits client***
- ***Learned consultative sales from one of the world's top organizations in Northwestern Mutual***

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

- ***Bachelor of Arts in Political Science; University of Nebraska–Lincoln; Lincoln, NE; 1995***
- ***Master of Business Administration; University of Nebraska Omaha; Omaha, NE; 2001***

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

- ***Certified Coding Associate, 2014***
- ***Executive Black Belt Certification, 2006***

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Reference #1

Name: Rick Stracqualursi
Title: CEO
Organization: Western Providers, Inc.
Telephone Number: 605.755.5839
Fax Number: Not applicable
Email Address: rstracqual@regionalhealth.com

Reference #2

Name: Paul Haberstock
Title: Chief Operating Officer and Principal Consultant
Organization: Well Solutions Group
Telephone Number: 412.716.9278
Fax Number: Not applicable
Email Address: Not applicable

Reference #3

Name: Carol Iwen
Title: Director, Applications Development
Organization: Western Providers, Inc.
Telephone Number: 605.755.5839
Fax Number: Not applicable
Email Address: ciwen@regionalhealth.com

PROPOSED STAFF RESUME FOR RFP 3266

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Health Management Systems, Inc.***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Noreen Miller, HMS Director, Operations***	**Key Personnel: (Yes/No)**	***No***
Individual's Title:	***Director, Operations***		
# of Years in Classification:	***7***	**# of Years with Firm:**	***22***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Ms. Miller has more than 22 years of healthcare experience and 7 years of CBA experience. She has managed CBA activities, with duties that included coordinating audit resources, implementing national best practices, performing quality management of reviews and deliverables, and managing credit balance auditors. In her current role, she provides leadership to the CBA team and assists with the development and implementation of an audit management system to support recovery audit and other PI work.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Health Management Systems, Inc.; New York, NY

Director, Operations, 2009–Present

- ***Manages the remote-based CBA team responsible for reviewing hospitals under Medicaid program contracts in Connecticut, Maine, New Jersey, and New York***
- ***Ensures that team members promptly schedule audits and conducts high-quality onsite and desk reviews of Medicaid credit balance accounts***
- ***Pursues and manages onsite initiatives with providers for full-time placement of auditors***
- ***Resolves provider-related issues/concerns***
- ***Advises the Project Manager of any provider- or process-related issues***
- ***Analyzes audit trends to facilitate future recovery potential***
- ***Communicates productivity and trends to the Executive team and other stakeholders***

Manager, Operations Support and Vendor Management, 2004–2009

- ***Managed a Support team of 20 analysts responsible for the posting, validation, and monthly invoice generation***
- ***Ensured that production of all deliverables occurred promptly and accurately according to contract specifications***
- ***Coordinated with clients and other stakeholders during initial contract set-up to troubleshoot, train, and confirm compliance of invoicing-related specifications***
- ***Managed relationships with vendors, with responsibilities that included contract negotiation, Service Level Agreement and pricing structure, quality control of vendor deliverables, and coordination of special projects and process enhancements***

Manager, Data Services, 1994–2004

- ***Managed data services, data management, and production-control areas***
- ***Managed a Data Entry team that received, validated, and posted remittances in excess of $10 million per month for revenue recovery clients***
- ***Managed a team of Insurance Follow-Up specialists who interacted with carriers to rebill and appeal unadjudicated claim populations***
- ***Created and maintained source-data infrastructure to confirm receipt, successful processing, and timely return of client data according to established protocols***
- ***Devised automation methods for various manual functions to maximize productivity and efficiency as well as reduce costs***

Professional Data Services, Inc.; New York, NY

Assistant Director, Support Services, 1984–1993

- ***Supervised overall activities of all back-office operations***
- ***Directed a Support team of 40 that provided clerical, word processing, input/output control, photocopy, file room, print shop, messenger, and mailroom services***
- ***Promoted expected turnaround and support for a national client base while maintaining maximum levels of quality and productivity***
- ***Interacted with internal and client personnel to establish procedures and service-level requirements for all back-office functions***
- ***Monitored team progress against expectations***

HHL Financial Services, Inc.; Woodbury, NY

Various Supervisory Positions, 1976–1984

- ***Acted as a relationship manager between personnel and the data center***
- ***Oversaw all communications to the user community regarding environmental changes, system enhancements, and problem documentation and resolution***
- ***Supervised the daily operations of computer room hardware consisting of four-phase Central Processing Unit and peripherals, with responsibilities that included interacting with Hardware and Software Support personnel, scheduling necessary system maintenance and upgrades, running daily back-ups, and training key personnel on system functions***

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

Associate of Arts in Liberal Arts; Farmingdale State College, State University of New York; Town of Oyster Bay, NY; 1976

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Certified Patient Account Technician, American Association of Healthcare Administrative Management, 2010

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Reference #1

Name: Jean Romano
Title: Vice President
Organization: Sutherland Healthcare Solutions
Telephone Number: 917.282.3597
Fax Number: Not applicable
Email Address: jean.romano@sutherlandglobal.com

Reference #2

Name: Andrea Stephens
Title: Senior Cash Follow-Up Supervisor
Organization: Fresenius Kidney Care Habersham, Fresenius Medical Care
Telephone Number: 678.371.3509
Fax Number: Not applicable
Email Address: Andrea.Stephens@fmc-na.com

Reference #3

Name: Tunde Capizzi
Title: Program Director
Organization: HMS
Telephone Number: 609.632.1515
Fax Number: Not applicable
Email Address: tcapizzi@hms.com

PROPOSED STAFF RESUME FOR RFP 3266

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Health Management Systems, Inc.***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Kendall Spence, HMS Senior Director, Operations***	**Key Personnel: (Yes/No)**	***No***
Individual's Title:	***Senior Director, Operations***		
# of Years in Classification:	***2***	**# of Years with Firm:**	***7***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE
Information should include a brief summary of the proposed individual's professional experience.

Mr. Spence has more than eight years of operations and implementation experience and more than five years of experience in applying his operations management knowledge in the healthcare industry. He has provided oversight over HMS's Provider Services team as well as project COB activities, including claim billing and recovery processing. He has managed the implementation and operations of Recovery projects for our clients for more than four years. He has experience in working with project implementations and leverages his project management expertise to certify efficient project services and high-quality deliverables. He also has been successful in implementing project service enhancements that include process and yield-improvement initiatives; converting manual data collection and analysis into automated workflows; leading contract implementations; coordinating efforts with clients, internal operations, and multiple information technology (IT) groups; and remediating data deficiencies.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Health Management Systems, Inc.; Irving, TX

Senior Director, Operations, 2014–Present

- *Manages a department of approximately 30 employees and 2 products accountable for $125 million in annual revenue*
- *Coordinates a team holding LSS Green Belt certification in multiple process and yield-improvement initiatives that annually save more than 10,000 hours of work and annually add more than $2 million in revenue*
- *Converts manual data collection and analysis into an automated workflow that ends with MicroStrategy® dashboards highlighting statistical outliers*

Enterprise Data Manager, 2012–2014

- *Led contract implementations by managing five analysts and coordinating efforts with clients, internal operations, and multiple IT groups*
- *Generated an enterprise data-disbursement model for internal and external clients, and then implemented 12 contracts across 2 clients for proof of concept*
- *Created a data-quality–monitoring process to flag anomalies in member and claim data during the onboarding stream*
- *Remediated data deficiencies across 2.5 billion records to tie exactly with a client's claim warehouse*

Lead Implementation Analyst, 2009–2001

- *Completed 10 projects accounting for 2 million lives from client kickoff to deliverable completion*
- *Developed classes and tools for data profiling, company processes, and industry standards*

Quorum Business Solutions; Houston, TX

Consultant, 2007–2009

- *Integrated pieces of accounting software into processes from data intake to customized reporting*
- *Collaborated with clients' onsite business and technical leads to gather requirements*

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

- *Bachelor of Science in Statistics; Rice University; Houston, TX; 2007*
- *Bachelor of Science in Computational and Applied Math; Rice University; Houston, TX; 2007*

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

- *LSS Green Belt, Acuity Institute, 2011*

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Reference #1

Name: Frank Mincieli
Title: Senior Director, Quality and Business Optimization
Organization: HMS
Telephone Number: 214.453.3138
Fax Number: Not applicable
Email Address: fmincieli@hms.com

Reference #2

Name: Beau Fidler
Title: Vice President
Organization: HMS
Telephone Number: 469.359.4513
Fax Number: Not applicable
Email Address: beau.fidler@hms.com

Reference #3

Name: Asrar Qazi
Title: Director, Applications Development
Organization: HMS
Telephone Number: 972.916.2612
Fax Number: Not applicable
Email Address: asrar.qazi@hms.com

PROPOSED STAFF RESUME FOR RFP 3266

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Health Management Systems, Inc.***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Lisa Dadulo, HMS Manager, Clinical Quality***	**Key Personnel: (Yes/No)**	***No***
Individual's Title:	***Manager, Clinical Quality***		
# of Years in Classification:	***1***	**# of Years with Firm:**	***3***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE
Information should include a brief summary of the proposed individual's professional experience.

Ms. Dadulo serves currently as a manager on our Clinical Quality team and oversees QA for payment integrity services related to clinical claim review. She has more than nine years of clinical-review experience, including five years' experience in providing clinical-review QA. She has developed internal review guidelines (IRGs) and policies and provided training to Audit team personnel, including physicians. Her relevant PI and RAC experience also includes the following:

- ***Implementation/structuring of a Prior Authorization program—responsible for completing provider requests and answering complex clinical questions related to prior authorization***
- ***Assisted with completion of appeal processes for client projects***
- ***As Clinical Supervisor, served as point of contact for clinical claim review questions and appeals for multiple Medicaid RAC projects and interfaced with Project Management teams and clients***
- ***Assisted with the implementation of Medicaid RAC clinical claim reviews on review platforms and creation of audit workflows***
- ***Assisted with completion of formal appeal processes for multiple Medicaid RAC contracts, with duties that included providing audit documentation for appeals, reviewing appeal documents, and serving as a clinical witness for hearings***

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Health Management Systems, Inc.; Remote Location, OK

Clinical Quality Manager, 2015–Present

- ***Manages QA for payment integrity services related to clinical claim review***
- ***Manages the Quality team***
- ***Oversees the quality-review process***
- ***Creates quality polices/processes, and confirms continuous compliance with review processes, client standards, regulations, and contractual agreements***
- ***Develops departmental strategic quality review direction and objectives***
- ***Designs, implements, and manages quality workflows to meet internal and external Service Level Agreements***
- ***Acts as an escalation point for teams, and supports all clients to secure a high level of quality/customer satisfaction***
- ***Manages the quality error–categorization system***
- ***Prepares outcome reporting that shows metrics from quality reviews and tracks/trends data***
- ***Collaborates with Education and Review team leaders for resolution of quality issues***

Clinical Supervisor, 2013–2015

- ***Served as a Clinical Supervisor for multiple Medicaid RAC projects***
- ***Assisted in the implementation of Medicaid RAC program complex reviews, including systems and audit workflows for clinical operations***
- ***Developed complex IRGs and workflows***
- ***Supervised 8–10 Clinical and Nonclinical team members***
- ***Held responsibility for resolving requests and clinical complex–review questions***
  - ***Served as a point of contact for RAC project program directors and clients for recovery audit, clinical review, and appeals***
- ***Conducted team member and physician training***
- ***Completed reports and conducted research***

APS Healthcare; Oklahoma City, OK

Clinical Supervisor, Colorado Prior Authorization Request Program, 2011–2013

- ***Served as RN Reviewer for Oklahoma State Employee Insurance Precertification Department***
- ***Certified hospital and outpatient procedures for medical necessity***
- ***Identified patients for case management***
- ***Handled concurrent case review***

RN Reviewer, State and Education Employees Group Insurance Board, 2009–2011

- ***Served as an RN Reviewer for the Oklahoma State Employee Insurance Precertification Department***
- ***Certified hospital and outpatient procedures for medical necessity***
- ***Identified patients for case management***
- ***Handled concurrent case review***

RN Reviewer, Lincoln Plaza Office, 2007–2009

- ***Provided UR as a Medicaid retrospective RN reviewer***
- ***Reported retrospective chart review and quality findings***

INTEGRIS Baptist Medical Center; Oklahoma City, OK

RN, Well Baby Nursery Staff, 2007–2008

- ***Served as a staff RN and RN Operating Room (OR) circulator***
- ***Functioned in the clinical areas of labor/delivery, postpartum, normal newborn nursery, gynecology, antepartum care, surgical patient recovery, and obstetrics triage***

Mercy Hospital; Oklahoma City, OK

RN, Family Birthplace Staff, 2002–2009

- ***Served as a staff RN and RN OR circulator***
- ***Functioned in the clinical areas of labor/delivery, postpartum, normal newborn nursery, gynecology, antepartum care, surgical patient recovery, and obstetrics triage***

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

Bachelor of Science in Nursing; Oklahoma Baptist University; Shawnee, OK; 2002

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

- ***RN, State of Oklahoma, 2002–Present***
- ***Member, Sigma Theta Tau Honor Society of Nursing, 2002***

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Reference #1

Name: Kristen Wall
Title: Senior Director, Clinical Quality
Organization: HMS
Telephone Number: 702.322.2878
Fax Number: Not applicable
Email Address: kristen.wall@hms.com

Reference #2

Name: Jeff Hickerson
Title: Senior Director, Client Delivery
Organization: Conifer Health Solutions
Telephone Number: 469.803.3172
Fax Number: Not applicable
Email Address: jeff.hickerson@coniferhealthsolutions.com

Reference #3

Name: Kelli Capps
Title: Transplant Coordinator
Organization: Oklahoma University Medical Center
Telephone Number: 405.312.6561
Fax Number: Not applicable
Email Address: kellicrn25@gmail.com

PROPOSED STAFF RESUME FOR RFP 3266

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***HMS***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Chris Kendrick, HMS Manager, Data/Systems Business Analysis***	**Key Personnel: (Yes/No)**	***No***
Individual's Title:	***Manager, Data/Systems Business Analysis***		
# of Years in Classification:	***<1***	**# of Years with Firm:**	***11***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Mr. Kendrick has 15 years of large-scale IT systems experience and more than 9 total years of experience in managing IS, data warehouses/data marts, office automation systems, and document imaging and workflows. He managed IT teams and operational activities on behalf of numerous clients, including the State of Nevada. His experience includes development and configuration of letters and reports for all of HMS's commercial and state Medicaid agency RAC clients, as well as CMS. He has also provided IT development and support services that include standardization of provider data, creation of test cases, performance of QA testing, development of project reporting tools, and data conversion.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Health Management Systems, Inc.; Irving, TX

Systems Business Analysis Manager, 2016–Present

- ***Manages two teams that support the letters and reports for the ReSults platform***
- ***Holds responsibility for RAC letter development for CMS, commercial clients, and state Medicaid agencies***
- ***Holds responsibility for RAC report development for all federal, commercial, and state Medicaid agency clients***
- ***Manages IT production support for RAC letters and reports***

Data/Systems Business Analysis Manager, 2012–2016

- ***Managed a 10-member team***
- ***Implemented the setup of more than 10 state client Medicaid Recovery Audit programs onto the ReSults case management platform***
- ***Held responsibility for IT production support and operations for the ReSults platform***

Lead Business Systems Analyst, 2010–2012

- ***Served as a member of Agile Development team using Scrum methodology***
- ***Converted business requirements into Technical Specification documents for a PI enterprise application***
- ***Wrote test cases for and performed QA testing on a PI enterprise application***

Senior Business Analyst, 2008–2010

- ***Managed a four-member team***
- ***Oversaw implementation and standardization of client provider data***
- ***Implemented programs for more than 50 clients***

Audit Service Analyst 2005–2008

- ***Led 10 Provider Self-Audit projects for 5 state Medicaid agency clients***
- ***Assisted in the recovery of more than $2 million in Medicaid overpayments***
- ***Developed and ran five weekly QA reports to certify the integrity of self-audit data***

Electronic Data Systems; Plano, TX

Information Analyst, MetaVance, 2003–2005

- ***Served as the lead developer for the batch membership interface portion of the MetaVance administration and finance system healthcare product for three software releases***
- ***Developed technical solutions for many facets of the MetaVance membership subsystem, including Group, Division, Contract, and Member Maintenance; Benefit and Rate Package; and Automated Member Correspondence projects***
- ***Performed analysis, design, produce, and testing functions of software development for a Capability Maturity Model Integration Level 3–rated organization***

Information Analyst, First Health, 2000–2003

- ***Participated in the oversight of internal and client state reporting and invoicing***
- ***Served as the Administrator for the web reporting tool, which allowed clients to create and modify their own customized reports based on more than 250 data elements and up to 36 months of paid bill history***
- ***Rewrote the reporting job and programs for the State of Texas to meet updated State requirements***
- ***Added a new client for reporting services that required modifications of more than 30 programs and jobs***

Information Analyst, Jackson National Life Insurance, 1998–2000

- ***Served as a key member of the Conversion team***
- ***Created many of the Job Control Language jobs used in the Conversion cycle to convert more than 2 million Life and Annuity policies to a new system***
- ***Supported the Production and Model Office on Call cycles by monitoring cycles and resolving abnormal terminations of software***

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

- ***Master of Business Administration in IS; Texas Tech University, Lubbock, TX, 1997***
- ***Bachelor of Science in Biology; Texas Tech University, Lubbock, TX; 1994***

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Not applicable

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Reference #1

Name: Reginald Vincent
Title: Enterprise Architect
Organization: HMS
Telephone Number: 646.363.6634
Fax Number: Not applicable
Email Address: rvincent@hms.com

Reference #2

Name: Janine Gatlin
Title: Manager, Clinical Operations
Organization: HMS
Telephone Number: 469.359.4504
Fax Number: Not applicable
Email Address: Janine.gatlin@hms.com

Reference #3

Name: David Dawson
Title: Senior Director, Application Development
Organization: HMS
Telephone Number: 214.453.3283
Fax Number: Not applicable
Email Address: david.dawson@hms.com

PROPOSED STAFF RESUME FOR RFP 3266

A resume must be completed for all proposed prime contractor staff and proposed subcontractor staff.

Company Name Submitting Proposal:	***Health Management Systems, Inc.***

Check the appropriate box as to whether the proposed individual is prime contractor staff or subcontractor staff.

Contractor:	***X***	**Subcontractor:**	

The following information requested pertains to the individual being proposed for this project.

Name:	***Scot Miller, HMS Vice President, CISO***	**Key Personnel: (Yes/No)**	***No***
Individual's Title:	***Vice President, CISO***		

# of Years in Classification:	***6***	**# of Years with Firm:**	***6***

BRIEF SUMMARY OF PROFESSIONAL EXPERIENCE

Information should include a brief summary of the proposed individual's professional experience.

Mr. Miller has more than 17 years of security-architecture expertise, including 6 years of healthcare- data-security management. He has worked with internal and external teams to enforce all Security, Cyber, and Privacy policies, including compliance with federal and other healthcare-related data-security requirements. His extensive data-security experience includes identifying, understanding, managing, and interpreting information-security risks and threats. He has led efforts to integrate security processes into legacy systems to support the evolving needs of the business and regulatory requirements.

RELEVANT EXPERIENCE

Information required should include: timeframe, company name, company location, position title held during the term of the contract/project and details of contract/project.

Health Management Systems, Inc.; Irving, TX

Vice President, CISO, 2010–Present

- ***Provides strategic advice regarding information security***
- ***Helps implement the vision and initiatives determined by the Chief Security Officer across the enterprise***
- ***Supports the vision and direction for security initiatives that support business objectives and requirements***
- ***Evaluates the risks associated with new and existing technologies as they relate to business objectives***
- ***Identifies, understands, manages, and interprets information-security risks and threats***
- ***Aligns the information security strategy to achieve the company's mission***

- ***Establishes a foundation of security architecture in an environment that supports access for government and commercial healthcare institutions***
- ***Attracts and leads skilled engineers to select and implement best-of-class security products***
- ***Launched an enterprise wide risk management strategy to promote and embrace a centralized Governance, Risk Management, and Compliance program***
- ***Integrates security processes into legacy systems to support the evolving needs of the business and regulatory requirements***
- ***Works with Business Management team members to solve complex business problems that will affect the revenue and stability of the corporation***

Alcon™ Laboratories, Inc; Fort Worth, TX

Manager, Global IT Security, 2005–2010

- ***Provided leadership, vision, and direction for information security initiatives to support business objectives and requirements***
- ***Led the Information Security Department and Management team to integrate all aspects of information security across organization and business***
- ***Offered tactical/strategic information-security advice***
- ***Examined security ramifications of new and existing technologies***
- ***Submitted and managed budget schedules, set performance standards, and conducted employee performance appraisals***
- ***Held responsibility for hiring, firing, and disciplinary actions***

Massachusetts Mutual Life Insurance Company; Springfield, MA

Director, Information Security, 1999–2004

- ***Managed internal security architecture, consulting, and research practice***
- ***Led team to respond to engagement requests from all financial and international divisions***
- ***Closely worked with Legal, Audit, Compliance, Contract Management, Application Development, and Enterprise Architecture teams to set policy, establish consistent standards, and meet federal regulatory requirements***
- ***Directed single sign-On and identity management practice***

Open Solutions, Inc.; Glastonbury, CT

Director, IS, 1996–1999

- ***Increased capacity of infrastructure for growth***
- ***Created methods of supporting field service work during bank conversions to The Complete Banking Solution, the company's flagship product***
- ***Managed two internal and two external resources responsible for technology support during conversion***

Network Imaging Technologies; West Hartford, CT

Manager, Technical Support, 1994–1996

- ***Provided QA and application testing***
- ***Researched technology to reduce difficulties associated with file transfers***
- ***Performed hardware troubleshooting for various software platforms***
- ***Acted as the Windows® logic consultant for in-house software development***
- ***Conducted software beta testing***

EDUCATION

Information required should include: institution name, city, state, degree and/or Achievement and date completed/received.

- ***Bachelor of Arts in English; University of Connecticut; Mansfield, CT; 1994***
- ***Master of Science in IS; Western New England College; Springfield, MA; 2003***

CERTIFICATIONS

Information required should include: type of certification and date completed/received.

Not applicable

REFERENCES

A minimum of three (3) references are required, including name, title, organization, phone number, fax number and email address.

Reference #1

Name: Craig Darling
Title: Senior Enterprise Architect
Organization: HMS
Telephone Number: 214.454.3000
Fax Number: Not applicable
Email Address: craig.darling@hms.com

Reference #2

Name: Mark Olson
Title: Vice President, IT Operations
Organization: HMS
Telephone Number: 469.284.3819
Fax Number: Not applicable
Email Address: mark.olson@hms.com

Reference #3

Name: Luke Magda
Title: IT Support Manager
Organization: HMS
Telephone Number: 972.916.2822
Fax Number: Not applicable
Email address: luke.magda@hms.com

Other Informational Material

Proposal Section Tab IX includes the following applicable reference material that is clearly cross-referenced in the proposal as indicated below:

- ***RAC Claim Level Listing as referenced in proposal Section 3.4***
- ***HMS Policies and Standards Policy Overview document table of contents as referenced in proposal Section 3.9***
- ***HMS's Nevada Business License as referenced in proposal Section 4.1***

Claim Level Listing Report

Deposit Type	Scenario Code	Provider NPI	Billing Provider Name	ICN	Recipient MA ID
Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX
Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX
Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX
Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX
Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX
Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX
Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX
Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX
Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX
Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX
Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX
Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX
Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX
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Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX
Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX
Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX
Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX
Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX
Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX
Manual Deposit	NV0023	000000000	PROVIDER NAME	XXXXXXXX	XXXXXXXX

Claim Level Listing Report

Last Name	First Name	Service Date From	Service Date To	Paid Date	FFY	FMAP %
RECIPIENT LAST	FIRST NAME	07/28/2016	07/28/2016	08/12/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	07/27/2016	07/27/2016	08/12/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	06/10/2016	06/10/2016	08/05/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	03/14/2016	03/14/2016	08/05/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	03/14/2016	03/14/2016	08/05/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	03/14/2016	03/14/2016	08/05/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	06/10/2016	06/10/2016	08/05/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	04/25/2016	04/25/2016	06/10/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	06/22/2016	06/22/2016	07/22/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	06/22/2016	06/22/2016	07/22/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	06/22/2016	06/22/2016	07/22/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	06/22/2016	06/22/2016	07/22/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	03/21/2016	03/21/2016	04/22/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	03/21/2016	03/21/2016	04/22/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	02/23/2016	02/23/2016	04/01/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	04/06/2016	04/06/2016	05/06/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	04/06/2016	04/06/2016	05/06/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	04/06/2016	04/06/2016	05/06/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	04/06/2016	04/06/2016	05/06/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	07/06/2016	07/06/2016	07/22/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	04/07/2016	04/07/2016	05/06/2016	2015	64.36%
RECIPIENT LAST	FIRST NAME	04/07/2016	04/07/2016	05/06/2016	2015	64.36%

Claim Level Listing Report

Row Match	Deposit Number	Check Number	Check Amount	Medicaid Paid	HMS Identified Overpayment	Provider Notification Date
XXXXXX	XXXXXX	111111	$182.00	$91.00	$91.00	09/01/2016
XXXXXX	XXXXXX	111111	$182.00	$91.00	$91.00	09/01/2016
XXXXXX	XXXXXX	111111	$57.74	$5.89	$5.89	09/01/2016
XXXXXX	XXXXXX	111111	$57.74	$5.89	$5.89	09/01/2016
XXXXXX	XXXXXX	111111	$57.74	$18.86	$18.86	09/01/2016
XXXXXX	XXXXXX	111111	$57.74	$21.21	$21.21	09/01/2016
XXXXXX	XXXXXX	111111	$57.74	$5.89	$5.89	09/01/2016
XXXXXX	XXXXXX	22222	$56.83	$56.83	$56.83	09/01/2016
XXXXXX	XXXXXX	22222	$55.09	$1.42	$1.42	09/01/2016
XXXXXX	XXXXXX	22222	$55.09	$29.53	$29.53	09/01/2016
XXXXXX	XXXXXX	22222	$55.09	$3.89	$3.89	09/01/2016
XXXXXX	XXXXXX	22222	$55.09	$7.11	$7.11	09/01/2016
XXXXXX	XXXXXX	22222	$55.09	$8.50	$8.50	09/01/2016
XXXXXX	XXXXXX	22222	$55.09	$4.64	$4.64	09/01/2016
XXXXXX	XXXXXX	33333	$36.33	$7.69	$7.69	09/01/2016
XXXXXX	XXXXXX	33333	$36.33	$12.19	$12.19	09/01/2016
XXXXXX	XXXXXX	33333	$36.33	$7.13	$7.13	09/01/2016
XXXXXX	XXXXXX	33333	$36.33	$6.03	$6.03	09/01/2016
XXXXXX	XXXXXX	33333	$36.33	$3.29	$3.29	09/01/2016
XXXXXX	XXXXXX	44444	$23.57	$23.57	$23.57	09/01/2016
XXXXXX	XXXXXX	55555	$14.07	$10.18	$10.18	09/01/2016
XXXXXX	XXXXXX	55555	$14.07	$3.89	$3.89	09/01/2016
			TOTALS	$425.63	$425.63	

Claim Level Listing Report

Refund Paid by Provider	Must refund to provider?	Subtotal by Provider	Provider Refund Federal Share	Provider Refund State Share	HMS 8.75% Fee	HMS Fee Federal Share	HMS Fee State Share
$91.00	$0.00		$58.57	$32.43	$7.96	$5.12	$2.84
$91.00	$0.00		$58.57	$32.43	$7.96	$5.12	$2.84
$5.89	$0.00		$3.79	$2.10	$0.52	$0.33	$0.19
$5.89	$0.00		$3.79	$2.10	$0.52	$0.33	$0.19
$18.86	$0.00		$12.14	$6.72	$1.65	$1.06	$0.59
$21.21	$0.00		$13.65	$7.56	$1.86	$1.20	$0.66
$5.89	$0.00		$3.79	$2.10	$0.52	$0.33	$0.19
$56.83	$0.00		$36.58	$20.25	$4.97	$3.20	$1.77
$1.42	$0.00		$0.91	$0.51	$0.12	$0.08	$0.04
$29.53	$0.00		$19.01	$10.52	$2.58	$1.66	$0.92
$3.89	$0.00		$2.50	$1.39	$0.34	$0.22	$0.12
$7.11	$0.00		$4.58	$2.53	$0.62	$0.40	$0.22
$8.50	$0.00		$5.47	$3.03	$0.74	$0.48	$0.26
$4.64	$0.00		$2.99	$1.65	$0.41	$0.26	$0.15
$7.69	$0.00		$4.95	$2.74	$0.67	$0.43	$0.24
$12.19	$0.00		$7.85	$4.34	$1.07	$0.69	$0.38
$7.13	$0.00		$4.59	$2.54	$0.62	$0.40	$0.22
$6.03	$0.00		$3.88	$2.15	$0.53	$0.34	$0.19
$3.29	$0.00		$2.12	$1.17	$0.29	$0.19	$0.10
$23.57	$0.00		$15.17	$8.40	$2.06	$1.33	$0.73
$10.18	$0.00		$6.55	$3.63	$0.89	$0.57	$0.32
$3.89	$0.00		$2.50	$1.39	$0.34	$0.22	$0.12
$425.63	$0.00	$0.00	$273.95	$151.68	$37.24	$23.96	$13.28

Verify	$425.63	$37.24
Difference Equal to Zero	$0.00	$0.00

POLICY CENTER OVERVIEW

HMS Policies & Standards

Information Security Policies are foundational to an Information Security Program. In accordance with the HMS Governance Board, HMS has adopted the following policies that are based upon industry standards and best practices, and are in-line with Federal Regulations such as, the HIPAA/HITECH Security Rules.

HITRUST Certified for HIPAA compliance

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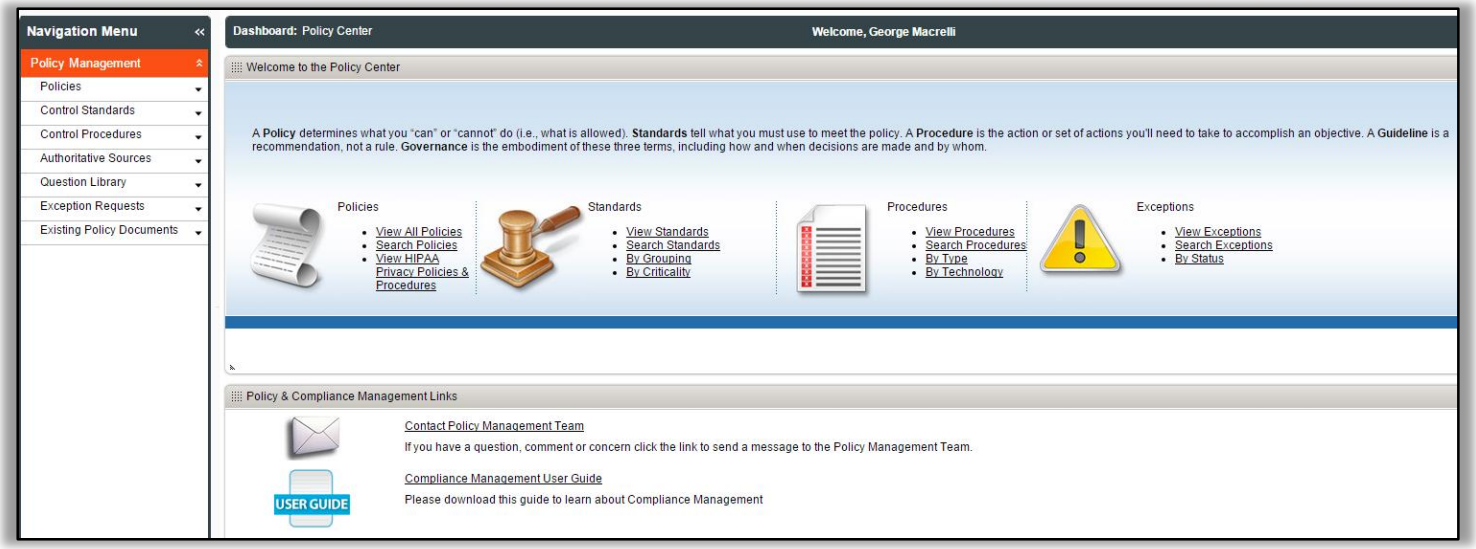

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SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

HEALTH MANAGEMENT SYSTEMS, INC.

Nevada Business Identification # NV20091229345

Expiration Date: July 31, 2017

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 7, 2016

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases.
Failure to do so will result in late fees or penalties which by law cannot be waived.