



Prior Authorization and Retrospective Reviews

Prepared for:

Arkansas Department of Human Services

Submitted:

August 17, 2018

Technical Proposal
Electronic

Solicitation #:
0710-19-1001



The Intelligent Choice for Arkansas

 Telligen[®]

afmcSM

Prepared by: Telligen
1776 West Lakes Parkway
West Des Moines, Iowa 50266



TABLE OF CONTENTS

1 PROPOSAL SIGNATURE PAGE (RFP 1.10)..... 8

2 SIGNED ADDENDA10

3 AGREEMENT AND COMPLIANCE PAGES (RFP 1.11)13

4 PROPOSED SUBCONTRACTORS FORM (RFP 1.12).....17

5 EO 98-04 CONTRACT GRANT AND DISCLOSURE FORM19

6 TELLIGEN’S EQUAL OPPORTUNITY POLICY23

7 MINIMUM QUALIFICATIONS (RFP 2.2).....26

7.A OVERVIEW OF PRIOR WORK EXPERIENCE (RFP 2.2.A).....29

7.B NATIONAL HEALTHCARE-RELATED CERTIFICATION OR ACCREDITATION DOCUMENTATION (RFP 2.2.B).....48

7.C LETTERS OF REFERENCE (RFP 2.2.C)50

7.D SANCTIONS/CORRECTIVE ACTIONS CERTIFICATION (RFP 2.2.D)55

7.E ORGANIZATIONAL OR PERSONAL CONFLICT OF INTEREST (RFP 2.2.E)56

7.F CERTIFICATION OF BONDABILITY (RFP 2.2.F)57

8 VOLUNTARY PRODUCT ACCESSIBILITY (RFP 1.25.B)59

9 INFORMATION FOR EVALUATION.....81

9.A BACKGROUND AND QUALIFICATIONS.....81

9.B PROJECT ORGANIZATION, STAFFING AND KEY PERSONNEL (RFP 2.15).....96

9.C TECHNICAL SOLUTIONS AND SCOPE OF WORK.....104

9.C.1 *Notifications, Due Process and Reconsideration, Data Corrections and Maintenance Plans of Action (RFP 2.3.F, 2.11, 2.12, 2.13, 2.20.B)105*

9.C.2 *Implementation Timeline (RFP 2.21).....115*

9.C.3 *Provider Training (RFP 2.19)129*

9.C.4 *Secure Portal (RFP 2.3.H, 2.13.D, 2.18, 2.20.C, 2.20.D, Attachment H)134*

9.C.5 *Records Retention and Maintenance (RFP 2.20.E).....142*

9.C.6 *Transition Plan (RFP 2.3.G, 2.12)143*

9.C.7 *Complaint Resolution Process (RFP 2.17).....144*

9.C.8 *Business Continuity and Recovery Plan.....146*

9.C.9 *Reports (RFP 2.14)147*

9.C.10 *Due Process for Reconsiderations (RFP 2.17)151*



9.C.11	URAC Accreditation	154
10	OTHER DOCUMENTS/INFORMATION	156

ABBREVIATION LIST

Abbreviation	Definition
ABA	Applied Behavioral Health Analysis
AFMC	Arkansas Foundation for Medical Care
AHIN	Advanced Health Information Network
AR	Arkansas
ASC	Accredited Standards Committee
ASTM	American Society for Testing and Materials
BCBA	Board Certified Behavior Analyst
BCCP	Business Continuity and Contingency Plans
BH	Behavioral Health
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CEO	Chief Executive Officer
CFMC	Colorado Foundation for Medical Care
CHMS	Child Health Management Services
CISO	Chief Information Security Officer
CM	Case Manager
CMA	Case Management Agency
CMS	Centers for Medicare & Medicaid Services
CO	Colorado
COOP	Continuity of Operations Plans
COOP/DR	Continuity of Operations Plan/Disaster Recovery
CP	Contingency Plan
CPARS	Contractor Performance and Rating System
CSR	Continued Stay Review
DAABHS	Division of Aging, Adult, and Behavioral Health Services
DD	Developmental Disability

Abbreviation	Definition
DHHS	Department of Health and Human Services
DHS	Department of Human Services
DME	Durable Medical Equipment
DMS	Division of Medical Services
DO	Doctor of Osteopathic Medicine
DR	Disaster Recovery
DR/COOP	Disaster Recovery/Continuity of Operations Plan
DRG	Diagnosis Related Groups
DTV	Digital Television
DVD	Digital Versatile Disc
DoD	Department of Defense
ED	Emergency Department
EDI	Electronic Data Interchange
EDM	Enterprise Data Management
EIDT	Early Intervention Day Treatment
EIT	Electronic and Information Technology
EOB	Explanation of Benefits
FFS	Fee-for-Service
FIPS	Federal Information Processing Standards
FISMA	Federal Information Security Modernization Act
FSO	Facility Security Officer
FTE	Full Time Equivalent
FY	Fiscal Year
HBU	Hospital Back Up
HCBS	Home and Community Based Services
HIPAA	Health Insurance Portability and Accountability Act
HITECH	Health Information Technology for Economic and Clinical Health

Abbreviation	Definition
HR	Human Resources
HTTPS	Hypertext Transfer Protocol Secure
IA	Iowa
ICF	Intermediate Care Facility
ICS	Incident Command System
ID	Identification
IE	That is
IS	Information Security
IT	Information Technology
LAN	Learning and Action
LOC	Level of Care
MD	Maryland
MDS	Minimum Data Set
MEIT	Medical Education and Intervention Team
MFT	Managed File Transfer
MMIS	Medicaid Management Information System
MPAI	Mayo Portland Adaptability Index
MUMP	Medicaid Utilization Management Program
NCQA	National Committee for Quality Assurance
NE	Nebraska
NIST	National Institute of Standards and Technology
OHCA	Oklahoma Health Care Authority
OK	Oklahoma
OS	Operating System
PA	Prior Authorization
PA/EOB	Prior Authorization/Explanation of Benefits
PAM	Payment Accuracy Measurement

Abbreviation	Definition
PAR	Performance and Accountability Reporting
PASSE	Provider Led Arkansas Shared Savings Entities
PCMH	Patient-Centered Medical Home
PDF	Portable Document Format
PHI	Protected Health Information
PII	Personally Identifiable Information
PQR	Performance and Quality Reviews
PT	Physical Therapy
QI/PI	Quality Improvement and Program Integrity
QIN	Quality Innovation Network
QIO	Quality Improvement Organization
QMC	Quality Management Committee
RFP	Request for Proposal
RN	Registered Nurse
ROI	Return on Investment
RR	Retrospective Review
SFTP	Secure File Transfer Protocol
SFY	State Fiscal Year
SLP	Supportive Living Program
SOW	Statement of Work
TBD	To Be Determined
TEFRA	Tax Equity & Fiscal Responsibility Act of 1982
TLP	Transitional Living Program
TLS	Transport Layer Security
TTY	Text Telephones
UM	Utilization Management
UPS	Uninterruptable Power System

Abbreviation	Definition
UR	Utilization Review
URAC	Utilization Review Accreditation and Certification
VP	Vice President
VPAT	Voluntary Product Accessibility Template
XLS	Microsoft Excel File Extension

1 PROPOSAL SIGNATURE PAGE (RFP 1.10)

A. An official authorized to bind the Contractor(s) to a resultant contract must sign the Proposal Signature Page included in the Technical Proposal Packet.

B. Contractor's signature on this page shall signify contractor's agreement that either of the following shall cause the contractor's proposal to be disqualified:

1. Additional terms or conditions submitted intentionally or inadvertently.

2. Any exception that conflicts with a Requirement of this Bid Solicitation.

This page left intentionally blank with required signature page to follow.



STATE OF ARKANSAS PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	Telligen, Inc.				
Address:	1776 West Lakes Parkway				
City:	West Des Moines	State:	IA	Zip Code:	50266
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit				
Minority and Women-Owned Designation*	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned				
	AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>				
PROSPECTIVE CONTRACTOR CONTACT INFORMATION					
<i>Provide contact information to be used for bid solicitation related matters.</i>					
Contact Person:	Bill Phipps		Title:	Vice President State Health Solutions	
Phone:	(443)561-2548		Alternate Phone:	N/A	
Email:	bhipps@telligen.com				
CONFIRMATION OF REDACTED COPY					
<input checked="" type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>					
ILLEGAL IMMIGRANT CONFIRMATION					
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.					
ISRAEL BOYCOTT RESTRICTION CONFIRMATION					
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.					
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.					

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's proposal to be disqualified.

Authorized Signature: Denise Sturm Title: Vice President, Finance and Administration and CFO
Use Ink Only.

Printed/Typed Name: Denise Sturm, CPA Date: 8/17/2018

20150629

2 SIGNED ADDENDA

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203
501-682-6327

ADDENDUM 1

DATE: June 20, 2018

SUBJECT: 710-19-1001 Prior Authorization and Retrospective Reviews

The following change(s) to the above referenced Invitation for Bid for DHS has been made as designated below:

Change of specification(s)

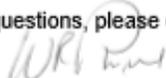
- Additional specification(s)
 Change of bid opening date and time
 Cancellation of bid
 Other

BID OPENING DATE AND TIME

Bid opening date and time **will be changed:** **August 17, 2018 at 11:00a.m.**

BIDS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED. THE BID ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE BID NUMBER, DATE AND HOUR OF BID OPENING AND BIDDER'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO BIDS" TO THE DEPARTMENT OF HUMAN SERVICES.

If you have questions, please contact the buyer at chorsie.burns@dhs.arkansas.gov or 501-682-6327



Vendor Signature

Date

Telligen, Inc.
Company



State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203
501-682-6327

ADDENDUM 2

DATE: June 26, 2018
SUBJECT: 710-19-1001 Prior Authorization and Retrospective Reviews

The following change(s) to the above referenced Invitation for Bid for DHS has been made as designated below:

Change of specification(s)

- Additional specification(s)
- Change of bid opening date and time
- Cancellation of bid
- Other

Correcting language in Section 2.2 Minimum Qualifications to include attachment I.

For verification purposes, bidder must provide an overview of prior work meeting this requirement, including scopes of work, review volumes (attachment I), contract amounts, and contact information for contract managers who can verify experience.

BID OPENING DATE AND TIME

Bid opening date and time ***will not be changed***:

BIDS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED. THE BID ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE BID NUMBER, DATE AND HOUR OF BID OPENING AND BIDDER'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO BIDS" TO THE DEPARTMENT OF HUMAN SERVICES.

If you have questions, please contact the buyer at nawania.williams@dhs.arkansas.gov or 501-320-6511

Vendor Signature

Date

Company

Telligen, Inc.

3 AGREEMENT AND COMPLIANCE PAGES (RFP 1.11)

A. Contractor must sign all Agreement and Compliance Pages relevant to each section of the Bid Solicitation Document. The Agreement and Compliance Pages are included in the Technical Proposal Packet.

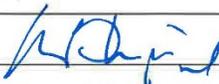
B. Contractor's signature on these pages shall signify agreement to and compliance with all Requirements within the designated section.

This page left intentionally blank with required agreement and compliance pages to follow.

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory must be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Telligen, Inc.	Date:	8/15/2018
Signature:		Title:	Vice President, State Health Solutions
Printed Name:	William Russell Phipps		

20150629

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory must be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

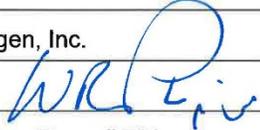
Vendor Name:	Telligen, Inc.	Date:	8/15/2018
Signature:		Title:	Vice President, State Health Solutions
Printed Name:	William Russell Phipps		

20150629

SECTIONS 3, 4, 5 - VENDOR AGREEMENT AND COMPLIANCE

- *Exceptions to Requirements shall cause the vendor's proposal to be disqualified.*

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Telligen, Inc.	Date:	8/15/2018
Signature:		Title:	Vice President, State Health Solutions
Printed Name:	William Russell Phipps		

20150629

4 PROPOSED SUBCONTRACTORS FORM (RFP 1.12)

A. Contractor must complete, sign and submit the Proposed Subcontractors Form included in the Technical Proposal Packet to indicate contractor's intent to utilize, or to not utilize, subcontractors.

B. Additional subcontractor information may be required or requested in following sections of this Bid Solicitation or in the Information for Evaluation section provided in the Technical Proposal Packet. Do not attach any additional information to the Proposed Subcontractors Form.

C. The utilization of any proposed subcontractor is subject to approval by the State agency.

This page left intentionally blank with required subcontractor form to follow.



PROPOSED SUBCONTRACTORS FORM

Do not include additional information relating to subcontractors on this form or as an attachment to this form.

VENDOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP
Arkansas Foundation for Medical Care	1020 West 4th Street, Suite 300	Little Rock, AR 72201

VENDOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

By signature below, vendor agrees to and shall fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Vendor Name:	Telligen, Inc.	Date:	8/15/2018
Signature:		Title:	Vice President, State Health Solutions
Printed Name:	William Russell Phipps		

20150629



5 EO 98-04 CONTRACT GRANT AND DISCLOSURE FORM

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

F-1

Failure to complete all the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: YES NO SUBCONTRACTOR NAME: Arkansas Foundation for Medical Care Contractor for which this is a subcontractor: Telligen, Inc.
 Estimated dollar amount of subcontract: [REDACTED]

TAXPAYER ID NAME: Telligen, Inc. IS THIS FOR: Goods? Services Both?
 YOUR LAST NAME: N/A FIRST NAME: N/A MI: N/A
 ADDRESS: 1776 West Lakes Parkway
 CITY: West Des Moines STATE: IA ZIP CODE: 50266 COUNTRY: UNITED STATES OF AMERICA
 AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT,
 OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: Member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? (i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)	
	Current	Former		From MM/YY	To MM/YY	Person's name(s)	Relation
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

None of the above applies

FOR A VENDOR (BUSINESS)*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/commission, data entry, etc.)	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's name(s)	Ownership Interest (%)	Position of Control
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>						
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input type="checkbox"/>	<input type="checkbox"/>						

None of the above applies

* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED



CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:
Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

<u>I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.</u>			
Signature		Title	Contracts Manager
		Date	8/14/2018
Vendor Contact Person	Jessica Smith	Title	Contracts Manager
		Phone No.	(515)453-8077

AGENCY USE ONLY				
Agency Number	Agency Name	Agency Contact Person	Contact Phone No.	Contract or Grant No.
0710	Department of Human Services			0710-19-1001

* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED



CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

F-1

Failure to complete all the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: YES NO SUBCONTRACTOR NAME: Arkansas Foundation for Medical Care, Inc. Contractor for which this is a subcontractor: Telligen
 Estimated dollar amount of subcontract: [REDACTED]

IS THIS FOR: Goods? Services Both?
 TAXPAYER ID NAME: Arkansas Foundation for Medical Care, Inc.
 YOUR LAST NAME: Hanley FIRST NAME: Ray MI:
 ADDRESS: 1020 West 4th Street, Suite 300
 CITY: Little Rock STATE: AR ZIP CODE: 72201 COUNTRY: UNITED STATES OF AMERICA

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:

FOR INDIVIDUALS*

Indicate below if you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: Member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? (i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.)	
	Current	Former		From MM/YY	To MM/YY	Person's name(s)	Relation
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

None of the above applies

FOR A VENDOR (BUSINESS)*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held (senator, representative, name of board/commission, data entry, etc.)	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's name(s)	Ownership Interest (%)	Position of Control
General Assembly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spouse of State Legislators	01/05	present	[REDACTED]	0	Board of Dir
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>						
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>						
State Employee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spouse of Dir of Finance, DHS	03/13	present	[REDACTED]	0	COO

None of the above applies

* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED



CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM F-2

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:
Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature	Ray Hanley	<small>Digitally signed by Ray Hanley Date: 2018.08.14 15:44:28 -0500</small>	Title	CEO	Date	8/14/2018
Vendor Contact Person	Catherine Bain		Title	CAO	Phone No.	501-212-8612

AGENCY USE ONLY

Agency Number	0710	Agency Name	Department of Human Services	Agency Contact Person		Contact Phone No.		Contract or Grant No.	0710-19-1001
---------------	------	-------------	------------------------------	-----------------------	--	-------------------	--	-----------------------	--------------

* NOTE: PLEASE LIST ADDITIONAL DISCLOSURES ON SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED

6 TELLIGEN'S EQUAL OPPORTUNITY POLICY

POLICY

Telligen provides equal employment opportunities to all employee-owners and applicants for employment without regard to sex, race, color, religion, national origin, age, marital status, pregnancy, disability, sexual orientation, gender identity, genetic information, military status or any other characteristic protected by law. In addition, as an Affirmative Action Employer, Telligen has developed a written Affirmative Action Plan that establishes goals to recruit and advance qualified minorities and women and implements employment outreach efforts to persons with disabilities and covered veterans. Overall responsibility for supporting and implementing equal employment opportunity and affirmative action rests with the CEO, Jeff Chungath. Ensuring adherence to Telligen's policy of equal employment opportunity and affirmative action is the responsibility of the VP of HR, HR Consulting and those employed as Telligen supervisors and managers.

EXPECTATIONS

Equal Employment Opportunity

1. This policy applies to all terms and conditions of employment, including, but not limited to, recruiting, hiring, placement, promotion, transfer, leaves of absence, compensation, training, and termination. Employment decisions will be based only on valid job requirements.
2. Telligen complies with all federal, state and local laws governing non-discrimination in employment in the locations in which the company operates. In addition, the company's Code of Conduct prohibits discrimination based on any characteristic protected by law.
3. No otherwise qualified person or applicant for employment will be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner on the basis of sex, race, color, religion, national origin, age, marital status, pregnancy, disability, sexual orientation, gender identity, genetic information, military status or any other characteristic protected by law.
4. All advertising for job applicants will include Telligen's equal opportunity statement.
5. All required job openings will be posted with the appropriate state agency or agencies.
6. Telligen will display posters referencing its status as an Equal Opportunity Employer in an area of each office location that has high visibility to employee-owners.
7. Telligen expressly prohibits any form of unlawful harassment based on any characteristics protected by law. See the Anti-Harassment policy for more information.

8. An employee-owner who believes that a manager, employee-owner or non-employee-owner is discriminating against another individual due to a characteristic protected by law is expected to report the situation as soon as possible. Employee-owners should communicate the information to a manager, a member of the Human Resources Department, or through the EthicsPoint Compliance Hotline.
9. A manager receiving information about potential discrimination is expected to contact the Human Resources Consultant supporting that group as soon as possible.
10. A member of the Human Resources team or another company-designated representative will conduct a prompt, thorough, and impartial fact finding of the discrimination complaint, including interviewing individuals with direct knowledge of the situation, as applicable. To the extent possible consistent with conducting a thorough investigation, information will be treated with confidentiality and will only be shared with individuals on a need to know basis.
11. If it is determined that an allegation of discrimination is supported, appropriate corrective action, up to and including termination of employment, will be implemented. A manager who has knowledge of discrimination and takes no action to report it is also subject to corrective action.
12. Telligen prohibits any form of retaliation against individuals for reporting potential discrimination, for participating in a fact-finding process, or who file a charge of discrimination or assist, testify or participate in an equal employment proceeding.
13. Documentation obtained during a fact finding of a discrimination complaint will be retained in confidential files maintained by the Human Resources department.

Affirmative Action

As a covered federal contractor, Telligen has developed a written Affirmative Action Plan that establishes goals to recruit and advance qualified minorities and women and implements employment outreach efforts to persons with disabilities and covered veterans. The Affirmative Action Plan compares the percentages of women and minorities in specified job groups in Telligen's workforce to the availability of qualified women and minorities in the geographical recruiting area. If a job group in our workforce is statistically underutilized, goals are established to recruit and advance women and/or minorities to end that underutilization.

Pay Transparency Nondiscrimination Provision

As a covered federal contractor Telligen will not discharge or in any other manner discriminate against employee-owners or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee-owner or applicant. However, employee-owners who have access to the compensation information of other employee-owners or applicants as part of their essential job functions cannot disclose the pay of other employee-owners or applicants to individuals who do not otherwise have access to

compensation information, unless the disclosure is (1) in response to a formal complaint or charge, (b) in furtherance of an investigation conducted by the employer, or (c) consistent with the contractor's legal duty to furnish information.

DEFINITIONS

Equal Opportunity Employment – Employment practices and terms and conditions of employment that do not discriminate on the basis of sex, race, color, religion, national origin, age, marital status, pregnancy, disability, sexual orientation, gender identity, genetic information, military status, or any other characteristic protected by law.

Affirmative Action – Goals and actions to recruit and advance women and minority groups to end labor underutilization in a specified area of our workforce, and implementation of employment outreach efforts to persons with disabilities and covered veterans.

7 MINIMUM QUALIFICATIONS (RFP 2.2)

With more than four decades of experience in Utilization Management and Review and a track record of exceptional performance in highly relevant contracts, Telligen and our proposed partner, the Arkansas Foundation for Medical Care (AFMC), meet or exceed all minimum qualifications as outlined in the RFP. We summarize our collective qualifications in Table 1.

Table 1. Minimum Qualifications

Requirement	Our Qualifications
Seven years' experience performing Prior Authorization, Retrospective, and Medical Reviews as well as other types of medical-related consults.	<p>Telligen has more than 40 years of experience performing utilization management and review services.</p> <p>AFMC has performed utilization management and review services for more than 45 years and specifically for Arkansas Medicaid since 1985</p> <p>An overview of our relevant organizational experience is presented in Section 7.A.</p>
Current Certification from URAC with Health Utilization Management	<p>Telligen has been URAC accredited since 1992 and has full URAC accreditation for health utilization management valid through June 1, 2019</p> <p>AFMC has Full URAC accreditation for health utilization management valid through January 1, 2021</p> <p>Certificates of accreditation are provided in section 7.B.</p>
Minimum of three Letters of Reference	<p>We include letters of reference from:</p> <ul style="list-style-type: none"> • Iowa Department of Human Services • Idaho Department of Health and Welfare • Oklahoma Health Care Authority • Arkansas Department of Human Services, Division of Medical Services
Sanctions or Corrective Actions in the last 10 years	<p>Telligen certifies that we have not received any sanctions by a state or federal government within the last 10 years.</p> <p>We provide details in Section 7.D.</p>
Organizational or Personal Conflict of Interest Disclosure	<p>Neither Telligen nor any of its employees, nor AFMC nor any of its employees have actual, apparent, or potential conflicts of interest with the DHS Independent Assessment vendor or Provider-led Arkansas Shared Savings Entities.</p>
Letter of Bondability from a Surety Insurer	<p>Telligen has provided a Letter of Bondability in Section 7.F.</p>

Telligen and AFMC – An Intelligent Partnership for Arkansas

The Department of Human Services (DHS) requests a comprehensive and flexible set of services to ensure the medical necessity of care for beneficiaries in the Fee for Service population. With Telligen and AFMC, DHS can continue to receive appropriate, timely, and efficient prior authorization and retrospective reviews with an exemplary customer service approach. Building on our capabilities that exceed your minimum requirements, DHS can assure medical necessity, improve quality, control cost, and support providers to transform the program statewide.

As a regional Medicare quality improvement organization, Telligen delivers overall continued improvement of healthcare processes and patient outcomes in seven states. AFMC is a QIO-like organization and participates in one of the regional CMS models. Given Telligen's inherent and long-standing expertise in the systems and IT area, we bring a host of comparative experience enhanced and informed by presence in multiple states. AFMC's Arkansas -based experience provides invaluable, detailed knowledge of the Arkansas Medicaid program and the Arkansas health care community.

With almost 40 years of shared experience in federal programs, Telligen and AFMC leadership have had a long and collegial relationship. Our organizations take pride in the fact that we deliver comprehensive solutions that meet the needs of our customers while respectfully following all controlling procurement guidelines and procedures. Our partnership brings unprecedented and unparalleled coordinated resources to Arkansas Medicaid. These resources are reflected in the combination of Telligen's multi-focal provider portal with real-time immediate reporting and transparency of results and authorizations and AFMC's long-standing, productive relationship with Arkansas healthcare providers and with DHS.

Our federal experience demands an ability to implement national best practices and federal regulations at the local level. This approach promotes procurement best practices and matches quality, compliance, and costs to deliver the best value for DHS – and our collaboration results in a uniquely positioned, integrated Arkansas team.

Transition Expertise

We understand contract transitions. Telligen's last three implementations required transitions from long-term incumbents. In Maryland, Telligen had to begin operations with a review backlog, no implementation period, and within 30 days of contract award. This situation both tested and proved Telligen's ability to rapidly mobilize and deploy solutions while working in concert with our clients. We developed a combined operational approach that met the needs of Maryland Medicaid while implementing the Telligen solution. Telligen and the Maryland provider community worked together to minimize patient delays, creating a respectful and communicative relationship that continues to this day.

In Idaho Telligen developed a creative time-sensitive solution. As in Maryland, we were able to develop interim measures meeting our client's needs while minimizing the impact on timely healthcare services and address an inherited and unexpected backlog of review.

In Colorado, we implemented and operationalized complex contract components in a two-week time frame when our client's prior vendor departed unexpectedly. We were able to meet the client's needs, including rapid, customized deployment of our scheduling and resource management system.

These examples speak to Telligen's adaptability when confronted with unexpected circumstances that require an agile implementation and contingency planning. Our proposed partnership with AFMC is unique. Though it is the incumbent, AFMC will have a vested interest in the success of the transition *and* implementation of the new options offered through our partnership.

Behavioral Health Expertise

Our partnership with AFMC helps to ensure a smooth transition for medical and developmental disability services. Telligen's behavioral health experience also ensures a seamless transition for behavioral health services. In Iowa we provide prior authorizations of inpatient behavioral health services and some community-based mental health services. In Idaho we also conduct review of inpatient behavioral health as well as care coordination for extremely high-risk, high-acuity beneficiaries with co-morbid physical and behavioral health issues. Our extensive commercial and union/trust experience includes reviews for inpatient and outpatient services to individuals with serious mental illness. In Oklahoma, we conducted a special analysis of opioid prescribing and developed an intervention to work directly with high prescribers and change their practice. This approach reduces the number of prescriptions and helps over-prescribing of opioids.

Proven Approach to Implementation

Telligen's dedicated implementation team has proven deployment experience:

- Structured transition process
- Best practice implementation approach based on past transition work
- Dedicated resources to ensure minimal disruption to all stakeholders
- Flexibility to extend operations if transition schedule changes

7.A OVERVIEW OF PRIOR WORK EXPERIENCE (RFP 2.2.A)

A. The Bidder must have seven (7) years' combined contractual experience in performing prior authorization reviews, retrospective reviews and medical reviews as well as other types of medical-related consults specified in this RFP. For verification purposes, bidder must provide an overview of prior work meeting this requirement, including scopes of work, review volumes, contract amounts, and contact information for contract managers who can verify experience. Contact information for contract managers must include the following: current phone number, mailing address, email address, title, and printed name. Proposals may be disqualified from respondents whose references do not respond within five (5) business days of the request for verification.

In this section, we outline prior organizational experience for Telligen and our proposed partner AFMC. Following a summary of each organization's relevant programmatic work, we present concrete examples of similar contracts Telligen holds with Medicaid agencies in states across the nation. We also highlight **AFMC's longstanding presence in Arkansas**, including their service as the Arkansas Medicaid Review Agent since 1985, and their work with Arkansas Developmental Disability Transitional Services, which originated in 1999.

A HISTORY OF RELEVANT EXPERIENCE - TELLIGEN

Telligen has provided utilization review, including prior authorization and retrospective reviews, and medical consultation services to similar clients for more than 40 years. We currently partner with six state Medicaid agencies to help them ensure medical services provided to their Medicaid populations are medically necessary, clinically appropriate, provided in the most appropriate setting, and reflective of professional standards of quality.

Highlights of Telligen's Experience:

- Quality Improvement Organization providing UR and related services in Maryland, Iowa, Idaho, Oklahoma, and Colorado.
- Utilization Review and physician consultation services in Nebraska.
- Support operations in Iowa and Maryland through a centralized state-of-the-art call center.
- Provide quality improvement and program integrity (QI/PI) functions in Idaho and Oklahoma.
- Minimum Data Set (MDS) validation services and on-site facility assessments of medical adult day care providers in Maryland.

Telligen Utilization Review

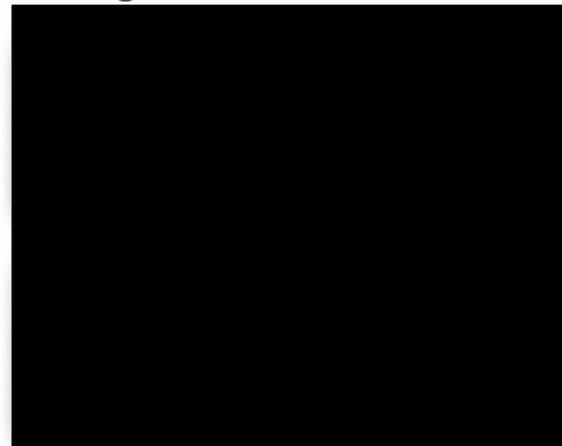


Figure 1. [Redacted]

- Deliver a combination of prospective, concurrent, and retrospective reviews for services delivered to Medicaid recipients enrolled in FFS programs and managed care programs.
- Accommodate over 17,000 providers in our Qualitrac system, demonstrating the capacity to serve and support more than five times the number of providers we expect to serve in Arkansas.
- Over 25 years of behavioral health experience at the state and commercial levels, including utilization review for inpatient and outpatient services and case management for individuals with serious mental illness.

Our utilization review experience spans the healthcare continuum – both for type and care setting. Review areas include medical necessity, quality of care, diagnosis related group (DRG)/coding validation, billing accuracy, and outliers. Our programs support the provision of appropriate care in settings which include hospitals (inpatient and outpatient), ambulatory surgery centers, Long Term Care facilities, home care, and Home and Community-based Services.

In all our work, Telligen applies best practices gleaned from over four decades partnering with Medicaid agencies to design and implement cost-effective programs that improve the quality of life for Medicaid populations. We describe Telligen’s recent experience with similar Prior Authorization and Retrospective Review contracts in this section.

TELLIGEN’S MOST RELEVANT PROJECTS

- 1. Iowa Medicaid Enterprise Services - QIO*
- 2. Idaho Medicaid Utilization and Care Management*
- 3. Oklahoma Medicaid External Quality Review Organization*
- 4. Maryland Medicaid Utilization Control*
- 5. Nebraska Medicaid Utilization Management*
- 6. Colorado Long Term Care Utilization Management Services*

1. IOWA MEDICAID ENTERPRISE SERVICES - QIO

PERFORMANCE PERIOD: 05/01/2018 - 06/30/2021 (ORIGINATED IN 1974)

Client Contact Information	Contract Amount	Review Volumes
Iowa Department of Human Services Iowa Medicaid Enterprise 100 Army Post Road Des Moines, Iowa 50315 [REDACTED] [REDACTED] [REDACTED]	Current Contract: \$ [REDACTED] 2010 – 2018 Contract: \$ [REDACTED]	[REDACTED]

Scope of Work

Since our partnership with Iowa Medicaid began in 1974, Telligen’s services have resulted in a comprehensive end-to-end medical management program that includes utilization review, care management, standardized assessments, Home and Community Based Services (HCBS) Level of Care (LOC) determinations, provider education, support for patient-centered medical homes, quality improvement, provider profiling, analytics and provision of Medical Director expertise.

Some of the value-added services we have provided include:

- **Predictive modeling** – We developed scenarios forecasting the percentage of members impacted by a monthly financial waiver cap.
- **Knowledge sharing** – We created a single-source SharePoint library that consolidates medical criteria for the state and Managed Care Organizations.
- **Waiver dashboards** – We created dashboard documentation for each of the waivers, providing the state with an overall picture of where services are implemented, and where or if they can release more or fewer waiver slots in various areas. These dashboards also equip department staff with trend analyses useful when meeting with legislators or other decision makers.

Program Success

To-date in 2018, our Iowa program has achieved 100% compliance with all Prior Authorization performance standards.

Performance Standard	Completion Rate
[REDACTED]	[REDACTED]

Client Testimonial

[REDACTED]

[REDACTED]

[REDACTED]

Contract Relevance

This contract demonstrates Telligen’s comprehensive expertise in Medical Management and our ability to design, implement and maintain secure data services for use with the Medicaid population. It also highlights our ability to maintain long-term, trusted relationships with sizeable clients and to adapt our services to meet the evolving needs of the clients, beneficiaries, and providers alike.

Our successes in providing secure, streamlined data sharing and analytics and to accurately, efficiently, and cost-effectively manage multiple types of reviews and assessments across the spectrum of medical and behavioral services are particularly germane to the current opportunity.

2. IDAHO MEDICAID UTILIZATION AND CARE MANAGEMENT

PERFORMANCE PERIOD: 6/1/2016 – 5/30/2019

Client Contact Information	Contract Amount	Review Volumes
Idaho Department of Health and Welfare Mailing Address: 3232 Elder Street Boise, Idaho 83705 [REDACTED] [REDACTED] [REDACTED]	\$ [REDACTED]	[REDACTED]

Scope of Work

In Idaho, Telligen provides statewide Quality Improvement Organization (QIO) services as well as a utilization management (UM) program to ensure medical services are authorized only when medically necessary and are provided effectively and efficiently in the most appropriate clinical setting and meet professional standards of quality. As part of this program, Telligen staff have conducted numerous in-person and web-based trainings throughout the state. Additionally, Telligen has proactively reached out to individual hospitals and other providers to help when it appeared the providers at those facilities may have not have had a full understanding of the utilization management criteria.

Program Success

- [REDACTED]
- [REDACTED]
- [REDACTED]

- [REDACTED]

Client Testimonial

[REDACTED]

[REDACTED]

Contract Relevance

This contract demonstrates Telligen’s capacity for efficient implementation as well as the organizational nimbleness required to support undefined consultative services as required by this RFP. Further, it shows our ability to collaborate seamlessly with the client, providers, and other stakeholders, providing communications and education essential when implementing new systems, policies, or processes.

3. OKLAHOMA MEDICAID EXTERNAL QUALITY REVIEW

PERFORMANCE PERIOD: 7/1/2011 – 6/30/2022

Client Contact Information	Contract Amount	Review Volumes
Oklahoma Health Care Authority Mailing Address: 4345 N Lincoln Boulevard Oklahoma City, OK 73105 [REDACTED] [REDACTED] [REDACTED]	\$ [REDACTED]	[REDACTED] [REDACTED]

Scope of Work

Telligen provides retrospective utilization reviews and quality peer reviews with education and intervention for the Oklahoma Health Care Authority (OHCA). This includes review of inpatient and observation level hospital admissions for medical necessity, quality of care and Diagnosis Related Groups (DRG) validation. In addition, we partner with OHCA forming a Medical Education and Intervention Team (MEIT) that works to improve the quality of care rendered by individual SoonerCare (Oklahoma Medicaid) providers. Telligen conducts specialty and geographically matched peer reviews and provider education. Using those results, we formulate and manage corrective action plans (CAP) or education plans. Collaborating with OHCA to ensure optimal healthcare, we deliver clinical expertise, recommendations, and administrative support. Possible outcomes include provider education, initiation of a CAP, or recommended termination from the SoonerCare program.

Program Success

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Client Testimonial

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Contract Relevance

Telligen’s experience in Oklahoma demonstrates the breadth of the organization’s review experience, its ability to contribute to improving the overall quality of the healthcare program, and its willingness to collaborate on special projects and initiatives as a valued clinical partner.

4. MARYLAND MEDICAID UTILIZATION CONTROL OF SELECTED HOSPITAL, NURSING FACILITY, AND HOME AND COMMUNITY BASED SERVICES

PERFORMANCE PERIOD: 1/1/2016 – 1/31/2019

Client Contact Information	Contract Amount	Review Volumes
Maryland Department of Health Mailing Address: 201 West Peterson Street Baltimore, MD 21201 [REDACTED] [REDACTED] [REDACTED]	\$ [REDACTED]	[REDACTED]

Scope of Work

Telligen provides comprehensive Medicaid Utilization Management including:

- Acute care hospitals
- Acute care hospital reconsiderations
- Acute care hospital concurrent reviews

- Emergency admission reviews for undocumented or unqualified aliens
- Adult chronic hospital reviews
- Nursing facility reviews
- Home and Community Based Services (HCBS) reviews
- Durable medical equipment reviews and reconsiderations
- Air ambulance services reviews and reconsiderations
- HCBS assessments

Program Success

Through this program, Telligen:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

- [Redacted]

Client Testimonial

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Contract Relevance

Our work in Maryland demonstrates our ability to implement cost-effective, customized secure health intelligence solutions to meet our client’s unique needs, including comprehensive analytics and real-time on-demand report generation. Additionally, this contract shows our ability to compliantly manage a broad variety of review types and assessments for a variety of populations state-wide.

5. NEBRASKA MEDICAID AND LONG-TERM CARE UTILIZATION MANAGEMENT

PERFORMANCE PERIOD: 12/23/2013 – 6/30/2020

Client Contact Information	Contract Amount	Review Volumes
Nebraska Department of Health and Human Services Division of Medicaid and Long-Term Care Mailing Address: 301 Centennial Mall South Lincoln, NE 68509 [Redacted] [Redacted] [Redacted]	\$ [Redacted]	[Redacted]

Scope of Work

We provide utilization management services, including prior authorization and retrospective review across a wide range of services and provider types. Telligen held three different contracts with the state of Nebraska during this period of performance including 1) Our current Utilization and Quality Management Review Program, 2) Physician Medical Director

Consultation Services, and 3) Prior Authorization of the Radiology Management Program. NE DHHS transitioned to managed care in early 2016, which impacted our volume of reviews. Our medical director provided professional judgement based on state operating policies as it related to transplant services, disability reviews, children’s disabilities, adoption review and emergency medical services for undocumented and ineligible aliens.

Program Success

Through this program, Telligen:

- [Redacted]
- [Redacted]
- [Redacted]

Client Testimonial

[Redacted]

Contract Relevance

This contract demonstrates Telligen’s strength in providing flexible, cost-effective client-driven solutions and programs that meet both existing and emerging needs, relying on real data to effect positive change. Our work in Nebraska also shows our ability to successfully support the fair hearing process and to lend guidance for state level policy development and implementation.

6. COLORADO LONG TERM CARE UTILIZATION MANAGEMENT SERVICES

PERFORMANCE PERIOD: 7/1/2018 – 6/30/2019

Client Contact Information	Contract Amount	Review Volumes
Agency: Department of Health Care Policy and Financing Mailing address: 1570 Grant St. Denver, CO 80203 [REDACTED] [REDACTED] [REDACTED]	\$ [REDACTED]	[REDACTED]

Scope of Work

The Colorado Department of Health Care Policy and Financing awarded Telligen a contract effective July 1, 2018, to perform as the Long Term Care Utilization Management Contractor for the Department’s long term care services and waiver program. Telligen is responsible for performing a range of utilization management functions, monitoring the health and welfare for long term care members, reviewing and reporting findings related to program support and offering suggestions for program and oversight improvements.

Specifically, Telligen monitors utilization of services provided under the state’s 10 Home and Community Service Waivers to prevent duplication of services between waivers and state plan services, ensure services align with the level of care needed by Medicaid members and support the Department to meet federal waiver requirements.

The contract includes seven UM activities highlighted in the table below. Projected annual review volumes are included for each activity. All UM activities have unique reporting requirements that range from weekly to annually and which involve trend analysis and recommendations for program improvements.

Utilization Management Activity	Projected Annual Volume
Perform initial, biannual and on-demand face-to-face acuity assessments using the Mayo-Portland Adaptability Index (MPAI) for the Brain Injury Supportive Living Program/Transitional Living Program.	400 acuity assessments
Conduct Case Management Agency (CMA) Performance and Quality Reviews (PQR) to ensure CMA execution meets documented requirements across a variety of measures.	[REDACTED]

Utilization Management Activity	Projected Annual Volume
<p>Post Eligibility Treatment of Income-Incurred Medical Expenses Preauthorization and Quarterly Reviews for hearing, dental, and insurance premiums over \$400.</p>	<p>[REDACTED]</p>
<p>Develop and implement a comprehensive Quality Improvement Strategy to ensure Case Management Agency functions according to CMS regulations.</p>	<p>[REDACTED]</p>
<p>Intermediate Care Facility Continued Stay Reviews – ICFs in Colorado are facilities that provide comprehensive and individualized health care to members with Intellectual and Developmental Disabilities. We review level of care for continued stays, complete assessments and audit Individual Program Plans, and conduct onsite reviews as needed. All work is done in compliance with federal regulations at 42 CFR 456.431 – 438.</p>	<p>[REDACTED]</p>
<p>Critical Incident Review Management: Review 100 percent of Critical Incidents within one (1) day of entry into the Department’s data system by case managers; conduct follow up with CMs to ensure appropriate actions were implemented; and triage Critical Incidents and refer cases to the Department for investigation as indicated.</p>	<p>[REDACTED]</p>
<p>Support the Hospital Back Up program (this is a specialized nursing facility program that serves individuals who are medically complex, ventilator-dependent and/or have complex wound care needs):</p> <ul style="list-style-type: none"> • Complete Intake and/or Referral and continued stay reviews to determine if the member meets HBU level of care criteria; initial review by registered nurses with 100 percent of cases confirmed by physician review. • Review HBU Rate Request forms from facility to determine if the requested items are in line with the member’s plan of care and medical needs. • Assign 90-day certification period following initial review and 365-day certification period following annual review for CSR approvals. • Conduct face-to-face clinical reviews at initial, 90-day and annual intervals. • Notify facility and Department of review determinations. 	<p>[REDACTED]</p>

Contract Relevance

This contract demonstrates Telligen’s expertise in managing special populations, including those with complex medical needs, brain injury and intellectual and developmental disabilities. Telligen is responsible for performing utilization management, beneficiary assessments, provider audits and developing and implementing quality improvement strategies. Components of this contract were implemented within two weeks to accommodate the client’s needs due to a prior vendor departing with inadequate transition time.

Our success in expeditious implementation and program customization while serving highly complex populations are relevant to the current opportunity. Telligen was able to initiate operations within two weeks of contract signing. This included implementing our scheduling and resource management system quickly with necessary changes to serve this client.

AFMC – A TRUSTED PARTNER IN ARKANSAS AND BEYOND

AFMC is Telligen’s proposed subcontractor and a long-term DHS partner. AFMC brings significant organizational experience with utilization review and over *three decades* of **personal experience with Arkansas Medicaid providers.**

AFMC lends more than six times the required seven year’ combined experience in all types of reviews and consultation to this partnership. During more than 45 years of Utilization Management for Medicaid and other agencies, **including 35 years of service to the Arkansas Medicaid program**, AFMC has continued to deliver exceptional healthcare review services.

PERFORMANCE HISTORY AND REPUTATION

In its 45-year history providing Utilization Management services, AFMC has consistently met and exceeded client expectations and has never had a contract terminated for performance.

AFMC offers expertise in more than clinical review services:

- **Provider Education:** Our provider relations specialists excel at connecting and educating Arkansas Medicaid’s behavioral health communities. They offer weekly webinars to behavioral health and developmental disability stakeholders throughout Arkansas on topics such as Arkansas’s areas of need for behavioral health services and clarification of counseling-level services.
- **Progress through Analytics:** Our analytics team is a key player in the statewide efforts to address substance abuse problems in Arkansas. We serve as the lead evaluation and data agency in Arkansas and perform statewide needs assessment, data collection, evaluation activities, and reporting for substance related programs. AFMC’s statistical efforts inform the need for additional measures and serve to evaluate high-needs communities by assessing program implementation and progress toward goals.
- **Call center:** With the Telligen/AFMC solution, Arkansas Medicaid beneficiaries will continue to call the same one-stop resource they’ve trusted for transparency and availability of information since 2013. This translates to less confusion for all stakeholders, simplified call management, and less duplication of services.

AFMC has the expertise, resources, and capabilities to efficiently complete the review services outlined in this RFP. The Telligen/AFMC partnership will ensure that Arkansas continues to be a prudent purchaser of medically necessary quality health care.

AFMC'S MOST RELEVANT PROJECTS

1. *Arkansas Developmental Disability Transitional Services*
2. *Arkansas Medicaid Review Agent*

1. ARKANSAS DEVELOPMENTAL DISABILITY TRANSITIONAL SERVICES

PERFORMANCE PERIOD: 7/1/2017 – 12/31/2018 (ORIGINATED IN 1999)

Client Contact Information	Contract Amount	Annual Review Volumes
Arkansas Department of Human Services Division of Developmental Disabilities Services P. O. Box 1437, Slot N501 Little Rock, Arkansas 72203-1437 [REDACTED]	\$ [REDACTED] [REDACTED]	[REDACTED]

Scope of Work

Arkansas DHS is transitioning from a fee-for-service based system to a provider-led entity model. AFMC's extensive knowledge of state and federal laws and relevant Arkansas Medicaid rules and regulations dramatically reduced the risk of service gaps that could jeopardize the successful implementation of the new provider-led model. **In fact, the Arkansas Office of State Procurement deemed that AFMC was the only company that could provide essential review services during this transition.**

PERFORMANCE HISTORY AND REPUTATION

[REDACTED]

In 1999, AFMC began performing Child Health Management Services (CHMS) prior authorizations to determine if applicants meet Medicaid’s admission guidelines. Later DHS extended these reviews to encompass medical necessity determinations including the amount and duration of treatment procedures. From 2001 to 2008 and 2015 to 2018, AFMC retrospectively and concurrently reviewed occupational, physical, and speech therapy services for utilization review and medical necessity. AFMC also reviewed individual plans of care and issue prior authorizations for personal care services that are approved for Medicaid.

The Transitional Services contract establishes utilization and medical necessity review for an array of Medicaid services, including Early Intervention Day Treatment (EIDT), ADDT, speech therapy, occupational therapy, and physical therapy for prior authorization and retrospective review. In addition, to assure that complete information is provided, AFMC reviews DMS-640 forms for Medicaid beneficiaries having a current prescription for more than 90 minutes per week of speech, physical, or occupational therapy and enters authorizations accordingly.

Client Testimony

[REDACTED]

[REDACTED]

[REDACTED]



Contract Relevance

This contract demonstrates AFMC’s ability to accomplish prior authorization, retrospective and concurrent review services for medical necessity of services for people with developmental disabilities, serving Arkansas Medicaid Beneficiaries under age 21 and for Multidisciplinary Developmental Day Treatment Services. AFMC’s team performs comprehensive record reviews to identify utilization variances in documentation, both those requiring a prior authorization and services *not* requiring prior authorization, and paid claims for beneficiaries. AFMC has performed well and continues to be well equipped to conduct site visits and record audits, make medical necessity determinations quickly and accurately, and provide a wide variety of data tracking capabilities. Through this contract, AFMC currently delivers half the services required under this RFP. We are well positioned to collaborate with Telligen to continue operations, making this partnership a low-risk, lower-cost solution for the State with minimal transition and reducing the burden to providers who are already familiar with us, thus providing seamless continuity of service to individuals.

2. ARKANSAS MEDICAID REVIEW AGENT

PERFORMANCE PERIOD: 7/19/2017 – JUNE 2019 (ORIGINATED IN 1985)

Client Contact Information	Contract Amount	Annual Review Volumes
Arkansas Department of Human Services Division of Medical Services P. O. Box 1437, Slot S401 Little Rock, Arkansas 72203-1437 [REDACTED] [REDACTED]	\$ [REDACTED]	[REDACTED]

Scope of Work

AFMC has contracted with the Arkansas DHS continuously **since 1985 to provide:**

- Medicaid utilization review based on medical necessity for inpatient and outpatient
- Medicaid retrospective review services (including emergency services and inpatient admissions)
- Prior authorization of continued inpatient stays, surgical procedures, assistant surgeon, Extension of Benefits (EOB), and bone marrow and organ transplants

In addition, AFMC provides expert clinical consultation on coding and payment issues as well as physician drug reviews. AFMC and its staff have more than 35 years’ experience working with

the fiscal agent and the Medicaid Management Information System (MMIS). Through this contract AFMC provides services impacting Medicaid beneficiaries of all ages statewide. For the 2018 State Fiscal Year, AFMC review programs saved DHS [REDACTED] through medical necessity determinations. AFMC developed a system that allows the Medicaid fiscal agent to accomplish automated recoupment of denied claims by electronic submission and upgraded Arkansas Medicaid's manual process, which helped complete large backlogs of billing error notifications and recoupment.

When DHS has a need, AFMC creates a solution.

At no cost to the State, AFMC also created a solution to the State's need and implemented a HIPAA-compliant web portal that allows providers to check the status of reviews online and submit all types of reviews and medical records. This reduces costs to providers and AFMC for storing records, copying, and mailing and reduces the likelihood of unintended HIPAA violations resulting from torn envelopes or lost medical records.

AFMC provides essential services for medical review to assist Arkansas Medicaid, performing reviews of medical records from hospitals and other healthcare facilities in all areas of the State. AFMC receives appropriately secured electronic records to conduct external utilization and quality-of-care reviews. The AFMC staff includes nurses, health information-management professionals, physicians, and clerical support. Current review contract activities include:

- Retrospective (post-pay) inpatient reviews
- Emergency services reviews, including process development for HIPAA-compliant electronic ED records submission
- Prior authorization reviews
- Medicaid Utilization Management Program (MUMP) concurrent reviews (inpatient)
- Organ and bone marrow transplant reviews for medical necessity
- EOB reviews for services with benefit limitations
- Provision of specialty physician reviewers
- Comprehensive provider education

Contract Relevance

This contract demonstrates AFMC’s expertise in interpreting guidelines and program requirements to perform prior authorization, concurrent, and retrospective reviews of services, notifying beneficiaries and providers of review determinations, transmitting prior authorization and recoupment data to the fiscal agent, providing necessary reports to the State, and participating in appeal hearings upon request. With the expertise of AFMC’s clinical review staff, physician reviewers, and other support staff, AFMC is well equipped to make medical necessity determinations quickly and accurately.

REAL SAVINGS FOR ARKANSAS



7.B NATIONAL HEALTHCARE-RELATED CERTIFICATION OR ACCREDITATION DOCUMENTATION (RFP 2.2.B)



CERTIFICATE OF Full Accreditation

is awarded to

Telligen, Inc.

1776 West Lakes Parkway

West Des Moines, Iowa 50266

for compliance with

Health Utilization Management Accreditation Program

pursuant to the

Health Utilization Management, 7.2

Effective from the 06/01/2016 through the 06/01/2019



Kylanne Green
President & Chief Executive Officer

Certificate Number: HUM004383 - 99196



URAC accreditation is assigned to the organization and address named in this certificate and is not transferable to subcontractors or other affiliated entities not accredited by URAC.

URAC accreditation is subject to the representations contained in the organization's application for accreditation. URAC must be advised of any changes made after the granting of accreditation. Failure to report changes can affect accreditation status.

This certificate is the property of URAC and shall be returned upon request.



CERTIFICATE OF AWARD

in recognition of

**Arkansas Foundation for Medical Care
5111 Rogers Avenue, Suite 476
Fort Smith, Arkansas 72903**

for compliance with

Health Utilization Management, 7.3 Accreditation Program

is awarded

Full Accreditation

Effective from February 01, 2018 through January 01, 2021



Kylanne Green
President & Chief Executive Officer

Certificate Number: HUM005734 - 107601



ACCREDITED

URAC accreditation is assigned to the organization and address named in this certificate and is not transferable to subcontractors or other affiliated entities not accredited by URAC.

URAC accreditation is subject to the representations contained in the organization's application for accreditation. URAC must be advised of any changes made after the granting of accreditation. Failure to report changes can affect accreditation status.

This certificate is the property of URAC, and shall be returned upon request.

7.C LETTERS OF REFERENCE (RFP 2.2.C)

C. Vendor must provide at least three (3) letters of reference that must attest to Vendor's prior authorization, retrospective review and medical review/consultation experience.

1. Two (2) letters of reference must be from public or private entities other than the Arkansas Department of Human Services (DHS); and

2. An additional letter of reference must be from any state Medicaid division, which may include the Division of Medical Services (DMS) within Arkansas DHS.

All letters of reference must meet the following criteria:

- *They shall be on official letterhead of the party submitting reference;*
- *They shall be from entities with recent (within the last three (3) years) contract experience with the respondent;*
- *They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFP;*
- *They shall be limited to organizational references, not personal references;*
- *They shall be dated not more than six (6) months prior to the proposal submission date;*
- *They shall include the current phone number, mailing address, email address, title, printed name, and signature of the individual of the party submitting the reference.*

In this section, we provide letters of reference from the following organizations that have had direct contract experience on similar scopes of work within the last three years including substantive work with Arkansas DHS:

- Iowa Department of Human Services
- Idaho Department of Health and Welfare
- Oklahoma Health Care Authority
- Arkansas Department of Human Services, Division of Medical Services



Iowa Department of Human Services

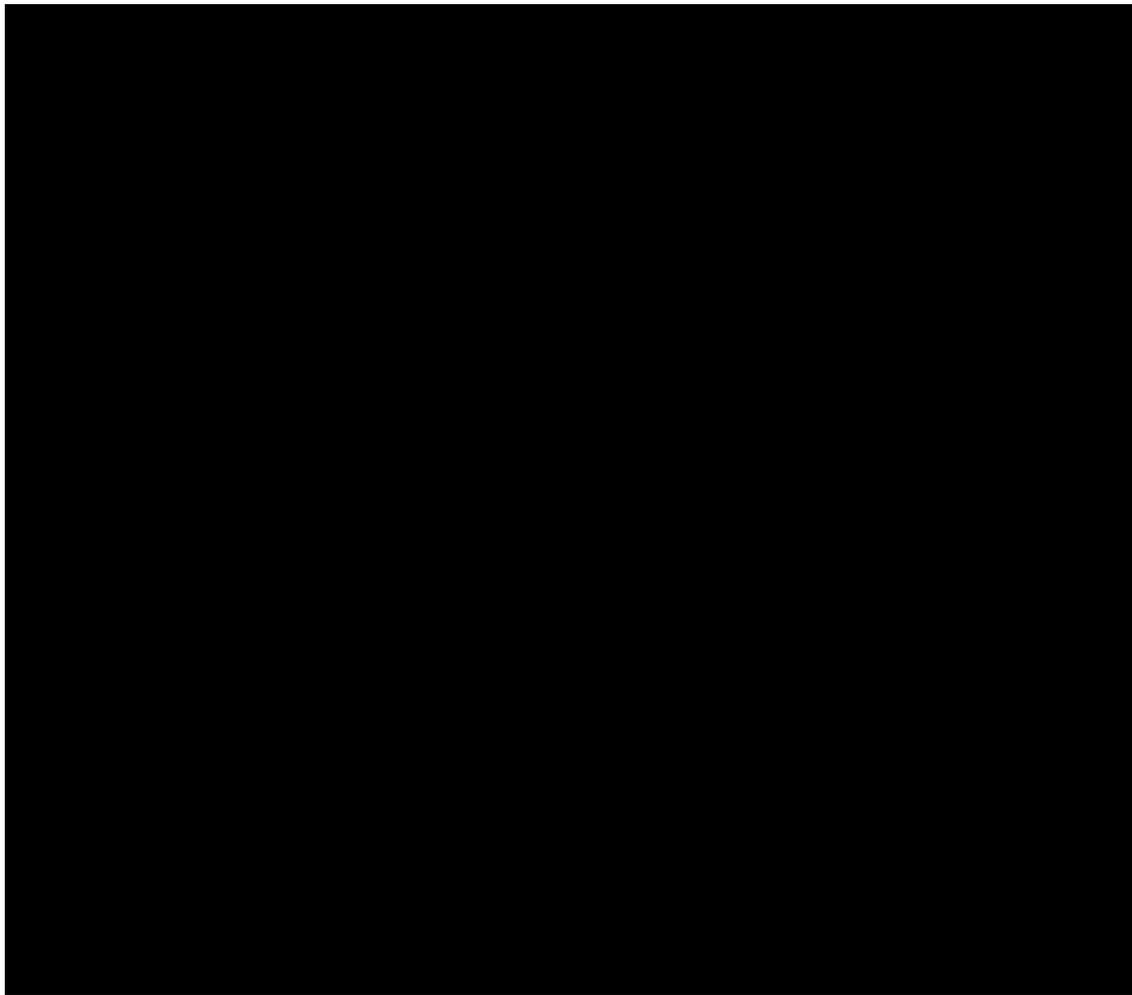
Kim Reynolds
Governor

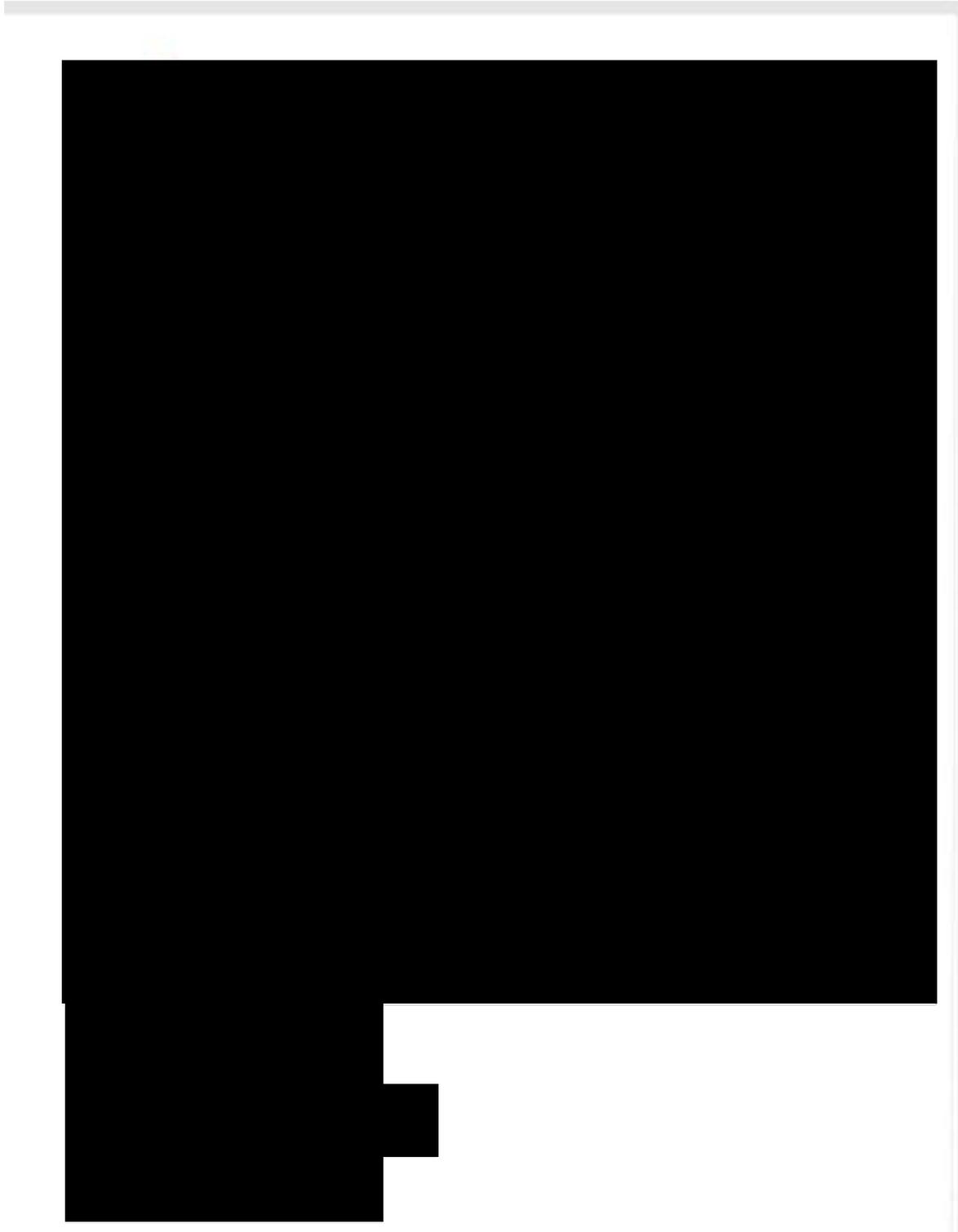
Adam Gregg
Lt. Governor

Jerry R. Foxhoven
Director

August 10, 2018

Mr. Bill Phipps
Vice President, State Health Solutions
Telligen
1776 West Lakes Parkway
West Des Moines, IA 50266









7.D SANCTIONS/CORRECTIVE ACTIONS CERTIFICATION (RFP 2.2.D)

The Bidder must certify that the Bidder has not received any sanctions or corrective actions by a state or Federal government within the last ten (10) years. However, failure to certify may not disqualify a bidder's submission if the Bidder provides detailed documentation of each sanction and any corresponding corrective action received from a state or Federal government within the last ten (10) years. Documentation must include status of all corrective actions within the last ten (10) years, including corrective actions completed to the satisfaction of the issuing government agency.

Telligen certifies that we have not received any sanctions by a state or Federal government within the last 10 years.

Telligen has received the following Corrective Action requests within the last 10 years.

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

7.E ORGANIZATIONAL OR PERSONAL CONFLICT OF INTEREST (RFP 2.2.E)

The Bidder and all subcontractors must certify that Bidder and all subcontractors have read the Organizational or Personal Conflict of Interest Clause (see Attachment G) and that Bidder and all subcontractors have no actual, apparent, or potential conflicts of interest with the DHS Independent Assessment vendor or Provider-Led Arkansas Shared Savings Entities (PASSE). If the Bidder or any subcontractor does have an actual, apparent, or potential conflict of interest, Bidder must disclose all relevant information pertaining to such conflict of interest. Bidders disclosing a potential, actual, or apparent conflict of interest must submit a conflict of interest mitigation plan. DHS, in its sole discretion, will determine if a conflict exists and whether it can be mitigated or waived. Bidders with conflicts of interest that cannot be mitigated or waived shall be disqualified.

Telligen certifies that all persons involved in this bid have read the Organizational or Personal Conflict of Interest Clause. Neither Telligen nor any of its employees have actual, apparent, or potential conflicts of interest with the DHS Independent Assessment vendor or Provider-Led Arkansas Shared Savings Entities (PASSE).

Our proposed subcontractor, The Arkansas Foundation for Medical Care (AFMC) also certifies that all persons involved in this bid have read the Organizational or Personal Conflict of Interest Clause provided as Attachment G in this effort. Neither AFMC nor any of its employees have actual, apparent, or potential conflicts of interest with the DHS Independent Assessment vendor or PASSE.

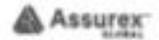
7.F CERTIFICATION OF BONDABILITY (RFP 2.2.F)

The Bidder must submit a Letter of Bondability from an admitted Surety Insurer with its bid submission. The letter should unconditionally offer to guarantee to the extent of one hundred percent (100%) of the contract price the bidders performance in all respects of the terms and conditions of the RFP and resultant contract.

Please find our letter of bondability that follows.



4200 University Avenue, Suite 200
West Des Moines, IA 50266-5945
515-244-0166
LMCinsurance.com



August 15, 2018

Client: Telligen, Inc

Project: State of Arkansas Department of Human Services Bid Number 0710-19-1001

Ladies and Gentlemen:

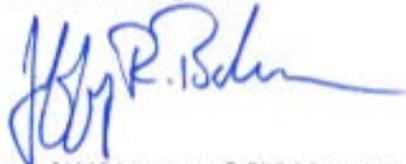
Please be advised that Western Surety Company is the surety for Telligen, Inc and is an admitted surety in the State of South Dakota with an A.M. Best rating of A XIV (Excellent) and also is on the U.S. Treasury list of approved companies with an underwriting limit of \$151,958,000. Western Surety Company has authorized our firm to issue bid and performance bonds on single projects in excess of \$10,000,000 with an aggregate of \$40,000,000.

Telligen, Inc is about to submit a proposal for the State of Arkansas Department of Human Services Bid Number 0710-19-1001. This client currently has sufficient unutilized surety credit to meet the performance bond obligations as set forth in the referenced bid documents; it is our present intention, pending direct instructions to do so, to become surety on the performance bond required by the contract. The performance bond will cover 100% of the contract requirement.

We continue to be confident in the ability of to perform and we highly recommend them for your favorable consideration.

Sincerely,

LMC Insurance & Risk Management



Jeff Baker
Vice President of LMC Insurance & Risk Management and as
Attorney-In-Fact for Western Surety Company

8 VOLUNTARY PRODUCT ACCESSIBILITY (RFP 1.25.B)

B. ACCORDINGLY, THE CONTRACTOR EXPRESSLY REPRESENTS AND WARRANTS to the State of Arkansas through the procurement process by submission of a Voluntary Product Accessibility Template (VPAT) for 36 C.F.R. § 1194.21, as it existed on January 1, 2013 (software applications and operating ICSs) and 36 C.F.R. § 1194.22, that the technology provided to the State for purchase is capable, either by virtue of features included within the technology, or because it is readily adaptable by use with other technology, of:

- 1. Providing, to the extent required by Arkansas Code Annotated § 25-26-201 et seq., as amended by Act 308 of 2013, equivalent access for effective use by both visual and non-visual means;***
- 2. Presenting information, including prompts used for interactive communications, in formats intended for non-visual use;***
- 3. After being made accessible, integrating into networks for obtaining, retrieving, and disseminating information used by individuals who are not blind or visually impaired;***
- 4. Providing effective, interactive control and use of the technology, including without limitation the operating system, software applications, and format of the data presented is readily achievable by nonvisual means;***
- 5. Being compatible with information technology used by other individuals with whom the blind or visually impaired individuals interact;***
- 6. Integrating into networks used to share communications among employees, program participants, and the public; and***
- 7. Providing the capability of equivalent access by nonvisual means to telecommunications or other interconnected network services used by persons who are not blind or visually impaired.***

One of the many qualifications that sets Telligen apart from other Care Review organizations is depth of our technical expertise in addition to our clinical experience. Telligen has created various applications, websites and programs for commercial and governmental organizations across the country. When applicable and/or required by contract needs, our technical team follows established accessibility guidelines to ensure Electronic and Information Technology (EIT) is accessible to persons with disabilities, in compliance with Section 508 of the Rehabilitation Act (29 U.S.C. § 794d). We employ a team of 508 subject matter experts, provide ongoing employee owner training regarding 508 regulations and are well versed in completion of the Voluntary Product Accessibility Template (VPAT). Based on findings of the VPAT and ever-changing needs of our end user and customer base, we continually work to address accessibility features within our Qualitrac product roadmap.

Prior Authorization and Retrospective Reviews
Attachment J

710-19-1001

VPAT™

Voluntary Product Accessibility Template®

Version 1.3

The purpose of the **Voluntary Product Accessibility Template**, or **VPAT™**, is to assist Federal contracting officials and other buyers in making preliminary assessments regarding the availability of commercial “Electronic and Information Technology” products and services with features that support accessibility. It is assumed and recommended that offerers will provide additional contact information to facilitate more detailed inquiries.

The first table of the Template provides a summary view of the Section 508 Standards. The subsequent tables provide more detailed views of each subsection. There are three columns in each table. Column one of the Summary Table describes the subsections of subparts B and C of the Standards. The second column describes the supporting features of the product or refers you to the corresponding detailed table, e.g., “equivalent facilitation.” The third column contains any additional remarks and explanations regarding the product. In the subsequent tables, the first column contains the lettered paragraphs of the subsections. The second column describes the supporting features of the product with regard to that paragraph. The third column contains any additional remarks and explanations regarding the product.

Prior Authorization and Retrospective Reviews

710-19-1001

Attachment J

Date: July 12, 2017

Name of Product: Qualitrac 2.0

Contact for more Information (name/phone/email): Stephanie Wilson/515-283-8417/swilson@telligen.com

Summary Table

VPAT™

Voluntary Product Accessibility Template®

<i>Criteria</i>	Supporting Features	Remarks and explanations
Section 1194.21 Software Applications and Operating Systems		
Section 1194.22 Web-based Internet Information and Applications		
Section 1194.23 Telecommunications Products		
Section 1194.24 Video and Multimedia Products		
Section 1194.25 Self-Contained, Closed Products		
Section 1194.26 Desktop and Portable Computers		
Section 1194.31 Functional Performance Criteria		
Section 1194.41 Information, Documentation and Support		

[Return to the top of the page.../AppData/Local/Microsoft/Windows/Local Settings/Temporary Internet Files/OLK42/VPAT.html](#)

Prior Authorization and Retrospective Reviews
 Attachment J

710-19-1001

**Section 1194.21 Software Applications and
 Operating Systems – Detail**

VPAT™

Voluntary Product Accessibility Template®

Criteria	Supporting Features	Remarks and explanations
<p>(a) When software is designed to run on a system that has a keyboard, product functions shall be executable from a keyboard where the function itself or the result of performing a function can be discerned textually.</p>	<p>Supports with Exception</p>	<p>Most of the results are accessible with tabination but cannot be discerned.</p> <p>Log-in, Terms of Use, Password – supported 100%</p> <p>Lookup page – User can tab through last names Not able to tab through pagination</p> <p>Patient Summary Page – skips to table data</p> <p>Comments History Page – works correctly</p> <p>Reporting Portal – graphs are not usable. Graphs have export to Excel. Excel export is usable. Export does not always match graph.</p> <p>Provider portal – Type ahead fields and upload documents do not function fully.</p>

Prior Authorization and Retrospective Reviews
 Attachment J

710-19-1001

<p>(b) Applications shall not disrupt or disable activated features of other products that are identified as accessibility features, where those features are developed and documented according to industry standards. Applications also shall not disrupt or disable activated features of any operating system that are identified as accessibility features where the application programming interface for those accessibility features has been documented by the manufacturer of the operating system and is available to the product developer.</p>	<p>Supports</p>	<p>The application does not disrupt or disable accessibility features of assistive technology.</p>
<p>(c) A well-defined on-screen indication of the current focus shall be provided that moves among interactive interface elements as the input focus changes. The focus shall be programmatically exposed so that Assistive Technology can track focus and focus changes.</p>	<p>Supports with exceptions</p>	<p>Assistive technology is able to track the focus but verbiage needs to be more fully defined. IE: Current: export to XLS should say export name of report in xls</p>
<p>(d) Sufficient information about a user interface element including the identity, operation and state of the element shall be available to Assistive Technology. When an image represents a program element, the information conveyed by the image must also be available in text.</p>	<p>Supports with exceptions</p>	<p>Do not have any images in system. Identity and operations are mostly available. Drop down and free selection not discernible</p>

Prior Authorization and Retrospective Reviews
 Attachment J

710-19-1001

(e) When bitmap images are used to identify controls, status indicators, or other programmatic elements, the meaning assigned to those images shall be consistent throughout an application's performance.	Supports	Bitmap images to identify controls, status, etc. are not used in the application
(f) Textual information shall be provided through operating system functions for displaying text. The minimum information that shall be made available is text content, text input caret location, and text attributes.	Supports	This application supports textual enhancement features provided by the OS.
(g) Applications shall not override user selected contrast and color selections and other individual display attributes.	Supports	The application does not override any user selected contrast and color selections.
(h) When animation is displayed, the information shall be displayable in at least one non-animated presentation mode at the option of the user.	Not Applicable	
(i) Color coding shall not be used as the only means of conveying information, indicating an action, prompting a response, or distinguishing a visual element.	Supports with Exception	Charts and graphs are color coded but user has option to export to excel or pdf
(j) When a product permits a user to adjust color and contrast settings, a variety of color selections capable of producing a range of contrast levels shall be provided.	Not Applicable	
(k) Software shall not use flashing or blinking text, objects, or other elements having a flash or blink frequency greater than 2 Hz and lower than 55 Hz.	Not applicable	

Prior Authorization and Retrospective Reviews
 Attachment J

710-19-1001

(l) When electronic forms are used, the form shall allow people using Assistive Technology to access the information, field elements, and functionality required for completion and submission of the form, including all directions and cues.	Supports with exceptions	Type ahead fields would need to be changed
--	--------------------------	--

Section 1194.22 Web-based Internet information and applications – Detail

VPAT™

Voluntary Product Accessibility Template®

Criteria	Supporting Features	Remarks and explanations
(a) A text equivalent for every nontext element shall be provided (e.g., via "alt," "longdesc," or in element content).	Supports with Exceptions	Some text equivalents are not accurate. Some are missing labels to be readable.
(b) Equivalent alternatives for any multimedia presentation shall be synchronized with the presentation.	Not Applicable	
(c) Web pages shall be designed so that all information conveyed with color is also available without color, for example from context or markup.	Supports with exceptions	Charts and graphs are readable but not easily discernible
(d) Documents shall be organized so they are readable without requiring an associated style sheet.	Does not support	Pdf is accessible but not formatted for reading

Prior Authorization and Retrospective Reviews
 Attachment J

710-19-1001

(e) Redundant text links shall be provided for each active region of a server-side image map.	Not applicable	
(f) Client-side image maps shall be provided instead of server-side image maps except where the regions cannot be defined with an available geometric shape.	Not applicable	
(g) Row and column headers shall be identified for data tables.	Supports	Row and column headers are identified for data tables
(h) Markup shall be used to associate data cells and header cells for data tables that have two or more logical levels of row or column headers.	Supports with exception	All the cells that are accessible with tabbing are associated with the headers.
(i) Frames shall be titled with text that facilitates frame identification and navigation	Not applicable	
(j) Pages shall be designed to avoid causing the screen to flicker with a frequency greater than 2 Hz and lower than 55 Hz.	Supports	Pages do not flicker
(k) A text-only page, with equivalent information or functionality, shall be provided to make a website comply with the provisions of this part, when compliance cannot be accomplished in any other way. The content of the text-only page shall be updated whenever the primary page changes.	Does not support	

Prior Authorization and Retrospective Reviews
 Attachment J

710-19-1001

(l) When pages utilize scripting languages to display content, or to create interface elements, the information provided by the script shall be identified with functional text that can be read by Assistive Technology.	Supports with exception	Type ahead fields did not support this
(m) When a web page requires that an applet, plug-in or other application be present on the client system to interpret page content, the page must provide a link to a plug-in or applet that complies with §1194.21(a) through (l).	Not applicable	
(n) When electronic forms are designed to be completed online, the form shall allow people using Assistive Technology to access the information, field elements, and functionality required for completion and submission of the form, including all directions and cues.	Supports with exception	Type ahead fields
(o) A method shall be provided that permits users to skip repetitive navigation links.	Does not support	
(p) When a timed response is required, the user shall be alerted and given sufficient time to indicate more time is required.	Does not support	Only one timed response for inactive users.

Note to 1194.22: The Board interprets paragraphs (a) through (k) of this section as consistent with the following priority 1 Checkpoints of the Web Content Accessibility Guidelines 1.0 (WCAG 1.0) (May 5 1999) published by the Web Accessibility Initiative of the World Wide Web Consortium: Paragraph (a) - 1.1, b - 1.4, (c) - 2.1, (d) - 6.1, (e) - 1.2, (f) - 9.1, (g) - 5.1, (h) - 5.2, (i) - 12.1, (j) - 7.1, (k) - 11.4.

Prior Authorization and Retrospective Reviews
Attachment J

710-19-1001

Section 1194.23 Telecommunications Products – Detail **VPAT™**

Voluntary Product Accessibility Template®

Criteria	Supporting Features	Remarks and explanations
(a) Telecommunications products or systems which provide a function allowing voice communication and which do not themselves provide a TTY functionality shall provide a standard non-acoustic connection point for TTYs. Microphones shall be capable of being turned on and off to allow the user to intermix speech with TTY use.	Not applicable	
(b) Telecommunications products which include voice communication functionality shall support all commonly used cross-manufacturer non-proprietary standard TTY signal protocols.	Not applicable	
(c) Voice mail, auto-attendant, and interactive voice response telecommunications systems shall be usable by TTY users with their TTYs.	Not applicable	

Prior Authorization and Retrospective Reviews
 Attachment J

710-19-1001

<p>(d) Voice mail, messaging, auto attendant, and interactive voice response telecommunications systems that require a response from a user within a time interval, shall give an alert when the time interval is about to run out, and shall provide sufficient time for the user to indicate more time is required.</p>		
<p>(e) Where provided, caller identification and similar telecommunications functions shall also be available for users of TTYs, and for users who cannot see displays.</p>	<p>Not applicable</p>	
<p>(f) For transmitted voice signals, telecommunications products shall provide a gain adjustable up to a minimum of 20 dB. For incremental volume control, at least one intermediate step of 12 dB of gain shall be provided.</p>	<p>Not applicable</p>	
<p>(g) If the telecommunications product allows a user to adjust the receive volume, a function shall be provided to automatically reset the volume to the default level after every use.</p>	<p>Not applicable</p>	
<p>(h) Where a telecommunications product delivers output by an audio transducer which is normally held up to the ear, a means for effective magnetic wireless coupling to hearing technologies shall be provided.</p>	<p>Not applicable</p>	

Prior Authorization and Retrospective Reviews
 Attachment J

710-19-1001

<p>(i) Interference to hearing technologies (including hearing aids, cochlear implants, and assistive listening devices) shall be reduced to the lowest possible level that allows a user of hearing technologies to utilize the telecommunications product.</p>	<p>Not applicable</p>	
<p>(j) Products that transmit or conduct information or communication, shall pass through cross-manufacturer, non-proprietary, industry-standard codes, translation protocols, formats or other information necessary to provide the information or communication in a usable format. Technologies which use encoding, signal compression, format transformation, or similar techniques shall not remove information needed for access or shall restore it upon delivery.</p>	<p>Not applicable</p>	
<p>(k)(1) Products which have mechanically operated controls or keys shall comply with the following:</p>	<p>Not applicable</p>	
<p>Controls and Keys shall be tactilely discernible without activating the controls or keys.</p>		
<p>(k)(2) Products which have mechanically operated controls or keys shall comply with the following: Controls and Keys shall be operable with one hand and shall not require tight grasping, pinching, twisting of the wrist. The force required to activate controls and keys shall be 5 lbs. (22.2N) maximum.</p>	<p>Not applicable</p>	

Prior Authorization and Retrospective Reviews
Attachment J

710-19-1001

(k)(3) Products which have mechanically operated controls or keys shall comply with the following: If key repeat is supported, the delay before repeat shall be adjustable to at least 2 seconds. Key repeat rate shall be adjustable to 2 seconds per character.	Not applicable	
(k)(4) Products which have mechanically operated controls or keys shall comply with the following: The status of all locking or toggle controls or keys shall be visually discernible, and discernible either through touch or sound.	Not applicable	

Prior Authorization and Retrospective Reviews
 Attachment J

710-19-1001

Section 1194.24 Video and Multi-media Products – Detail

VPAT™

Voluntary Product Accessibility Template®

Criteria	Supporting Features	Remarks and explanations
<p>(a) All analog television displays 13 inches and larger, and computer equipment that includes analog television receiver or display circuitry, shall be equipped with caption decoder circuitry which appropriately receives, decodes, and displays closed captions from broadcast, cable, videotape, and DVD signals. As soon as practicable, but not later than July 1, 2002, widescreen digital television (DTV) displays measuring at least 7.8 inches vertically, DTV sets with conventional displays measuring at least 13 inches vertically, and standalone DTV tuners, whether or not they are marketed with display screens, and computer equipment that includes DTV receiver or display circuitry, shall be equipped with caption decoder circuitry which appropriately receives, decodes, and displays closed captions from broadcast, cable, videotape, and DVD signals.</p>	<p>Not applicable</p>	

Prior Authorization and Retrospective Reviews
Attachment J

710-19-1001

(b) Television tuners, including tuner cards for use in computers, shall be equipped with secondary audio program playback circuitry.	Not applicable	
(c) All training and informational video and multimedia productions which support the agency's mission, regardless of format, that contain speech or other audio information necessary for the comprehension of the content, shall be open or closed captioned.	Not applicable	
(d) All training and informational video and multimedia productions which support the agency's mission, regardless of format, that contain visual information necessary for the comprehension of the content, shall be audio described.	Not applicable	
(e) Display or presentation of alternate text presentation or audio descriptions shall be user-selectable unless permanent.	Not applicable	

Prior Authorization and Retrospective Reviews
 Attachment J

710-19-1001

Section 1194.25 Self-Contained, Closed Products – Detail

VPAT™

Voluntary Product Accessibility Template®

Criteria	Supporting Features	Remarks and explanations
(a) Self contained products shall be usable by people with disabilities without requiring an end-user to attach Assistive Technology to the product. Personal headsets for private listening are not Assistive Technology.	Not applicable	
(b) When a timed response is required, the user shall be alerted and given sufficient time to indicate more time is required.	Not applicable	
(c) Where a product utilizes touchscreens or contact-sensitive controls, an input method shall be provided that complies with §1194.23 (k) (1) through (4).	Not applicable	
(d) When biometric forms of user identification or control are used, an alternative form of identification or activation, which does not require the user to possess particular biological characteristics, shall also be provided.	Not applicable	

Prior Authorization and Retrospective Reviews
 Attachment J

710-19-1001

<p>(e) When products provide auditory output, the audio signal shall be provided at a standard signal level through an industry standard connector that will allow for private listening. The product must provide the ability to interrupt, pause, and restart the audio at any time.</p>	<p>Not applicable</p>	
<p>(f) When products deliver voice output in a public area, incremental volume control shall be provided with output amplification up to a level of at least 65 dB. Where the ambient noise level of the environment is above 45 dB, a volume gain of at least 20 dB above the ambient level shall be user selectable. A function shall be provided to automatically reset the volume to the default level after every use.</p>	<p>Not applicable</p>	
<p>(g) Color coding shall not be used as the only means of conveying information, indicating an action, prompting a response, or distinguishing a visual element.</p>	<p>Not applicable</p>	
<p>(h) When a product permits a user to adjust color and contrast settings, a range of color selections capable of producing a variety of contrast levels shall be provided.</p>	<p>Not applicable</p>	
<p>(i) Products shall be designed to avoid causing the screen to flicker with a frequency greater than 2 Hz and lower than 55 Hz.</p>	<p>Not applicable</p>	

Prior Authorization and Retrospective Reviews
 Attachment J

710-19-1001

<p>(j)(1) Products which are freestanding, non-portable, and intended to be used in one location and which have operable controls shall comply with the following: The position of any operable control shall be determined with respect to a vertical plane, which is 48 inches in length, centered on the operable control, and at the maximum protrusion of the product within the 48 inch length on products which are freestanding, non-portable, and intended to be used in one location and which have operable controls.</p>	<p>Not applicable</p>	
<p>(j)(2) Products which are freestanding, non-portable, and intended to be used in one location and which have operable controls shall comply with the following: Where any operable control is 10 inches or less behind the reference plane, the height shall be 54 inches maximum and 15 inches minimum above the floor.</p>	<p>Not applicable</p>	
<p>(j)(3) Products which are freestanding, non-portable, and intended to be used in one location and which have operable controls shall comply with the following: Where any operable control is more than 10 inches and not more than 24 inches behind the reference plane, the height shall be 46 inches maximum and 15 inches minimum above the floor.</p>	<p>Not applicable</p>	

Prior Authorization and Retrospective Reviews
 Attachment J

710-19-1001

(j)(4) Products which are freestanding, non-portable, and intended to be used in one location and which have operable controls shall comply with the following: Operable controls shall not be more than 24 inches behind the reference plane.	Not applicable	
--	----------------	--

Section 1194.26 Desktop and Portable

Computers – Detail

VPAT™

Voluntary Product Accessibility Template®

Criteria	Supporting Features	Remarks and explanations
(a) All mechanically operated controls and keys shall comply with §1194.23 (k) (1) through (4).	Not applicable	
(b) If a product utilizes touchscreens or touch-operated controls, an input method shall be provided that complies with §1194.23 (k) (1) through (4).	Not applicable	
(c) When biometric forms of user identification or control are used, an alternative form of identification or activation, which does not require the user to possess particular biological characteristics, shall also be provided.	Not applicable	
(d) Where provided, at least one of each type of expansion slots, ports and connectors shall comply with publicly available industry standards	Not applicable	

Prior Authorization and Retrospective Reviews
 Attachment J

710-19-1001

Section 1194.31 Functional Performance Criteria – Detail

VPAT™

Voluntary Product Accessibility Template®

Criteria	Supporting Features	Remarks and explanations
(a) At least one mode of operation and information retrieval that does not require user vision shall be provided, or support for Assistive Technology used by people who are blind or visually impaired shall be provided.	Supports with exception	Application can be accessible for disabled users using assistive technology like JAWS. Even with assistive technology not all features are accessible and/or discernible
(b) At least one mode of operation and information retrieval that does not require visual acuity greater than 20/70 shall be provided in audio and enlarged print output working together or independently, or support for Assistive Technology used by people who are visually impaired shall be provided.	Supports	User can adjust the form size in IE with Alt +/-.
(c) At least one mode of operation and information retrieval that does not require user hearing shall be provided, or support for Assistive Technology used by people who are deaf or hard of hearing shall be provided	Supports	

Prior Authorization and Retrospective Reviews
 Attachment J

710-19-1001

<p>(d) Where audio information is important for the use of a product, at least one mode of operation and information retrieval shall be provided in an enhanced auditory fashion, or support for assistive hearing devices shall be provided.</p>	<p>Not applicable</p>	
<p>(e) At least one mode of operation and information retrieval that does not require user speech shall be provided, or support for Assistive Technology used by people with disabilities shall be provided.</p>	<p>Not applicable</p>	<p>Speech understanding technology is not used</p>
<p>(f) At least one mode of operation and information retrieval that does not require fine motor control or simultaneous actions and that is operable with limited reach and strength shall be provided.</p>	<p>Supports with exception</p>	

Prior Authorization and Retrospective Reviews
Attachment J

710-19-1001

Section 1194.41 Information, Documentation and Support – Detail

VPAT™

Voluntary Product Accessibility Template®

Criteria	Supporting Features	Remarks and explanations
(a) Product support documentation provided to end-users shall be made available in alternate formats upon request, at no additional charge	Supports with Exception	
(b) End-users shall have access to a description of the accessibility and compatibility features of products in alternate formats or alternate methods upon request, at no additional charge.	Supports	Help Desk is available for support
(c) Support services for products shall accommodate the communication needs of end-users with disabilities.	Supports	Help Desk is available for support

9 INFORMATION FOR EVALUATION

9.A BACKGROUND AND QUALIFICATIONS

E.1 Provide a detailed narrative on past experience implementing similar IT buildouts along with corroborating references.

BUILDING SYSTEMS THAT WORK: ABOUT TELLIGEN

The Department of Human Services can expect on-time implementation, technology precisely configured to the scope of work, a seamless transition, and efficient services that meet Arkansas goals, based on over 85 years of building systems that work for our clients, as our references demonstrate.

When state and federal agencies require transparent and cost-effective services powered by reliable technology, they choose Telligen.

Founded in 1972 to improve healthcare quality and cost for public and private clients, in 2014 Telligen became a 100% employee-owned company. Ownership drives performance and commitment – factors that create value for our clients through long-term relationships. This model also assures our independence: Telligen is not a subsidiary of another company nor owned by a venture capital firm. When DHS works with our Arkansas team, you will work with Telligen’s owners. When you work with our partner, AFMC, you will work with an Arkansas company founded to serve the State of Arkansas and its Medicaid beneficiaries. Together, we propose an integrated, Arkansas-based team that can deliver an IT and clinical solution that assures medical necessity, prevents administrative burdens for DHS and providers, and controls cost.

Telligen is a population health management company that specializes in prior authorization and retrospective review. Our federal and multi-state experience combined with AFMC’s legacy of service to Arkansas means we are ready to deliver a proven information system for prior authorization and retrospective review services that ensures Arkansas Medicaid beneficiaries receive appropriate, medically necessary, and cost-effective services.

Telligen systems support UM expertise that spans healthcare settings across the continuum of care (hospital inpatient and outpatient, ambulatory surgery centers, long-term care, home care, and home and community-based settings). Our prior authorizations and retrospective reviews cover medical necessity; appropriateness of the setting; quality of care,



Figure 2. The Arkansas team has a consistent track record of building systems that work for our clients. Our contracted states of Iowa, Arkansas, and four other states rely on Telligen for relevant, technology-driven medical review.

DRG/coding validation; billing accuracy; and claim outliers. Telligen experience also encompasses medical and behavioral health inpatient and outpatient services; assessments and Level of Care evaluations for Medicaid waiver participants; and care plan review for long-term services and supports. Our success in meeting the evolving needs of our clients results in strong partnerships and expertise developing, implementing, and refining health management programs with a comprehensive systems approach:

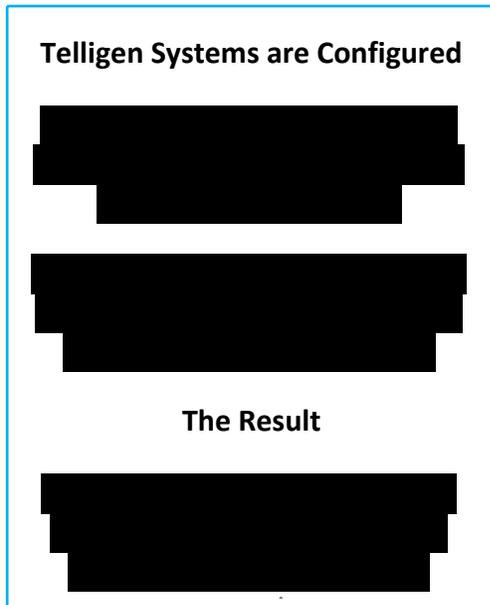
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Our proven track record includes successful transition from previous vendors with minimal disruption to the state, the provider community, and delivery of care to recipients. We achieve these results through three essential practices:

1. Developing and deploying agile technology tools configured for project requirements.
2. Adhering to best-practices embedded in our URAC-accredited policies/procedures.
3. Engaging experienced, well-trained owner-employees for every project.

As the following discussion of our past experience indicates, Telligen is a leader in systems that empower programs with process efficiency and access to timely, complete, and accurate data. Partnering with AMFC ensures that any transition of data or systems is seamless.

OUR APPROACH TO BUILDING IT SYSTEMS



As a leader in information systems for state and federal programs since our inception, we have rigorous standard processes to support system implementation for new projects.

In Figure 3, Figure 4, and Figure 5 we present an overview of our approach to configuring Qualitrac, our utilization and care management system, for new project requirements.

This approach avoids both rigid “off-the-shelf” constraints on addressing program requirements **and** the risk of developing new systems for new projects. Building on our proven, reliable system, we refine Qualitrac for the exact specifications of the program – and will do that for Arkansas to meet DHS’ unique requirements and system needs.

These figures present our model process, and we then discuss examples of selected experience in detail to illustrate the flexibility of our approach to address highly varying implementations.

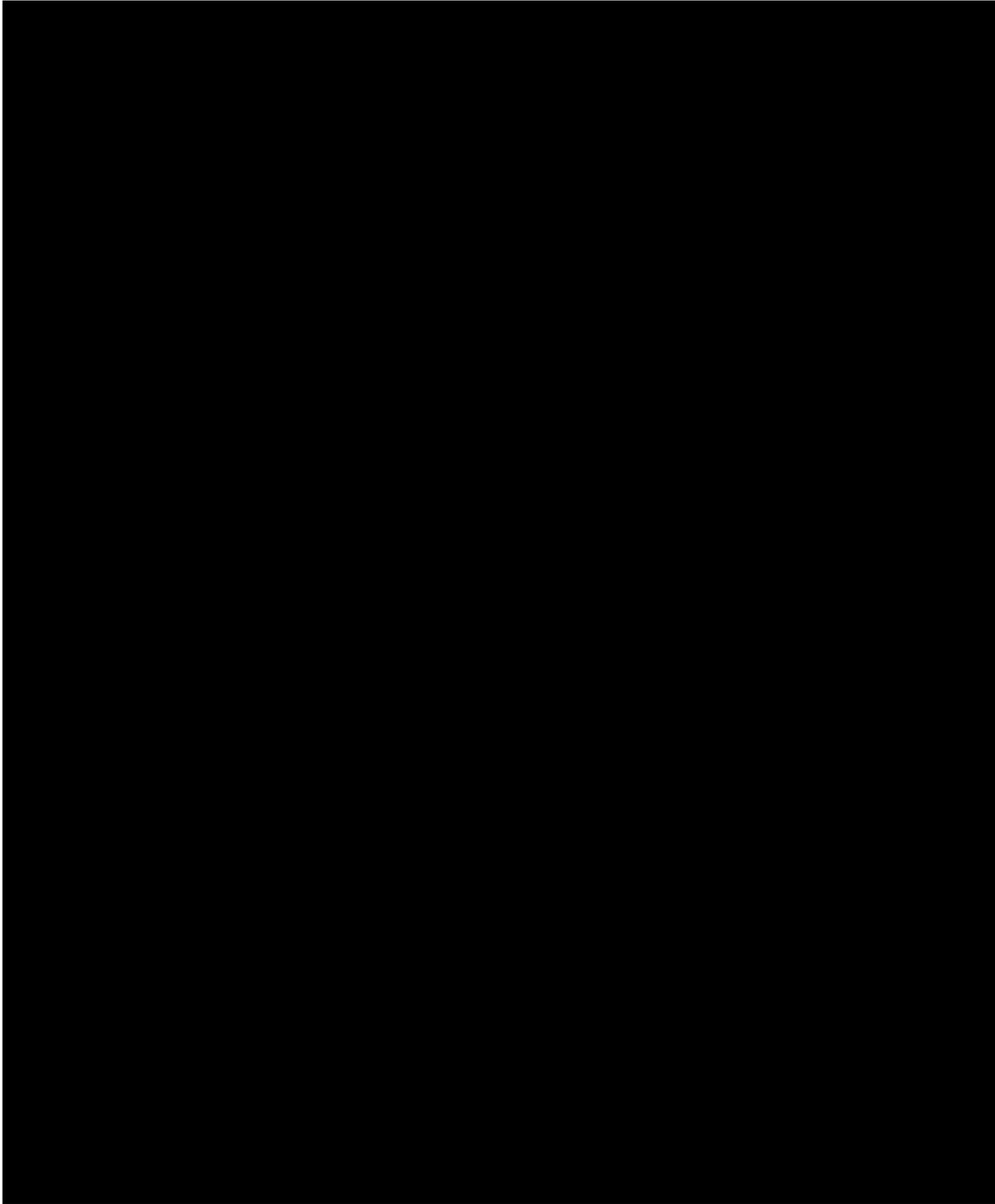


Figure 3. Phase I of IT Build Outs.





Figure 4. Phase II of IT Build Outs.

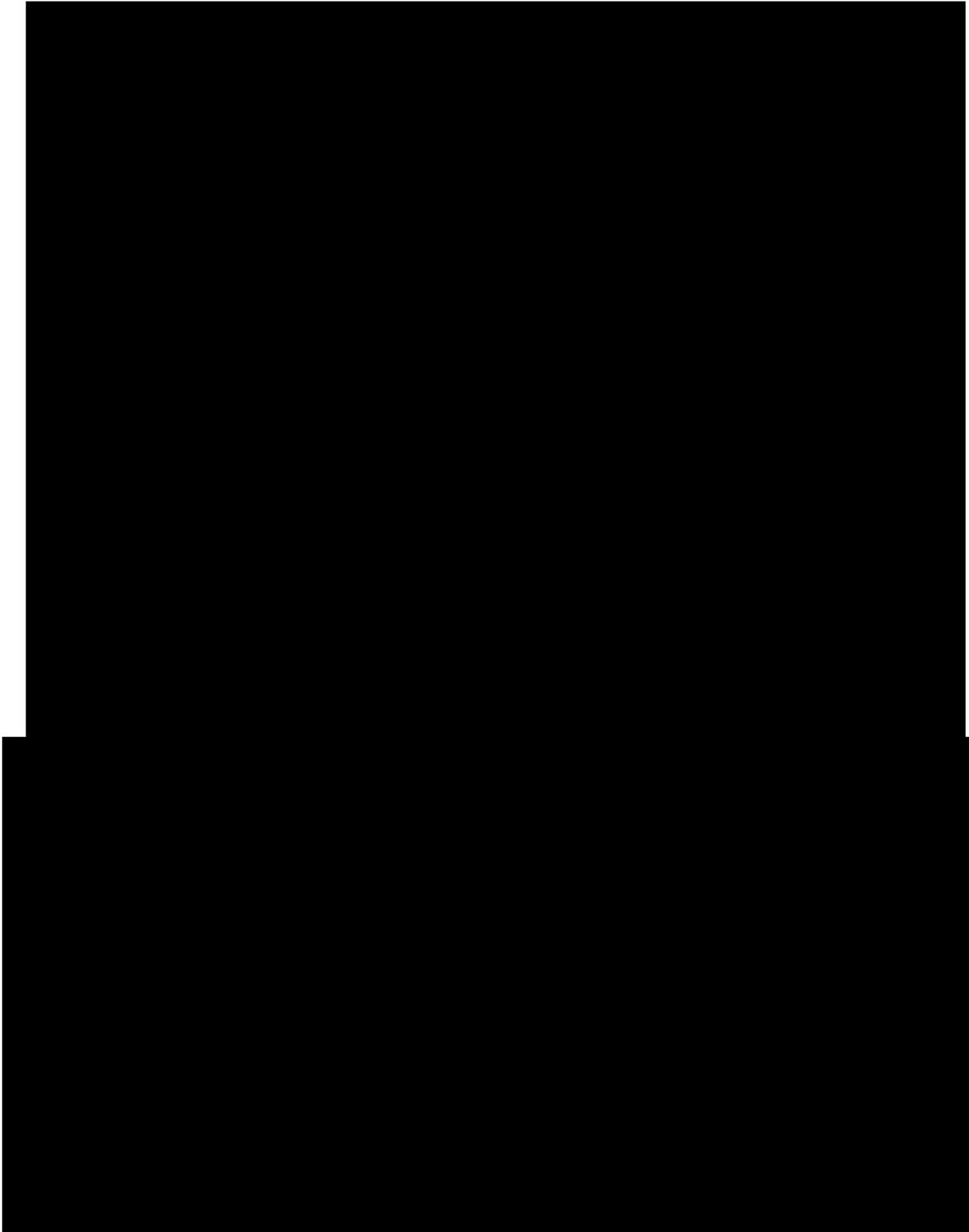


Figure 5. The final phase of the IT Build is testing and Go Live. [Redacted]

TELLIGEN PAST EXPERIENCE

The history of information systems for utilization review of public sector healthcare is Telligen's history. As the Iowa Foundation for Medical Care, we pioneered:

- **Information technology architecture for utilization review**
- **Procedures to use public sector data to select retrospective reviews**
- **Data structures and coding to standardize and organize review results for analysis and reporting**
- **Generation of data interfaces with fiscal agents to transmit review results reliably and securely**
- **Database quality assurance procedures**

Today, Telligen is an employee-owned company and partner of choice of federal, Medicaid and commercial clients for reliable, "smart" solutions that assure medical necessity, reduce provider administrative burden and control cost. The IT implementations we discuss next document these capabilities and demonstrate their ability to meet the needs of our clients.

Telligen has experience and expertise to develop systems that deliver the sentinel services of Medicaid utilization control. This core product facilitates the ability to customize and specify the core system to meet the needs of our specific state client. Our Operational Teams use Qualitrac in multiple state and commercial environments for the inherent security and symmetry of a stable and configurable system.

This approach provides DHS with the best of both worlds in terms of the question asked, "Is this off the shelf?" or "is this customized?". Our implementation team can then focus their efforts on client-specific needs, implementing process improvements and new services.

DHS will represent the fourth new client in four years to join the family of Qualitrac users. As there is variance in the complexity of computer systems and core systems within the provider community, it is important to provide essential access. Providers adopt Qualitrac without hesitation, and herald its ease of use for information requests, record uploads, and prompt turnaround times that result from its ease of use.

User-friendly, web-based system

No expensive, dedicated software or hardware is required to use Qualitrac.

"If you can use the Internet, you can use Qualitrac."

Each new client informs and advances Qualitrac and we continually share with all our clients the experiences of other system utilizers to enhance their programs. This approach results in continuous improvement and responsiveness to the

needs of our clients. We also proactively incorporate features to comply with the newest state and federal Medicaid guidelines and processes. Qualitrac is a system that is configured and customized at all levels – enhancing user experience and facilitating provider adoption.

Examples of IT Build Outs

By utilizing our proven Qualitrac Implementation process, we take a step by step approach to identifying the questions that need to be asked and the tasks that need to be completed. Immediately upon contract award, we will schedule a kick off meeting with DHS leadership. Together we will identify key stakeholders to the implementation process and their area of expertise and contact information. We will then schedule ongoing meetings and work collaboratively with those individuals to execute a smooth transition from the previous vendor, necessary data migration and file exchanges, provider training, and other critical elements of a successful contract execution.

The examples that we discuss in this section illustrate the extent to which it is necessary to coordinate system development with operational challenges. For example, in Idaho and Maryland, we were responsible to transition in an environment of backlogged reviews. For this reason, our system development had to differentiate backlog from current reviews (and in some cases different review requirements) so that we could prioritize backlogged review and provide contract-relevant review processes and results.

The problems we encountered and resolved with support from Qualitrac features were not system issues – they were barriers and challenges to operations that we had to address. And – a significant benefit of the Telligen/AFMC team is it prevents many of the challenges we experienced by bringing us together to serve Arkansas for a seamless transition of work.

OKLAHOMA MEDICAID/OKLAHOMA HEALTH CARE AUTHORITY

Scope of Work: Prior authorization and retrospective review.

IT Component:

- [REDACTED]

- █ [REDACTED]
- █ [REDACTED]
- █ [REDACTED]
- █ [REDACTED]
- █ [REDACTED]
- █ [REDACTED]
- █ [REDACTED]
- █ [REDACTED]
- █ [REDACTED]
- █ [REDACTED]
- █ [REDACTED]
- █ [REDACTED]
- █ [REDACTED]
- █ [REDACTED]
- █ [REDACTED]
- █ [REDACTED] quality assurance, including review of data samples and report verification.

Comments

This contract includes a broad scope of work encompassing traditional medical review, physician review, quality improvement, and provider training, within the context of Oklahoma’s SoonerCare waiver (a prepaid ambulatory health plan according to CMS definition). This status incorporated a significant scope of work for profiling and performance measurement. Additional challenges included provider education in remote areas of Oklahoma such as the Panhandle; and the prevalence number of small physician practices (1-2 physicians), which required a focus on web-based training and on-demand training through the system.

IDAHO MEDICAID/IDAHO DEPARTMENT OF HEALTH AND WELFARE

Scope of Work: Prior authorization and retrospective review.

IT Component:

- Configure Qualitrac for Idaho-specific criteria and coverage policies.
- Modify review screens for data elements.

- Update process flow edits for timing of specific reviews and automation of review sequence from receipt of request/selection through completion of review.
- Create model notice templates for approvals, modifications, denials, reconsiderations, and appeals (acknowledgements and determinations).
- Configure eligibility file layouts for Idaho Medicaid recipient data.
- Receive and load Idaho Medicaid recipient files and load recipient data.
- Configure provider file layouts for Idaho enrolled providers, and load provider files.
- Configure claims layouts for MMIS data, receive and load claims history files.
- Receive and load review history files for profiling purposes and denials issued and eligible for reconsiderations and appeals.
- Receive and load local ICD-10-CM, CPT, DSM-IV, and DRG Coding files.
- Develop algorithms for retrospective review selection (analytic systems).
- Create interfaces with MMIS system for daily/weekly/monthly exchange, including refresh for recipient, claims, and provider files and daily upload of review results.
- Create download and edit process for MMIS return on prior authorization upload.
- Validate data loads and conduct testing on each component.
- Implement automated standard reports and verify results.
- Conduct end-to-end testing with test data.
- Conduct user-acceptance testing (UAT) and readiness review of system and operations.
- Update Qualitrac configuration based on testing results.
- Conduct final user training.
- Go-Live.
- Post-implementation quality assurance, including review of data samples and report verification.

Comments

When Telligen implemented the Idaho Quality Improvement Organization contract, one of our primary tasks was to ensure the provider community was familiar with the prior authorization process and the use of the provider portal in Qualitrac. Idaho had the same utilization management vendor for over 20 years, so having a smooth transition was critical to our success and establishing a good rapport with the provider community. We conducted multiple provider training opportunities about Qualitrac throughout the state of Idaho and provided a 1-800 help line to address any technical issues.

During the transition from the incumbent vendor, Telligen received multiple requests for prior authorizations that were not addressed by the incumbent resulting in a backlog for Telligen. Since staff training was one of our other priorities, we wanted to ensure that our new Idaho review staff had a thorough understanding of the functionality of the Qualitrac workflow and still needed to address the inherited backlog.

To address both the providers' pending requests and train our team members, Telligen used "live" cases throughout our training process with close oversight by experienced review staff. Since Qualitrac was programmed for Idaho during implementation, our system was ready to receive Idaho PA requests and generate outcome letters once the review was complete by the "go live" date.

As we completed our training, providers received the review results. In addition, using Qualitrac, we were able to prioritize the Idaho provider requests to ensure the oldest requests were addressed first. This allowed us to focus our concentrated training efforts on specific review types and address the backlog of requests which resulted in high provider satisfaction.

MARYLAND MEDICAID/DEPARTMENT OF HEALTH

Scope of Work: Prior authorization and retrospective review; Long-term services and supports

IT Component:

- Configure Qualitrac for Maryland-specific criteria and coverage policies.
- Modify review screens for data elements.
- Update process flow edits for timing of specific reviews and automation of review sequence from receipt of request/selection through completion of review.
- Create model notice templates for approvals, modifications, denials, reconsiderations, and appeals (acknowledgements and determinations).
- Configure eligibility file layouts for Maryland Medicaid recipient data.
- Receive and load Maryland Medicaid recipient files and load recipient data.
- Configure provider file layouts for Maryland enrolled providers, and load provider files.
- Configure claims layouts for MMIS data, receive and load claims history files.
- Receive and load review history files for profiling purposes and denials issued and eligible for reconsiderations and appeals.
- Receive and load local ICD-10-CM, CPT, DSM-IV, and DRG Coding files.
- Develop algorithms for retrospective review selection (analytic systems).

- Create interfaces with MMIS system for daily/weekly/monthly exchange, including refresh for recipient, claims, and provider files and daily upload of review results.
- Create download and edit process for MMIS return on prior authorization upload.
- Validate data loads and conduct testing on each component.
- Implement automated standard reports and verify results.
- Conduct end-to-end testing with test data.
- Conduct user-acceptance testing (UAT) and readiness review of system and operations.
- Update Qualitrac configuration based on testing results.
- Conduct final user training.
- Go-Live.
- Post-implementation quality assurance, including review of data samples and report verification.

Comment

In Maryland, the incumbent vendor did not participate in the transition plan. We therefore had to compress the IT implementation and stage the approach by functional area of MDH.

Telligen collaborated with MDH to develop an interim plan for the period of February 1, 2016 through May 2016 to roll out the various services. We accomplished this roll out through a combination of manual systems for review and interim steps for the processing of retrospective reviews while we configured and installed the larger Qualitrac.

For long term care services, MDH performed authorizations for a two-month period while the Qualitrac system was under development. Telligen provided staff to MDH to assist in this initiative. For HCBS services, we used the Maryland LTSS proprietary system during the interim period. For acute services, our Maryland project team held training and webinars in March 2016 with a go-live system date in April 2016. MDH requested providers to suspend their review requests for a two-month period. Providers then submitted these reviews into the Qualitrac system beginning in April. Telligen cleared a backlog of over 4000 reviews within a 60-day period. Long Term care services went live in May and June of 2016, and we held provider training for these settings during the month of April 2016.

Since the initial period, Telligen continues to introduce and launch additional review settings within the Qualitrac system. Several of these were the automation of manual processes done by MDH staff that transitioned to Telligen's automated system. In summary, Telligen and MDH were faced with an unexpected accelerated timetable and worked closely together in

collaboration to ensure continuous processing of reviews and meeting the needs of the beneficiaries and the provider community.

SUMMARY OF PAST EXPERIENCE IMPLEMENTING TECHNOLOGY SOLUTIONS

Telligen has been part of the evolution of information technology over the past 40+ years and a leader in the development of reliable, easy to use, information systems for medical review. Qualitrac, our information system for state and commercial utilization management is an effective solution for states and commercial clients across the country. This system meets the diverse and evolving needs of our clients and delivers:

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Telligen and AFMC – the Right Team for Arkansas

By selecting the Arkansas Team, Arkansas DHS will have access to a wide range of benefits to meet today’s challenges and the evolving needs of the future. As original Medicare Peer Review Organizations with Medicaid contracts in Arkansas, Idaho, Iowa, Maryland, and Oklahoma, the Arkansas team brings more national and local experience achieving the goals of government payers than any company in the nation. Working for Medicare, Medicaid, CMS and other large payers provides our team with a comprehensive understanding of the current healthcare environment. This background enables Arkansas to make informed choices for program innovations, knowing that timely, accurate, and complete data will support informed decisions.

KEY FEATURES AND BENEFITS

We will provide an **integrated, automated service solution tailored to the goals of DHS**. Table 2 summarizes key operational features and the benefits to Arkansas DHS.



- State-of-the-Art Data System
- Collaborative Partnership
- Improved Operational Performance
- Cost Savings

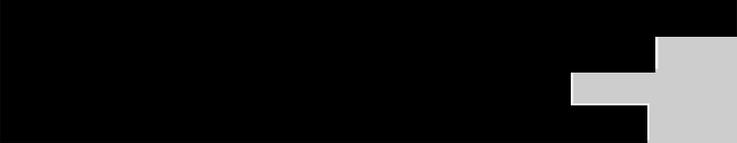


Table 2. The Telligen Solution delivers an efficient proprietary system integrated with effective services.

Features	Benefits
[Redacted]	[Redacted]
[Redacted]	[Redacted] or transparency and reduction in provider training burden.

Agile IT Systems Support Operational and Program Benefits

[Redacted]	[Redacted]

Features	Benefits
	

This space intentionally left blank

9.B PROJECT ORGANIZATION, STAFFING AND KEY PERSONNEL (RFP 2.15)

E.2 Provide an Organization chart showing proposed staffing, including experience, education level, for each function. This should also identify “core staff” who will be housed in Arkansas office

Bidder’s proposal must include an organizational chart showing all proposed staffing to perform the services specified in the scope of work and to meet the following minimum staffing requirements without limitation. Bidder may propose additional positions and/or education requirements, provided that these meet or exceed the specifications listed below.

A. The Contractor shall provide one (1) Full-Time Equivalent (FTE) Project Director with an advanced degree and five years’ experience in a utilization and quality control peer review setting.

B. The Contractor shall provide one (1) FTE Provider Training and Support Program Director with a minimum of a Bachelor’s degree in a health, human services, or policy field with five (5) or more years of experience in clinical practice evaluations and at least three (3) years of management experience.

C. The Contractor shall provide one (1) or more master’s degree or higher educational-level statisticians to select record samples to be retrospectively reviewed and to be able to provide testimony in the event of any legal proceeding.

D. The Contractor shall provide sufficient staffing to perform all contract functions according to the specifications listed below:

1) Behavioral Health Services

At a minimum, staffing must include a multi-disciplinary team of, licensed psychologists or psychological examiners, other licensed mental health professionals, duly credentialed substance abuse professionals and Arkansas licensed board- certified psychiatrists in active practice. The contractor shall state the minimum number of psychiatrists it will engage in order to perform the scope of all work. All review staff must be trained and possess experience in proper investigative techniques and detailed instruction on writing deficiencies. The contractor shall incur any expenses related to initial and continuing training in audit techniques.

2) Developmental Disabilities Services

At a minimum, staffing must include a multi-disciplinary team of licensed registered nurses, licensed physical therapists, licensed occupational therapists, licensed speech-language pathologists, Board Certified Behavior Analysts, developmental therapists, and licensed, board-certified pediatricians who have experience with children with developmental disability or delay. All individuals must have an Arkansas licensed to practice in their respective disciplines. In addition, each staff member must have a minimum of one (1) year experience working directly with individuals with developmental disabilities. All review staff must be trained and possess experience in proper investigative techniques and detailed instruction on writing deficiencies. The contractor shall incur any expenses related to initial and continuing training in audit techniques.

3) Non-Waiver Personal Care

At minimum, staffing must include registered nurses and physicians licensed in Arkansas or in another state.

Telligen/AFMC represents the high-performance, low-risk solution for Arkansas’ Prior Authorization and Retrospective Review Program. We propose an AFMC team with experience

in Arkansas from the beginning of utilization management in 1985 and a Telligen team over 60 years of experience in state, federal, and commercial lines of business. Together, the Telligen/AFMC team provides comprehensive, expert staffing for every function of the contract.

Organizational Chart

The solution we propose for the Arkansas Prior Authorization and Retrospective Reviews program includes a complete full-service team that meets all staffing requirements specified in the RFP.

Figure 6 presents the organization for the project, and in Table 3 we provide detail on these roles.



Figure 6. Organizational Chart for Arkansas Project Team. Our Project Team comprehensively addresses the Scope of Work for the project with Core and other staff in Arkansas.

Proposed Staffing			
Name/Position/ Location / Minimum #	Education/ Credentials	Experience	Function
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]	[REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]	[REDACTED] [REDACTED] [REDACTED]

Proposed Staffing			
Name/Position/ Location / Minimum #	Education/ Credentials	Experience	Function
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Benefits to Arkansas from the Telligen/AFMC Approach

We offer DHS, providers, and members a value-based team rich in benefits for program stakeholders:

- ✓ Proven *and* user-friendly technology with a platform customized to the Scope of Work.
- ✓ Experienced and fully-staffed review team licensed in Arkansas for a seamless transition of over 50% of the scope of work functions.
- ✓ Direct experience with behavioral health transitions.
- ✓ Continuity of relationship for beneficiaries and providers and efficient access to all personnel through AFMC Call Center contract

This space intentionally left blank

9.C TECHNICAL SOLUTIONS AND SCOPE OF WORK

9.C.1 Notifications, Due Process and Reconsideration, Data Corrections and Maintenance Plans of Action (RFP 2.3.F, 2.11, 2.12, 2.13, 2.20.B)

E.3 Describe your Notifications, due process and reconsideration, data corrections and maintenance plans of action.

DHS can rely on Telligen’s technical solution to deliver objective, valid, and reliable determinations that assure due process through transparent procedures, timely and complete notifications, and up-to-date information and plans of action as required by our URAC accreditation and consistent with our past performance and references.

The purpose of prior authorization and retrospective review is to ensure that Medicaid-reimbursed services are medically necessary and delivered in the most appropriate setting of care. These reviews help to assure equitable access to care for Medicaid beneficiaries – and due process for providers is the foundation of the system. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] to review procedures, documentation of determinations, and review rationale.



Figure 7. [REDACTED]

In this discussion that follows, we explain our process approach and incorporate these fundamentals of due process for an equitable and objective review system.

NOTIFICATIONS (RFP 2.3.F, 2.13)

Timely and complete notifications are essential for due process. Our notices incorporate case-specific rationale statements for decisions made by qualified review personnel for first level, second level, and reconsideration reviews to ensure a complete discussion of the decision. Qualitrac includes algorithms to monitor timeliness and create automated notifications based on updates to the review record to ensure timely notices to providers and individuals.



Prior authorization notices will include the following elements:

- a. The procedure code and applicable modifiers
- b. The total number of service-time increments/units of service for each PA,
- c. The PA control number,
- d. The approval beginning and ending date of service
- e. Signature of Contractor's reviewer, including credentials for the determination and date.

Upon completion of review, if all or part of the services under review cannot be approved, we will notify the beneficiary by US postal mail service. The requesting Provider will receive electronic notification of the denial through Qualitrac and by secure email.

Providers benefit from the Qualitrac notifications through expedited access to notices and detail on review process and decision rationale available in the Qualitrac record – which facilitates access to necessary care.

The physician reviewer will develop the denial/modification rationale based on information the provider submitted, clinical criteria, the Arkansas Medicaid Manual, and state and federal regulations. Each letter will contain a detailed rationale for the adverse determination that is explicit. Each party will be provided information about requesting reconsideration review or a fair hearing. The service provider will be allowed 30 days to submit additional information with a request for reconsideration. We will not conduct a reconsideration review if the additional information does not contain new or different information than the provider previously submitted. We will conduct one reconsideration for an adverse determination.

We will transmit our review determinations electronically to the Arkansas MMIS InterChange via our Qualitrac™ portal. Prior to implementation, we will validate and test the transmission to assure accuracy. This process will include without limitation closing and end-dating current prior authorizations, opening new prior authorizations for a modification or provider change; and closing and end-dating current prior authorizations upon request. Any errors or omissions in data will be corrected and transmitted to the Arkansas MMIS via the Qualitrac portal within 24 hours of discovery. Communications will comply with the Medicaid Fairness Act, Ark. Code Ann. § 2077-1701 et seq.

Errors and Corrections

Quality assurance procedures for review documentation prevents errors, and we understand that data submissions must have an error rate of 5% or less of letters with errors. Qualitrac system edits help prevent these errors and include algorithms to identify and ensure:

- ✓ **Valid values for data elements such as dates, diagnosis and procedure codes, codes for review determinations, etc.**
- ✓ **Complete and consistent review records through record level edits.**
- ✓ **Timeliness of the review process through interim timing reports for review management.**
- ✓ **Application of appropriate criteria through embedded national standard criteria and local criteria such as requirements enacted in Arkansas Code.**

These systemic measures improve data quality and prevent errors. Additionally, the first level reviewer verifies that the review is complete and accurate prior to finalizing the review for notification purposes. In the event errors or omissions occur with the final notifications, we will

correct the notice and resubmit it electronically to the provider and beneficiary within 48 hours of discovering the issue. If we notify providers and beneficiaries by telephone, we will also follow up with written notices within five business days.

Table 4. Requirements for Notices. *We ensure appropriate content and timeframes to protect due process rights for beneficiaries and providers.*

Description	Beneficiary	Provider	DHS Fiscal Agent
Delivery Method	US Postal Mail	Electronic Mail or other electronic method	Electronically through vendor portal
Content	Rationale for Decision based on medical necessity Identification of Appeal and Administrative Hearing Rights	Rationale for Decision based on medical necessity Identification of provider appeal rights (reconsideration)	Closing and end-dating current PAs; Opening new PAs for modification or provider changes
Written Acknowledgement	Close of business on the next business day	Response by letter to informal communication Close of business on the next business day	N/A
Other Requirements	Error rate ≤ 5% Errors corrected and beneficiary notified within 48 hours of discovery Follow-up notices within 5 business days if notice is by telephone	Error rate ≤ 5% Errors corrected and beneficiary notified within 48 hours of discovery Follow-up notices within 5 business days if notice is by telephone	Error rate ≤ 5% Errors corrected and resubmitted within 24 hours of discovery
Retrospective Review	N/A	Notice of selection and medical record request within 10 business days of selection	N/A

Informal Contacts

Our Arkansas-based Clinical Team will welcome informal discussions with providers and these discussions do not constitute reconsiderations. Providers will receive a response to an informal inquiry within five business days of their request. Providers can also discuss the decision rationale, concerns with documentation, questions about criteria and process, or other factors with the Medical Director, physician advisor, or Clinical Director. These opportunities improve practice by clarifying review procedures, help providers make informed decisions about reconsideration requests, and build confidence in a transparent and equitable process.

DUE PROCESS AND RECONSIDERATIONS (RFP 2.11, RFP 2.12)

The ability to request a reconsideration of an adverse determination is a significant due process protection. Our process, which we describe in detail in our response in Section 9.C.2, provides these protections with a provider portal to request reconsiderations, expert review, and automated notifications for a provider-friendly and efficient process.

During implementation, we will identify all adverse determinations issued within 30 days of the go live date and flag them for tracking of reconsiderations. Additionally, if any reconsideration requests are pending at the start of the contract, we will identify them for priority processing to assure timely completion. A significant advantage to our Arkansas-based solution is the some of these cases will be those AFMC reviewed and denied. As our partner, AFMC has a vested interest in assuring a seamless transition and support to Arkansas providers and beneficiaries. The benefit of our proactive preparation to assure due process for providers is prompt handling of their requests, informed reconsideration decisions, and convenient notice.

DATA CORRECTIONS AND MAINTENANCE (2.20)

[REDACTED]

[REDACTED]

MMIS/interChange Data Corrections

[REDACTED]

[REDACTED]

[Redacted]

Assuring Accuracy of Source Data

[Redacted]

Protecting the Accuracy of Program Data

[Redacted]

[Redacted]

[Redacted]

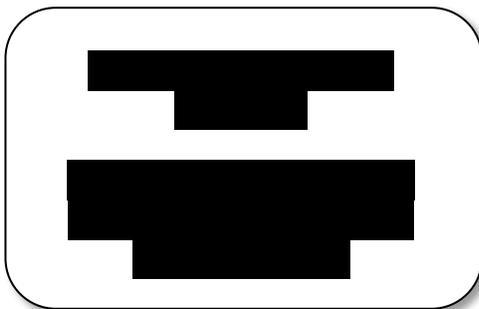
[Redacted]

[REDACTED]

Data and Physical Security Provisions

[REDACTED]

[REDACTED]



The reviews are conducted in a secure building and are only accessible by Telligen personnel who have been issued secure keycards. All visitors are required to check in at the front desk and are assigned a Telligen employee escort while in the building. Visitors are restricted from any area where protected health information (PHI) or personally-identifiable information (PII) might be visible, unless specifically required to do so for repairing or servicing equipment. Video

surveillance is operational in all Telligen offices and covers all entrance and exits to offices. All fax machines receiving PHI or PII are located in a secure room to which limited and defined personnel have access. HIPAA-compliant encryption software has been implemented for electronic transfer of PHI or PII. Additional security protocols include the monitoring of e-mail systems for key patterns suggestive of sensitive or protected information. If information contained within an e-mail cannot be delivered to the beneficiary using the latest best practice

encryption standards, the content is stripped, and the beneficiary will be required to log in to a secure portal to retrieve the information.

Long Term Security and Protection

Record Retention: All review documentation will be stored electronically for efficiency and ease of retrieval for at least five years from the date of service or until all audit questions, appeal and hearings, investigations, or court cases are resolved, whichever is longer. Following the current process, records will be made available upon request to authorized representatives of Arkansas DHS.

Upon completion of review, if all or part of the services under review cannot be approved, we will notify the requesting beneficiary by mail and the provider electronically of the pending determination. The denial rationale will be developed with input from the physician advisor. Each letter will contain a detailed rationale for the denial that is case-specific. Each party will be provided information about requesting reconsideration review or a fair hearing. The service provider will be allowed 30 days to submit additional information for reconsideration. A reconsideration review will not be performed if the additional information does not contain new or different information than that previously submitted. Only one reconsideration is allowed per denial.

Medical necessity denial reconsideration requests submitted electronically within the 30-day timeframe will be completed by a second Arkansas licensed, board-certified psychiatrist within seven calendar days of receipt from the provider. If the previously denied therapy services are supported by documentation, the psychiatrist may overturn the previous denial. If the additional information submitted for reconsideration does not support the medical necessity of services provided, a detailed rationale with case-specific rationale will be entered, and a written notice provided to the provider and the beneficiary in compliance with the Medicaid Fairness Act and within the seven-calendar day timeframe.

We will notify the beneficiary in writing of all medical necessity denials at the same time that the provider is notified. The beneficiary's denial letter is mailed the next business day after completion of the review and includes the case-specific denial rationale along with instructions for requesting a fair hearing.

Both prior authorization and retrospective review denial notifications include detailed information about the service provider's and beneficiary's rights to request a fair hearing along with instructions for doing so.

Telligen will make all provider and beneficiary notifications available for inspection and approval by Arkansas DHS prior to use, not including case-specific rationales.

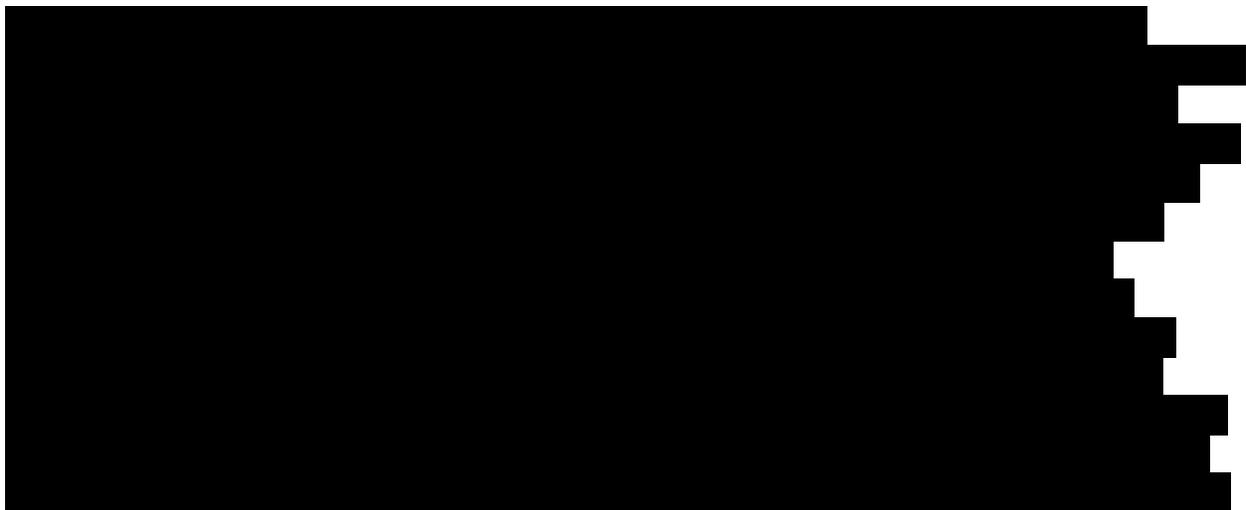
We will transmit our review determinations electronically to the Arkansas MMIS InterChange via our Qualitrac™ portal. This will include without limitation closing and end-dating current prior authorizations, opening new prior authorizations for a modification or provider change; and closing and end-dating current prior authorizations upon request. Any errors or omissions in data will be corrected and transmitted to the Arkansas MMIS via the Qualitrac portal within 24 hours of discovery. Communications will comply with the Medicaid Fairness Act, Ark. Code Ann. § 2077-1701 et seq.

We will notify the requesting provider and the fiscal agent of any corrections within 48 hours and will report monthly to DHS any data corrections and timeframes for required notification.

Telligen will work with the incumbent vendor(s) to extract a minimal amount of data to serve as a baseline for our database of historical data.

Our Information Management department currently performs routine transmissions of data to stakeholder fiscal agents and providers. The information is secured using approved encryption methods and web-based transmission portals. Automated systems will ensure the data are transmitted completely and accurately. Any transmission failure resulting from this automated processing will notify Information Management staff so that efforts can be made to correct the errors in transmission. Furthermore, processing reports will be downloaded from the fiscal agent and reviewed daily to ensure any errors within the data are corrected and retransmitted. Telligen Information Management will maintain a historical database of these electronic transmissions to ensure compliance with this RFP.

Our review systems use a provider portal to intake review requests. Program edits are used to ensure providers submit complete data for their requests, and the same portal will be used to update these requests if incomplete information was transmitted. Daily reports are generated from the review system and are used to ensure the accuracy and completeness of the information disseminated to providers.



best practice encryption standards, the content is stripped, and the recipient will be required to log in to a secure portal to retrieve the information.

Record Retention: All review documentation will be stored electronically for efficiency and ease of retrieval for at least five years from the date of service or until all audit questions, appeal and hearings, investigations, or court cases are resolved, whichever is longer. Records will be made available upon request to authorized representatives of Arkansas DHS.

9.C.2 Implementation Timeline (RFP 2.21)

E.4 Describe fully your proposed Implementation Timeline (note: See section 2.21 in Final RFP)

DHS and Arkansas providers and beneficiaries will experience a transparent and timely transition of responsibilities, assured by our detailed project plan, dedicated project manager, and in-place Arkansas team, including incumbent AFMC which brings detailed knowledge of Arkansas regulations, providers, members, and systems.

As a URAC Health Utilization Management accredited organization, Telligen has established policies and procedures to accomplish each of the described review types. While unique elements are comprised in each type of review, basic fundamentals apply to all. The review request is received, entered in the system, and screened by a nurse reviewer. If the request is approved by the nurse reviewer, a notice is generated. If not approved by the nurse reviewer, the request is referred to a physician for review. Identified parties are notified of the review decision, and in the instance of a reduction or denial, they are provided an opportunity to request a reconsideration review. At reconsideration, a second physician reviews the request and additional information and a second determination is rendered and communicated to parties. As required, we are available to participate in fair hearings and provide staff experts as necessary to attend in-person hearings.

A proposed implementation timeline is provided in Table 5. This timeline describes specific actions, responsible parties, and the weeks during which activities will occur to prepare for the start of services on January 1, 2019. We are confident sufficient time exists between the intent to award date and the start of service performance to allow us to deliver and test the required implementation activities.

We will update notification letters and submit them to DHS for review and approval. We will update our existing secure web portal. We will collaborate with DHS, Vendor, and Fiscal Agent to develop criteria and processes to ensure the work and data transfer is seamless.

Our investment into the development and continuous improvement of our Qualitrac provider portal and case processing system provide significant efficiency and productivity gains to the State. Qualitrac also provides us the flexibility to adapt to emerging necessities, such as new

reports or treatment types. Unlike vendors who rely on software configurations managed by third party vendors, we have full control over our system’s functionality.

Our experienced clinical review team members serve as mentors to new team members. Additionally, we record their expertise via extensive process documentation made available to staff through an online repository. These activities help us rapidly onboard and train new team members. They also provide us a basis for quality assurance. In addition to our existing knowledgeable and experienced staff, we will recruit qualified additional consultants and mental health professionals that meet or exceed the requirements stated in the RFP.

We will provide refresher training to ensure all review staff are trained and possess experience in proper investigative techniques and detailed instruction on writing deficiencies.

High-level implementation activities include:

- [Redacted]

Table 5. Proposed Implementation Timeline

Task Name	Start	Finish	Assigned To
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

Task Name	Start	Finish	Assigned To
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

9.C.3 Provider Training (RFP 2.19)

E.5 Provide your proposed Provider Training

DHS can expect optimal transition to new processes and systems for Arkansas providers based on our knowledge of the provider community, experience with transitioning programs in multiple states over the past three years, and our training program, tailored with just-in-time training to assure readiness for implementation.

Telligen/AFMC brings extensive experience educating and training Arkansas Medicaid providers. The strategic partnership we bring to this endeavor combines the strengths of Telligen and AFMC and our experience training providers in the use of MMIS and provider portals in multiple states. Our combined experience as well as a cadre of available tools and resources will serve as a deployable foundation for the provider training program, starting on day one.

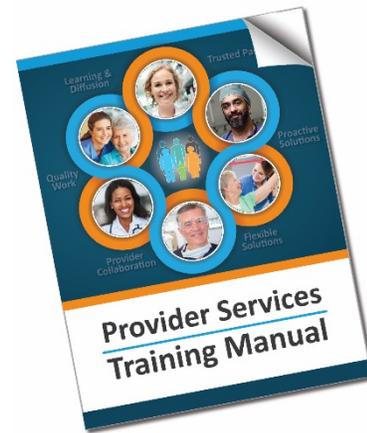


Figure 8. Training Manual. Telligen will develop and maintain a provider training manual.

We have hosted sessions ranging from small group learning to large statewide conferences with several hundred participants. For the past 15 years, we have hosted the Statewide Annual Medicaid Educational Conference in Little Rock, Arkansas with an annual attendance reaching up to 600. This conference routinely reaches the providers and their staffs for training such as that required in this effort. Evaluations of this annual conference have been very positive: and in 2017, more than 90% of all respondents rated the conference as “good” or “excellent.” Additionally, our QIO team hosted the Iowa Annual Quality Forum, a statewide conference for healthcare providers from hospitals, nursing homes, home health agencies, and physician offices for 12 consecutive years. Seven years ago, we replaced the Annual Quality Forum with the Annual e-Health Summit, which draws nearly 300 participants, vendors, and speakers. In the State of Maryland, we provided over 60 webinars to providers for Qualitrac orientation and general provider education.

Meeting the Expectations of Arkansas Providers

Our training approach is built on the track record of our team member, AFMC. We will use this exceptional provider support foundation as the basis for our training activities, so we can continue to meet the high expectations of Arkansas providers for education and training.

Annually, AFMC Provider Relations representatives interact with PCPs over 10,000 times, and specialty providers more than 3,900 times through face to face visits, emails and phone calls. Topics covered include Medicaid policy and procedures, manual changes, and Utilization Management / Review portal education. Additionally, AFMC serves as the liaison between providers and DHS regarding policy changes and program issues. AFMC contacts hospitals annually over 1,150 times through face to face visits, emails and phone calls which includes hospital emergency departments to help with Medicaid policies and processes in addition to Episodes of Care visits. AFMC regularly works with PCPs, specialists and rehabilitative mental health providers to coordinate PCP referrals.

AFMC works with Medicaid providers on a number of other services as well:

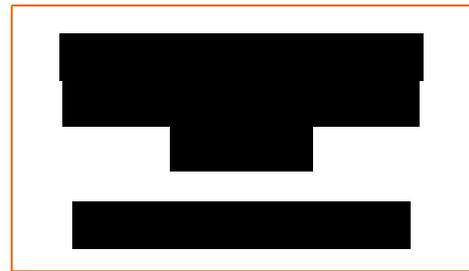
- [REDACTED]
- [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
- [REDACTED]
- [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]

- [REDACTED]

This year, DHS requested that the AFMC Provider Relations assume responsibility for all Beacon-related educational webinars for behavioral health, developmentally disabled, and early intervention day treatment (EIDT) and service providers. These webinars are conducted on a bi-weekly basis. This year, AFMC also facilitated multiple behavioral health town hall meetings in coordination with the DHS Division of Provider Services and Quality Assurance.

Superior Performance

We are experienced with all conference planning and logistical arrangements, including content, speakers, continuing education applications, conference/meeting space, food service, and conference evaluation. Our small-group learning sessions are focused on specific clinical conditions or services, including health information technology. We also conduct evaluations of every educational event that we present and use these to improve future provider education programs.



The Arkansas Team will develop and maintain a provider training plan that will incorporate in-person regional trainings, onsite coaching, web-based training, a provider helpline, a train-the-trainer model for Arkansas DHS staff, and, a *Provider Services Training Manual*. Our Provider Training team will create the plan; our quality staff will ensure compliance with contract requirements; and our leadership team will review the plan prior to submitting it to Arkansas DHS for approval. A training plan will be developed annually unless otherwise requested by DHS. We will collaborate with DHS and involved divisions to identify specific training needs. The Arkansas Team currently provides Medicaid policy, program, and MMIS InterChange training for providers in Arkansas, so DHS can rely on our expertise to help develop and implement a stellar provider training plan. We know the Arkansas provider community and how the many Arkansas Medicaid portals operate, so there will be no delay in putting provider training in place. This experience includes training Arkansas providers on three essential portals: MMIS Interchange portal, the PCMH Advanced Health Information Network (AHIN) portal, and the review portal.

Our team has experience leading statewide provider training efforts. We will leverage this experience to ensure that the Arkansas DHS provider training continues to be an effective forum to distribute necessary, up-to-date information to Arkansas's community of Medicaid providers as well as an opportunity to take feedback from the provider community to help identify specific training needs. Our Provider Training team will create the training presentation based upon provider needs in collaboration with DHS. We will work with relevant stakeholders prior to developing the training each year to get feedback and potentially new topics. The training plan will use a multi-modal approach, including video, PowerPoint, live questions and

answers, and interactive working sessions to educate providers. The Arkansas Team proposes to produce and publish training videos for ongoing repeatable training opportunities.

Upon award of the contract, we will finalize the portal training plan in collaboration with DHS and begin active engagement with providers who are part of the Phase I implementation plan. This includes occupational, physical, and speech therapists. This training plan will follow proven training initiatives that the Arkansas Team has led across multiple Medicaid programs for more than three decades. The outreach plan will include:

- Stakeholder and Community engagement
- Electronic campaign messaging for providers and stakeholders
- Onsite training throughout Arkansas
- On-demand virtual training and Web-based training
- Reminder campaign
- Provider support & call center operations
- Training program evaluation plan for continual improvement

Specialized Training Plan

Table 6 presents specialized training for each Phase of the project implementation. This approach helps us ensure “just-in-time” training for providers to transition to the new contract.

Table 6. Training for Project Implementation Phases. By delivering training to providers for readiness to implement review, we assure continuity of services for Arkansas Medicaid beneficiaries.

Phase Timeframe for Training	Implementation	Providers & Stakeholders	Examples of Training Content
Phase I – December 2018 – January 2019	<ul style="list-style-type: none"> • Provider Portal • PA/EOB – OT, PT, ST 	<ul style="list-style-type: none"> • All Providers • OT, PT, ST Providers 	<ul style="list-style-type: none"> • [REDACTED] • [REDACTED]

9.C.4 Secure Portal (RFP 2.3.H, 2.13.D, 2.18, 2.20.C, 2.20.D, Attachment H)

E.6 Describe your proposed method of providing a Secure Portal – does bidder propose “off-the-shelf” or “from scratch” approach

Arkansas providers will be able to use a provider-friendly portal for “one-stop shopping” when accessing manuals and training plans, making requests, submitting information, and receiving notifications. This resource reduces provider administrative burden for a low-risk transition and improves timeliness of review and documentation quality.

Telligen’s provider portal is inherent to our proprietary Qualitrac system and extremely intuitive and user friendly. Utilized by providers across the country, in the Medicaid and Commercial space, the provider portal requires just five simple steps:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED] summary of the request they entered and make any last changes before submitting

One of the many values to utilizing our proprietary solution, is the ability to quickly configure the portal to show attributes and workflows that are uniquely applicable to the scope of this work.

Our centralized solution suite consists of four defined modules:

- [Redacted]

[Redacted]

[Redacted]

[Redacted]



Figure 9. [Redacted]

Each module can be used either as standalone or combined tools that enhance provider efficiencies, recipient outcomes and client oversight. Our software engineers built Qualitrac to accommodate client-specific configuration requirements that third-party applications cannot provide. This feature is vital to provider communities, who desire minimal burden when submitting, checking status or updating their authorization requests.

In the table below, we highlight features and benefits of some of the most commonly used Qualitrac capabilities.

Table 7. Qualitrac Features and Benefits.

Qualitrac Features	Benefits
[REDACTED]	[REDACTED]

DATA EXCHANGE

Having a solution that effectively exchanges recipient, benefit plan, provider and claims data is critical. The trusted data that results helps clients better manage outcomes and cost-effective care for their Medicaid populations.

At the hub of our Qualitrac solution is our Enterprise Data Management (EDM) system. We installed this on top of the InterSystems' HealthShare product, which allows us to dynamically identify business rules, map and transform files from any source to our standardized data model, and implement validation and quality rules. InterSystem's HealthShare product is a health informatics platform, which provides the foundation for achieving strategic interoperability and creating a more connected healthcare environment.

HealthShare consolidates health information from a variety of sources into a single longitudinal record. It enables Qualitrac to share real-time information with users, uses healthcare standards and enables us to rapidly develop and deploy innovative applications based on the abundant health information we have captured over time.

Within our EDM framework are standard pre-built adaptors (EDI X12, HL7, DICOM, and ASTM) that enable seamless communication with a wide variety of applications, technologies and data sources. These adaptors allow us to configure our system so that we can easily exchange health data files with our clients (or our clients' contractors) daily. The standard data model within the EDM is designed to store health data from multiple data sources, which includes Medicaid eligibility, and Medicare Part A and B eligibility segment data.

The EDM processes all data that we both send and capture via the steps outlined in Figure 10.



Figure 10. EDM System. Every [REDACTED]

To transmit a data file (such as fee-for-service claims data or eligibility data), we use the secure file transfer protocol (SFTP) or the hypertext transfer protocol secure (HTTPS). Prior to sending files, we decrypt and stage them to validate the data before merging them within the EDM solution. If we determine that step meets pre-established thresholds, we then load the data into our data warehouse, making it available for analytics. If we find that thresholds are not met, we will contact our client's contractor to adjust the file staging and re-transmit the file.

To transfer the file to the EDM solution, we employ the GoAnywhere Managed File Transfer (MFT) product, which employs FIPS 140-2 compliant encryption. We typically configure connections so that they employ SFTP using TLS 1.2 for the connection. The connection is backed by a 2048-bit certificate using SHA-256 from a trusted certificate authority. The MFT product can support SFTP and would be backed by the same encrypted communications protocols and certificates.

One important feature of the GoAnywhere MFT product is that it can easily configure workflows to automate the transfers of files. In turn, this means that we can quickly configure a workflow to exchange eligibility and prior authorization files with our clients according to pre-established schedules.

Within the Telligen EDM solution, we map the file format into our standard data structures, which we use for operations and reporting. Figure 11 depicts a sample structure within our EDM mapping engine.

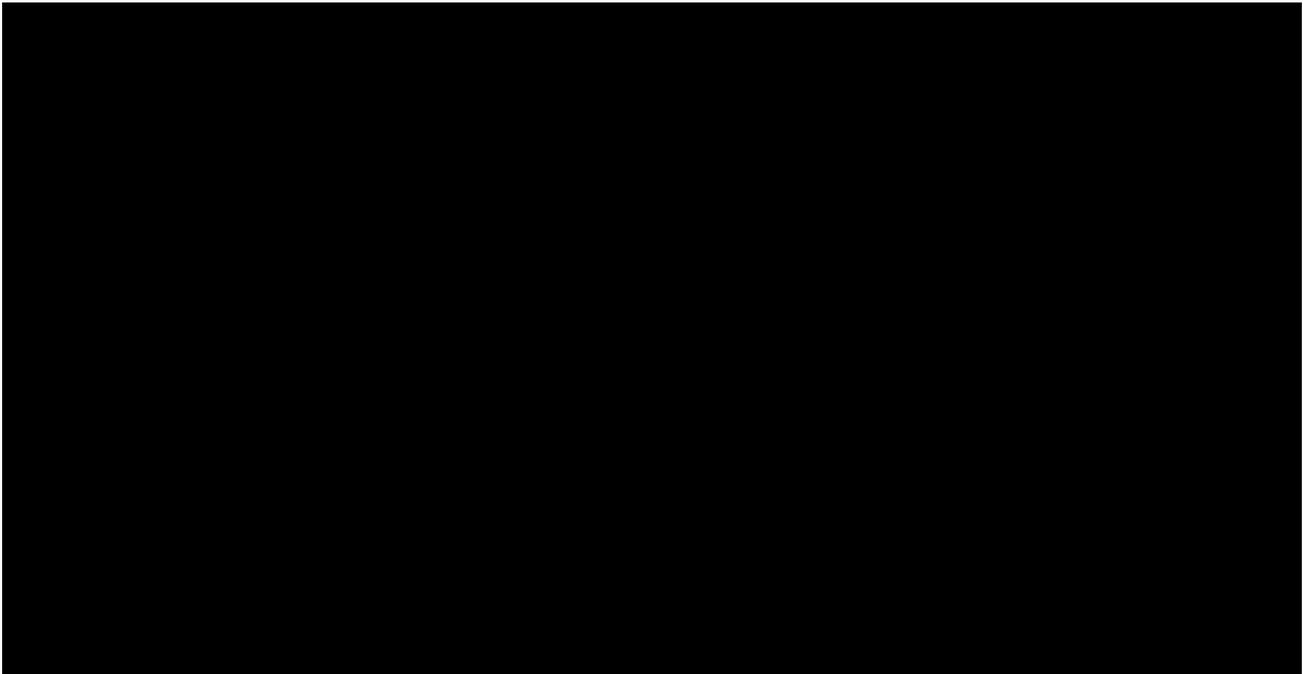


Figure 11. [Redacted]

Once we complete mapping, we then process the data through our standard data validation procedure, which ensures we have thorough, high-quality data in the system. If a data validation error occurs, we apply thresholds that will help us determine the best course of action when errors arise.

Data Validation example: If a normal full eligibility file contains an average of one million eligibility records, we will set a plus or minus range based on a level that is considered an accurate full eligibility file.



Once we validate the file, we transition to our master patient index algorithms. If we discover that a unique key identifier does not exist for a recipient, we use our proven matching algorithms to link the correct recipient data.

Regardless of whether we add, update or delete a recipient record, we maintain an audit history of all eligibility changes, which helps us stay apprised of what data points changed for each recipient. Because we record this information, we can easily access stored backup copies to augment any information that we must recall or replace.

We house our transactional data is housed separately from our warehouse data so that analysis and reporting can occur without impacting application users. As data demands increase, our applications grow horizontally by adding additional virtual machines to our existing data center. We can add more servers to our clustered environment without impacting our application code.

Our EDM system leverages dimensional modeling techniques to store very large amounts of data while still producing fast retrieval times. Our clients can view most of the data necessary for their contract via reports and dashboards that are available via the Qualitrac client portal. However, if there are data points needed that aren't included in either of those, we can extract additional data from our warehouse for retrieving data in a batch processing mode for analytical processing within 24 hours, or monthly updates within 48 hours of receipt of the data.

Access to the data warehouse and our business intelligence solutions are role based for authorized users to be able to run queries or perform statistical analysis. Our business intelligence tools provide the flexibility for self-service reporting and dashboards for rapid access and decision support.

We have first-hand experience interfacing with multiple Medicaid vendor/proprietary systems and dozens of commercial customers. Most recently, we integrated our Qualitrac system with the Maryland and Idaho MMIS. For each project, we use the Accredited Standards Committee (ASC) X12N standards for our EDI transactions. Our interfaces with the MMIS supports the seamless and secure transfer of recipient, provider, and claims data at various daily, weekly, and monthly intervals. The interface can accept change files or full replacement files.

After contract execution, our information systems manager collaborates with clients to validate data access, file formats, mapping, code sets, code crosswalks and the transmission schedule, as well as conduct connectivity testing. This validation and preparation is critical to successful data exchanges, as well high-quality analytical outcomes and reviews.

As we previously described, we use a standard approach to preparing files and data sets to confirm data and files are securely established to exchange information in a repeatable and predictable manner.

Table 8 outlines data file transfer exchange preparation, which is a critical component of our project implementation plan to ensure that we execute and perform the required data management tasks and meet our deliverables for the potential files that our clients' data exchange partners would transmit to Telligen.

Table 8. Telligen's Data File Transfer Exchange Process.

Telligen – Data File Transfer Exchange Process	
■	[REDACTED]

Our EDM core framework includes standard HIPAA 5010 EDI transactions. We can easily map data types with standard EDI transactions into our system with a simple configuration process that represents state specific meta-data.

Standard transaction types that we exchange with other Medicaid programs include:

- 278 – authorization decision file
- 274 – provider eligibility file
- 270 – member eligibility file
- 834 – benefit enrollment file
- 837 – claims transaction file

We maintain system monitoring capabilities that address both system availability and potential security issues. We also maintain an established incident response baseline. We will tailor this baseline with contact information and customer escalation processes, as well as any other data points that our clients request. As a result, we can notify the appropriate part in the requested timeframe should issues occur.

The Qualitrac database records all review determinations as they occur. We will work with our client's contractor to finalize a process for transmitting these review results to our client's MMIS. Our preferred method for data transfer is through SFTP, but our system can support several other methods. We can configure our system to provide review results to our client in real-time, periodic file transmissions throughout the day, or via a daily batch file overnight.

Prior to sending a file to our client's MMIS, we conduct data validation to ensure that the data file meets our quality and completeness standards. This ensures that our client can effectively process every file it receives without any errors.

9.C.5 Records Retention and Maintenance (RFP 2.20.E)

E.7 Describe your proposed Records Retention and Maintenance

The Arkansas team will retain and manage DHS records in a secure environment and assure appropriate access to records on request – demonstrated by our current safe and confidential storage of records for over 4,000,000 beneficiaries.

Record Retention

Telligen will maintain all records, documentation, and data related to work performed under the Prior Authorization and Retrospective Reviews contract for a period of five (5) years following the end of the contract, or other such period of time specified by the state. All information will be securely stored in either hard copy or electronic format and made available to Arkansas DHS or its designee when requested.

Record retention if work terminated

In the event of a partial or complete contract termination, Telligen will maintain all records and other information relating to the terminated work for a period of five years following the date of final contract settlement. All information will be securely stored in either hard copy or electronic format and made available to Arkansas DHS or its designee when requested.

Record Retention Related to Appeals and Litigation

Telligen will maintain all records, data, and other documentation related to cases which were reviewed under the Provider Authorization and Retrospective Reviews contract and which are subject to an appeal, litigation, or the settlement of claims until such appeals, litigations, or settlements are resolved.

9.C.6 Transition Plan (RFP 2.3.G, 2.12)

E.8 Describe your proposed plan of action to Transition of appeals functions from existing vendors

DHS and Arkansas stakeholders are assured of our ability to deliver a smooth transition to the new contract period, based on the Arkansas team that includes incumbent AFMC. Our Arkansas-based team approach reduces the learning curve, builds on local knowledge, and uses best-practice transition methods proven over three multi-state implementations in the past three years.

Telligen includes activities to coordinate with Arkansas DHS and the incumbent vendor in its project plans to ensure a smooth transition of review service providers. We will adopt a tailored approach to optimally use the time and resources of the incumbent vendor as it adheres to the contract termination provisions of its contract while simultaneously maintaining communication with Arkansas DHS. Our initial transition plans include:

- [REDACTED]
- | [REDACTED]

[REDACTED]

In addition to the plan to transition in-progress appeals, we will meet all requirements specified in the RFP sections 2.12 A. – F. for participating in appeals of adverse decisions.

9.C.7 Complaint Resolution Process (RFP 2.17)

E.9 Describe your proposed complaint Resolution Process

DHS is assured that all complaints will receive prompt and courteous attention and timely resolution, based on our formal Complaint Resolution and track record of 100% timely resolution of complaints.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- Dates of resolution and written response

[Redacted]

9.C.8 Business Continuity and Recovery Plan

E.10 Describe your proposed Business Continuity and Recovery Plan

The advantage of our Business Continuity and Record Plan for DHS and Arkansas stakeholders is our proven record, adherence to national standards, approval by federal civilian and defense agencies, which currently support 15 systems at the state and federal levels.

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

[Redacted]

[Redacted]

Ensuring Continuity
[Redacted]

[Redacted]

9.C.9 Reports (RFP 2.14)

E.11 Describe the various reports your proposal would include, give an example of Sample reporting, including trend reporting to identify outlier providers and other trends proposed by bidder and to inform DHS referrals for “desk reviews.”

Our enhanced reporting system delivers 24/7 on demand functionality, backed by full-service support from trained and qualified analysts for transparent, easy-to-use reports that are accurate and complete.

We will provide Arkansas DHS with information about our activities through required reports, open communication, and regular meetings with Arkansas DHS staff. We will meet all performance standards and complete all required reports within the prescribed timeframes.

We believe strong collaboration with policy staff is effective, and we will continue to participate in all necessary activities to ensure that we deliver quality reporting that is concise, error-free, and responsive to Arkansas DHS needs.

We will report all performance measures requested by the Arkansas DHS in weekly, monthly, quarterly, and/or annual timeframes via established reporting formats developed in collaboration with Arkansas DHS staff. We will comply with the submission of the required reports as described in the deliverable list. We will analyze performance data and suggest revised report content and formats following discussions with Arkansas DHS staff. We will quickly develop new reporting formats as requested by the Arkansas DHS.

We will provide management reports at required intervals, as well as in response to ad hoc requests. Reports may include the timeliness of review outcomes, the volume of requests received and completed, the rate of denial, and the number of overturned decisions and the reasons for the reversal. As appropriate, scheduled and ad hoc reports will include recommendations for changes that would improve review processes and provide more useful information to Arkansas DHS.

REAL-TIME REPORTING

Our approach to reporting is more innovative and more customer-focused than other vendors. Through our Qualitrac solution, we deliver information immediately and put data and knowledge into the hands of our operations team and clients as soon as it is available.



Our solution includes secure access to healthcare intelligence dashboards and real-time reporting. We display all the data on dashboards for our operations managers and customers to clearly see the status of cases by due dates for case completion. In addition to the monthly and quarterly reports we will provide to Arkansas DHS, we will also provide a web-based dashboard that will enable Arkansas DHS personnel to securely access reports and other program data online, 24/7. Arkansas DHS can view the data online and can export it to be copied, saved or printed.

Figure 12 is one example of a dashboard, which provides 24/7 access to all our standard reports. The graphs show summary data for the user selected date range. Each graph has drill-down capabilities to show detailed information for reviews and facilities.

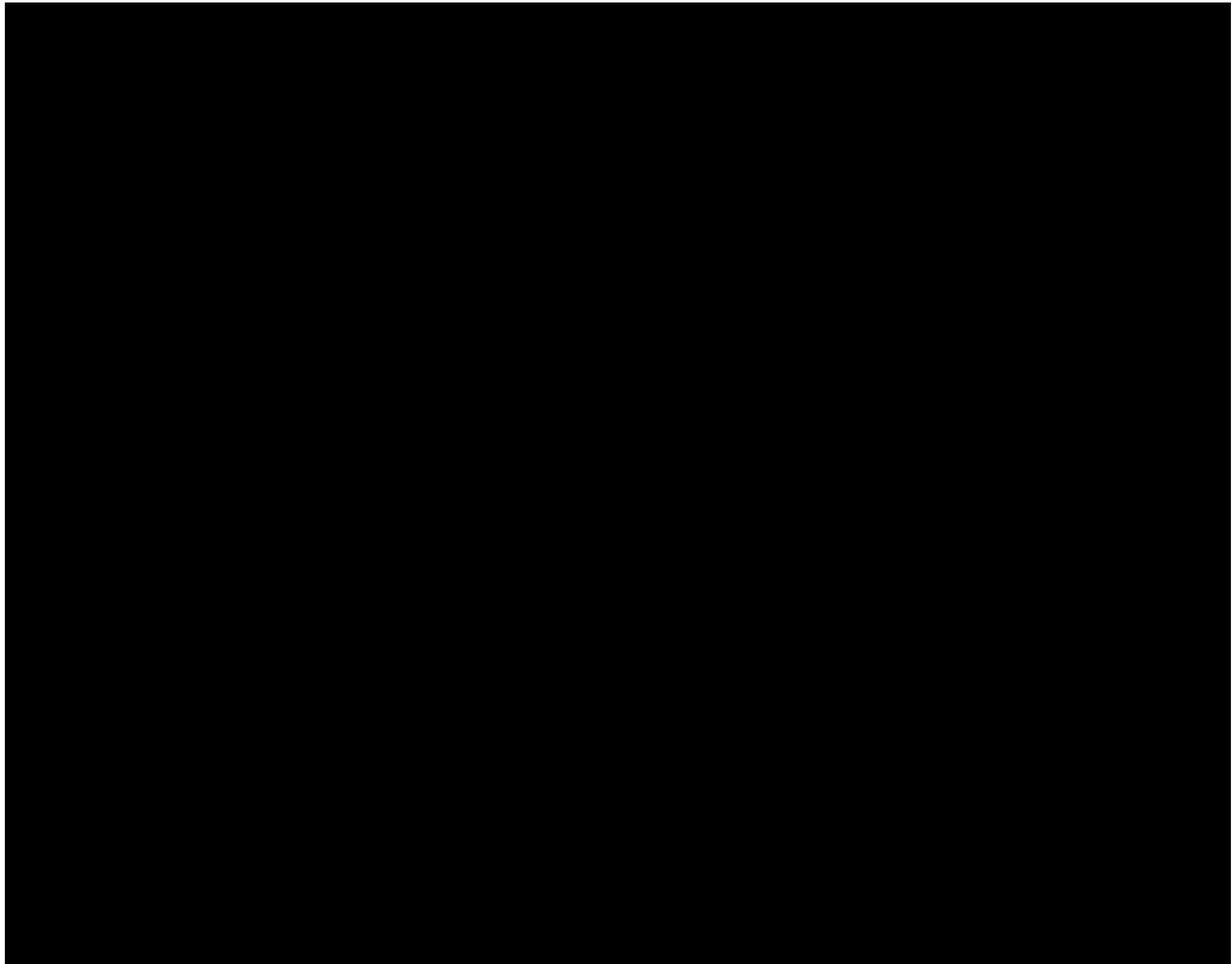


Figure 12. [Redacted]

QUALITRAC AUTOMATED REPORTS



Telligen has automated our standard reports through Qualitrac. We will work with Arkansas DHS to develop any additional Arkansas-specific reports that align with the report descriptions provided in the RFP. Using our Qualitrac reports, we can monitor metrics and performance on a day-to-day basis. Telligen’s Project Leader and operations managers have the same access to all the detailed and summary reports and can compile reports and provide them to Arkansas DHS in alignment with the reporting due dates.

As an example of our capability to track timeliness, we set internal completion deadlines to ensure that contract timeliness is met. Figure 13 shows an example of our timeliness tools.



Figure 13. [Redacted]

AD HOC REPORTS

Throughout the duration of the program, there is always a need for ad hoc reporting in addition to the standard reports. We may identify the need for additional reports during regular meetings with Arkansas DHS or during a quarterly review of program management and operations results. Arkansas DHS may request ad hoc reports at any time. We understand that some of these requests may be highly time-sensitive. Our IT team supporting the Provider Authorization and Retrospective Reviews contract will have staff available who can be assigned to address both long-term and urgent ad hoc requests.

We can produce ad-hoc reports on all program data housed in our Qualitrac system or stored in our Arkansas data warehouse. One example is an ad hoc report we produced for a Medicaid agency related to occupational therapy and mental health services. We noted patterns in extreme lengths of therapy, therapies were gender heavy, and duplication of services was prevalent. We developed the report, analyzed the findings and met with the state to discuss the results. Based on our findings, the state is now further identifying cases with a recommendation for focused surveillance of therapies for this vulnerable population.

Our Ad Hoc Reporting team will complete the development of these ad hoc requests. We have a standard process we use for completing an ad hoc report that is designed to meet a variety of data and client reporting needs. This standard process follows:

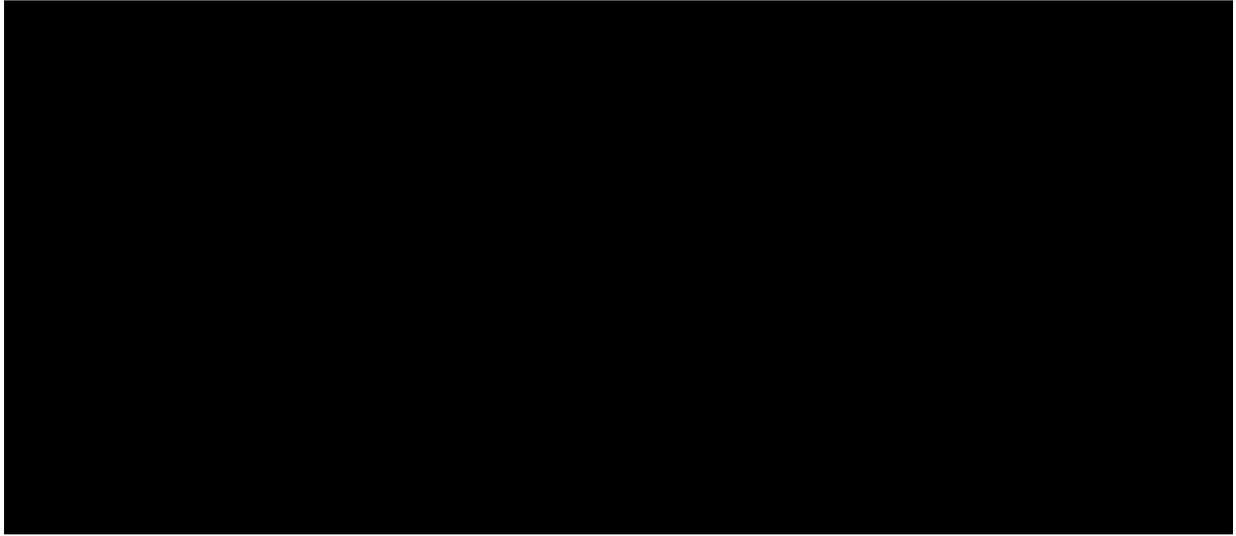


Figure 14. [REDACTED]

9.C.10 Due Process for Reconsiderations (RFP 2.17)

E.12 Describe your proposed due process procedures to address reconsideration requests for all review types

DHS can expect the Arkansas Team to deliver optimal due process for providers and beneficiaries beginning with thorough training on criteria and documentation standards, transparent and detailed denial rationales that explain the basis of the decision, and an efficient reconsideration process that assures expert review of reconsiderations.

We use national standard techniques that Telligen and AMFC helped to establish in the industry during our long tenure as federal medical peer review organizations, which remain best practices. This process has five steps as we discuss in detail here.

1. The provider submits a request for reconsideration through the Qualitrac Provider Portal or other means. We will accept requests for reconsiderations submitted via secure email, hardcopy, facsimile, and or call to the Provider Call Center. For requests not submitted through the Portal, our administrative staff in Arkansas will update the review record with the request the same day we receive it. The start date in the system will be the date of receipt.
2. Clinical staff evaluate the request. If the provider submitted additional information and/or materials to substantiate the request for a reconsideration, the staff assign it to a Board-certified reconsideration reviewer. If we do not receive additional information, the staff member closes the request and issues a notice to the provider. The reconsideration reviewer is a physician other than the reviewer who made the adverse

determination. The reconsideration reviewer will be the same specialty as the requesting provider.

3. The reconsideration reviewer examines the original review, denial rationale, relevant criteria, peer-reviewed literature, and additional information and/or documentation the provider submitted with the request. The review is a comprehensive due process evaluation completed within 7 days of receipt of the request.
4. The reconsideration reviewer can:
 - a. Overturn the denial. We issue a notice and approve the care.
 - b. Uphold the denial. We issue a notice and the care remains denied. Appeal rights for beneficiaries are applicable and included in the notice.
 - c. Modify the denial. We issue a notice and approve the services the review determined were medically necessary. Appeal rights for beneficiaries apply and are in the notice.

Due process procedures will follow the controlling Medicaid Manual(s). Notices to providers and beneficiaries will include information about reconsiderations and appeals, with directions on submitting requests. We will issue notifications of the results of reconsiderations within 30 days of receipt of the request, using model notices approved by DHS in advance. As with the denial notices, we will include a summary rationale that explains the basis for the determination. Administratively, we will track denials and reconsiderations in Qualitrac to assure that providers can only request one reconsideration per PA or review. This requirement does not include informal requests, to which we will respond by email.

Table 9 summarizes the characteristics of our procedures for each review type.

Table 9. Due Process by Review Type. The benefit of the Arkansas solution is a standardized and proven procedure with specialized review expertise to assure an equitable process.

Review Type	Due Process	Process and Reviewer
1. Prior Authorization Reviews		
A. Speech, Occupational, and Physical Therapy (≥ 90 minutes weekly)	Yes	Standard process applies. Initial review by licensed therapist; reconsideration review by physician specialist, e.g., orthopedics or physical medicine and rehabilitation.
B. Early Intervention and Adult Developmental Day Treatment	Yes	Standard process applies Initial review by Registered Nurse; reconsideration review by developmental pediatrician or relevant physician specialist for adults. Reconsiderations will follow the Arkansas EIDT/ADDT Medicaid provider manual, and be based on the entire record available, including documentation submitted with the request.
C. Non-waiver Personal Care	Yes	Standard process applies. Initial review by Registered Nurse; reconsideration review by physician advisor.
D. Medicaid Behavioral Health Programs	Yes	Standard process applies as an informal dispute resolution process completed within seven (7) calendar days, including an optional negotiation process. Initial review by a Registered Nurse; reconsideration review by a licensed psychiatrist.
E. Applied Behavioral Health Analysis (ABA)	Yes	Standard process applies. Initial review by a licensed BCBA; reconsideration review by a second Board certified psychiatrist, consulting with the BCBA.
2. Independent Assessment Referrals		
Behavioral Health Services	No	Process is referral to Independent Assessment agent for determination of PASSE eligibility. If a request for PA triggers the referral process, the PA will be eligible for reconsideration if it is denied.
3. Independent Assessment Tracking (ST, OT, PT, EIDT, ADDT, and BH Services)		
Independent Assessment Process	No	Timeliness tracking only



Review Type	Due Process	Process and Reviewer
4. Retrospective Reviews		
A. Speech Therapy, Occupational Therapy, and Physical Therapy (≤90 minutes weekly)	Yes	Initial review by licensed speech, occupational, or physical therapist Reconsideration review by physician
B. Early Intervention Day Treatment and Adult Developmental Day Treatment	Yes	Initial review by Registered Nurse Reconsideration review by physician; pediatrician if beneficiary is a child. Note: Verification of the Developmental Screen is an administrative step and not subject to denial.
C. Behavioral Health Services	Yes	Initial review by multi-disciplinary team member Reconsideration review by physician
D. Desk/Retroactive Reviews	Yes	Initial monitoring of outlier providers by Registered Nurses and Physician Advisors Initial review of retroactive reviews by Registered Nurse Reconsideration review by physician, including revision of Desk Review reports and issuance to providers and DHS within 10 calendar days of the new determination
E. Physician Reviews	Yes	Initial review by physician Reconsideration review by second physician
F. Validation Reviews	No	Review is for completeness only and does not involve medical necessary review

9.C.11 URAC Accreditation

E.13 Bidder with a current certification or accreditation from the National Committee for Quality Assurance (NCQA) or Utilization Review Accreditation and Certification (URAC) with a health utilization management designation.

DHS is assured of a streamlined transition and reliable determinations for the life of the contract from the Telligen and AFMC Arkansas team, based on our long-term accreditation from URAC and designation as QIO-like entities by CMS. These qualifications demonstrate our ability to implement and maintain rigorous, standardized processes that promote sound decisions and contribute to due process for providers.

The URAC accreditation process demonstrates a commitment to quality services and serves as a framework to improve business processes through benchmarking organizations against nationally recognized standards. URAC’s Health Utilization Management accreditation program

assures the adequacy and quality of Telligen's processes through evaluation against broadly recognized standards.

Both Telligen and AFMC are URAC accredited. We have included our most recent certificates of award from URAC for Health Utilization Management Accreditation in Section 7.B.

10 OTHER DOCUMENTS/INFORMATION

The Telligen and AFMC proposal guarantees compliance with all requirements of the RFP Section 2.3 Scope of Work.



www.Telligen.com



www.AFMC.org